NEW YORK STATE | Office of Addiction Services and Supports

Statewide Comprehensive Plan

2020 - 2024

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INTRODUCTION

Background

The New York State Office of Addiction Services and Supports (OASAS) is responsible for the coordination of substance use disorder (SUD) prevention, treatment, and recovery and for problem gambling services in New York.

Mission: **To improve the lives of New Yorkers by leading a premier system of addiction services through prevention, treatment and recovery.**

OASAS oversees an SUD and problem gambling service system that provides a full array of services to a large and culturally diverse population. OASAS funds, certifies and regulates the State's system of SUD and problem gambling treatment and prevention services, including the direct operation of 12 Addiction Treatment Centers (ATCs) statewide. The OASAS treatment system serves about 232,000 people each year, with an average daily enrollment of approximately 100,000 across more than 900 certified programs. During the 2018-19 school year, approximately 4,435,000 residents were reached by a one-time, population-based prevention service and 430,000 youth received a direct prevention service.

The service continuum includes community-based treatment including inpatient, residential, outpatient, crisis and opioid treatment services, school and community-based prevention services as well as intervention, support, and crisis services. OASAS supports a comprehensive prevention system by supporting approximately 159 providers that implement evidence-based programs and practices in schools and local communities; community-based coalitions that implement environmental strategies; and statewide public awareness campaigns. OASAS also supports six (6) Prevention Resource Centers (PRCs) across the state that provide training and technical assistance further promoting coalition efforts and local prevention services. In addition, recovery-focused services include permanent supportive housing as well as peer engagement specialists, family support navigators, youth clubhouses, recovery centers, and regional addiction resource centers.

Planning Framework

New York State Mental Hygiene Law §5.07 requires OASAS to develop a five-year Statewide Comprehensive Plan that:

- identifies statewide priorities;
- specifies statewide goals that reflect the statewide priorities;
- proposes strategies and initiatives to address the priorities and facilitate achievement of statewide goals; and
- identifies services and supports, which may include programs run or led by peers, that promote the health and wellness of persons with substance use or problem gambling disorders.

Section I of this plan identifies the sources OASAS uses to determine addiction needs, including prevalence and consequence (e.g., overdose deaths) data and local needs identified by Local Governmental Units (LGUs).

Section II of this plan organizes OASAS' goals and initiatives to address the state's SUD and problem gambling needs around three main priorities:

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

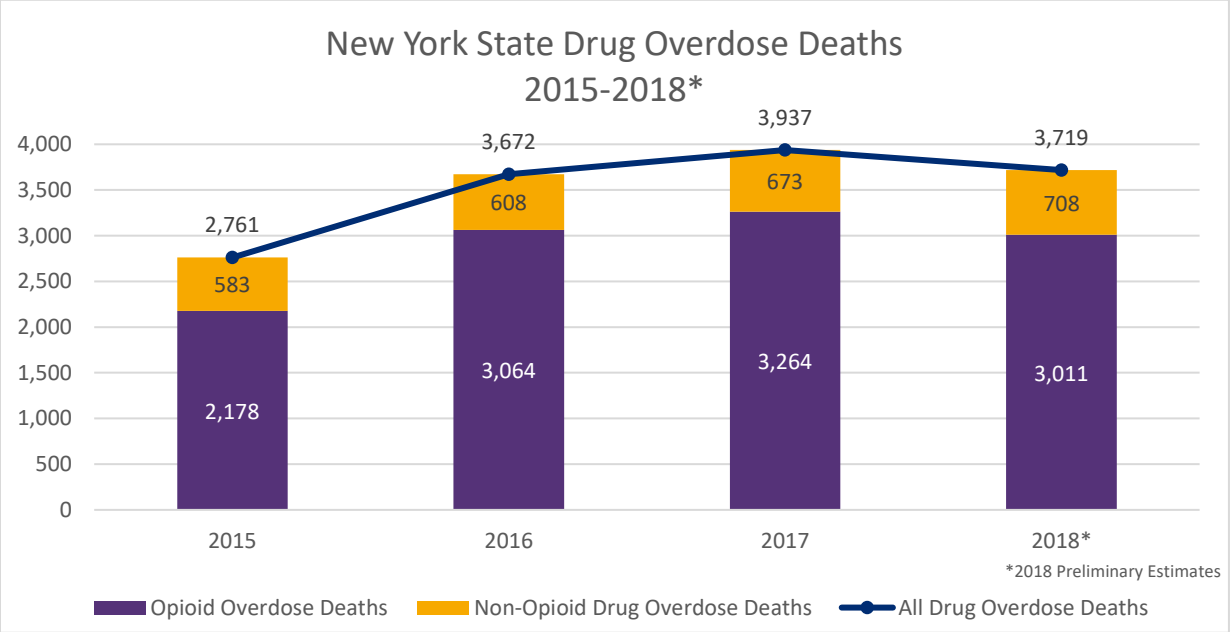
SECTION I: SUBSTANCE USE DISORDER AND PROBLEM GAMBLING NEEDS ANALYSIS

Chapter 1: Statewide SUD and Problem Gambling Need Indicators

Opioids

Opioid use disorder (OUD) is a major public health crisis in New York State. The most serious consequence of the crisis has been the sharp rise in fatal overdoses due to opioids. Figure 1.1 shows the number of drug overdose deaths in New York State from 2015 to 2018 (2018 numbers are preliminary) and how many were opioid-related. As indicated in Figure 1.1, total overdose deaths have increased rapidly from 2,761 in 2015 to 3,719 in 2018, driven mostly by increases in opioid-related overdose deaths. In 2018, 81% of all fatal drug overdoses were opioid-related. Preliminary estimates for 2018 show slight declines in opioid overdose deaths, compared to 2017, however opioid overdose deaths were 38% higher compared to 2015.

Figure 1.1: Drug Overdose Deaths in New York State From 2015 to 2018*



Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Fentanyl is a powerful synthetic opioid that is 50 to 100 times more potent than morphine. The presence of illicitly-manufactured fentanyl is a primary driver of increased opioid overdose deaths. In New York City, in 2018, fentanyl was the most common substance involved in drug overdose deaths, present in 60% of overdose deaths. Outside of New York City, between 2015 and 2016, the number of fentanyl-related deaths among overdose deaths involving opioids more than doubled, increasing by 124%, while the number of all overdose deaths involving opioids increased 35% for the same time period. Illicit fentanyl is also commonly mixed ("cut") with powdered heroin, as well as cocaine and most people using drugs containing fentanyl are unaware of its presence.

Increased SUD treatment admissions for heroin and other opioids are a further indicator of the severity of the opioid crisis in New York. There were over 19,000 more treatment admissions for a primary substance of opioids (including heroin) in 2018 than in 2009. The number of opioid admissions has increased by more than 26% over

the ten-year period. Admissions indicating that the primary substance of abuse was an opioid accounted for 34% of all admissions in 2018.

Section II of this document details the steps the Agency is taking to address the opioid crisis in New York.

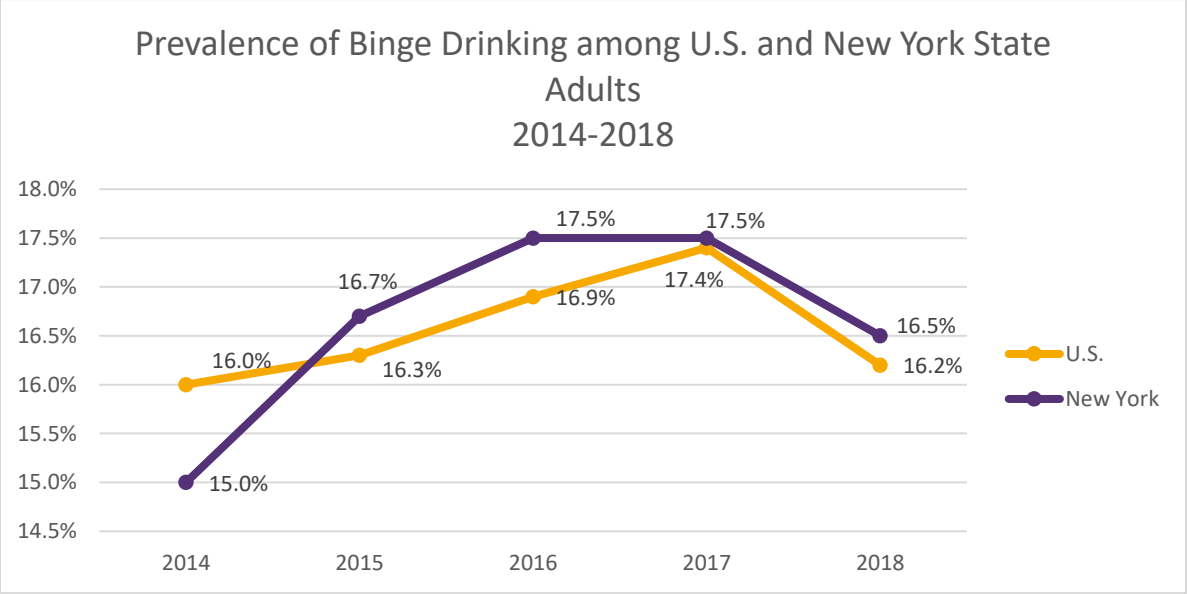
Alcohol

A study published in *JAMA Psychiatry* in September 2017 analyzed the results from the National Epidemiologic Survey On Alcohol And Related Conditions over a 10-year span and concluded that "increases in alcohol use, high-risk drinking, and DSM-IV alcohol use disorder constitute a public health crisis. . . especially among women, older adults, racial/ethnic minorities, and the socioeconomically disadvantaged." New York is also affected by the national public health crisis created by alcohol use. Averages from the 2016 and 2017 National Surveys on Drug Use and Health (NSDUH) estimate that 6.02% of New Yorkers over 18, or slightly less than one million people have an alcohol use disorder (AUD). The percentage of New York State adults with an AUD is higher than both the national rate of 5.82% and the Northeast U.S. rate of 5.97%.

The U.S. Centers for Disease Control and Prevention (CDC) finds that "binge drinking is the most common, costly, and deadly pattern of excessive alcohol use in the United States." Binge drinking, as defined by the National Institute on Alcohol Abuse and Alcoholism, is "a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours." Binge drinking is a public health concern because it is associated with consequences such as alcohol poisoning, violence, injuries such as automobile accidents and falls, sexually transmitted diseases, and sexual assault. In New York State, excessive alcohol use causes over 4,000 deaths annually resulting in an average of 28 years of potential life lost per death.

Figure 1.2 uses data from the Behavioral Risk Factor Surveillance System (BRFSS) to show the percentage of New Yorkers who have engaged in binge drinking within the past 30 days by age group and compares the New York rate to the national rate. As Figure 1.2 shows, in 2018 an estimated 16.5% of adults in New York report binge drinking, which is more than the national rate of 16.2%. Between 2014 and 2018, the adult binge drinking rate increased both nationally and in New York State. The national binge drinking rate, however, only increased by 1.3% during this time period, while the New York rate increased by 10%.

Figure 1.2: Prevalence of Binge Drinking among U.S. and New York State Adults



Source: https://www.cdc.gov/brfss/brfssprevalence

In 2018, alcohol was the primary substance of abuse in 40% of all admissions to OASAS-certified SUD treatment programs. Over 110,000 admissions in 2018 had alcohol as the primary substance of abuse. There are also many New Yorkers suffering from an AUD who have not engaged in treatment. Results from the 2016 and 2017 NSDUH show that nearly 900,000 adult New Yorkers needed, but did not receive treatment for alcohol use in the past year. OASAS is committed to delivering services to New Yorkers in need of alcohol treatment. Section II of this document outlines OASAS' efforts to enhance access to treatment and recovery.

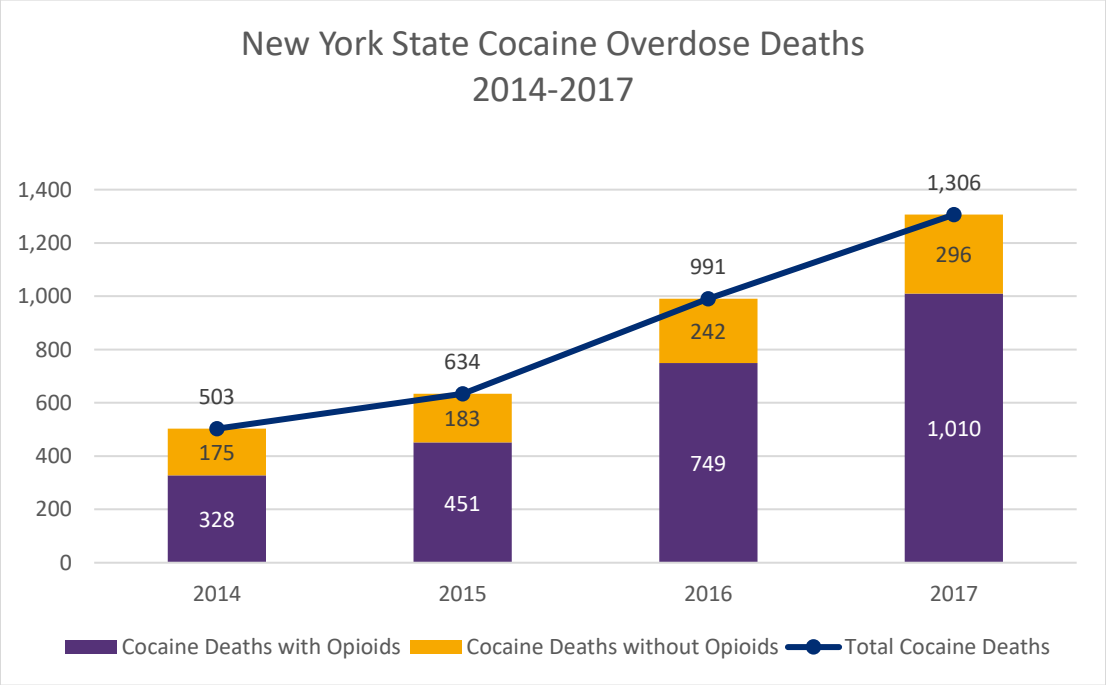
Other Substances

Opioids and alcohol carry the greatest SUD-related public health risks in New York, however there are many other substances that pose a threat to New Yorkers.

Cocaine

Cocaine, including crack cocaine, also continues to be a commonly-used substance and can lead to fatal overdose, especially when used in conjunction with opioids. Figure 1.3 shows the number of drug overdose deaths that included cocaine in New York State from 2014 to 2017 and how many also had an opioid present. From 2014 to 2017, total deaths involving cocaine increased 160% and those with an opioid present increased 208%, while those without an opioid present increased by 69%. In 2017, 77% of cocaine-involved deaths also involved opioids. As indicated previously, some cocaine and opioid deaths are the result of the presence of fentanyl, unbeknownst to the person using cocaine. Treatment admissions with cocaine as a primary substance declined every year between 2009 and 2015, but began to rise again in 2016. In 2018, treatment admissions with cocaine as the primary substance were 15% higher than in 2015, but still 36% lower than 2009.

Figure 1.3: New York Cocaine Overdose Deaths 2014-2017

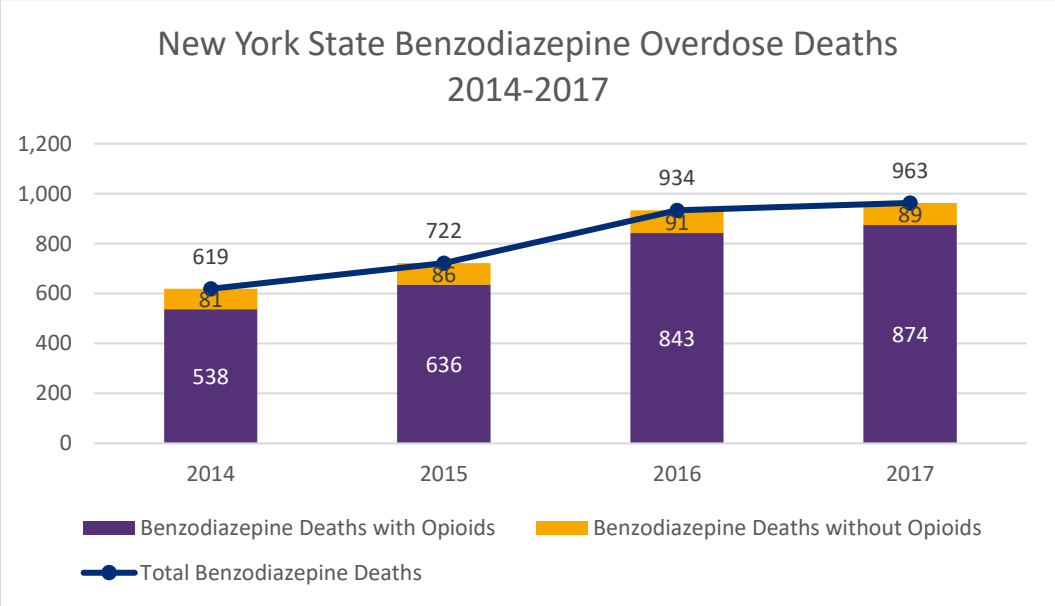


Source: CDC Wonder, September 2019

Benzodiazepines

Benzodiazepines work to calm or sedate a person, by increasing the activity of the inhibitory neurotransmitter GABA in the brain. Common benzodiazepines include diazepam (Valium), alprazolam (Xanax), and clonazepam (Klonopin), among others. Misuse of benzodiazepines can lead to fatal overdoses especially when combined with opioids. Figure 1.4 shows the number of drug overdose deaths in New York State from 2014 to 2017 that included benzodiazepines and how many also had an opioid present. From 2014 to 2017, total deaths involving benzodiazepines increased 56% and those with an opioid present increased 62%, while those without an opioid present increased by 10%. In 2017, 91% of benzodiazepine-involved deaths also involved opioids.

Figure 1.4: New York State Benzodiazepine Overdose Deaths 2014-2017

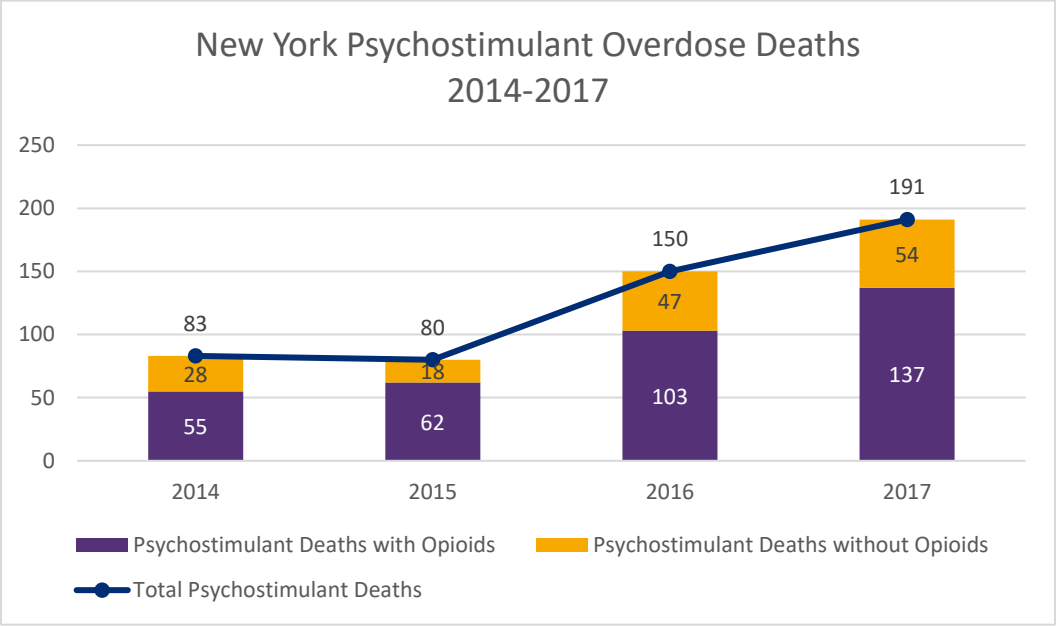


Source: CDC Wonder, September 2019

Psychostimulants with Abuse Potential

Psychostimulants with abuse potential include drugs such as methamphetamine, methylenedioxy-methamphetamine (MDMA), dextroamphetamine (Adderall), levoamphetamine, and methylphenidate (Ritalin). Figure 1.5 shows the number of drug overdose deaths that included psychostimulants with abuse potential in New York State from 2014 to 2017 and how many also had an opioid present. From 2014 to 2017, total deaths involving psychostimulants with abuse potential increased 130% and those with an opioid present increased 149%, while those without an opioid present increased by 93%. In 2017, 72% of psychostimulant with abuse potential-involved deaths also involved opioids, many of which may be attributable to the presence of fentanyl, added without the knowledge of the user. In 2018, there were nearly 3,000 admissions to OASAS-certified treatment programs that had a psychostimulant with abuse potential as a primary substance. Between 2009 and 2018, admissions to OASAS-certified treatment programs with a psychostimulant with abuse potential as a primary substance increased by 367%, driven mainly by increases in methamphetamine admissions. Despite the rapid rise in admissions related to psychostimulants with abuse potential, these admissions still account for only 1% of all admissions.

Figure 1.5: New York Psychostimulant with Abuse Potential Overdose Deaths 2014-2017



Source: CDC Wonder, September 2019

Cannabis and Synthetic Cannabinoids

Cannabis is the third-most common primary substance at admission to OASAS-certified treatment programs and is associated with adverse health outcomes and negative consequences, especially among adolescents and youth. New York also faces a continued risk from Synthetic Cannabinoids. Synthetic Cannabinoids, such K2 and Spice, also called "synthetic marijuana," are man-made drugs that can be life-threatening and can cause agitation, severe anxiety, psychotic symptoms, and a host of physical symptoms including seizures, cardiovascular problems, and death. Synthetic Cannabinoid use has been increasingly affecting vulnerable populations in New York, such as individuals experiencing homelessness and persons with serious mental illnesses.

Risk and Protective Factors Associated with SUDs

Research suggests that factors exist that influence an individual's likelihood of developing a mental health and/or a substance use disorder. Risk Factors are characteristics that elevate the risk while protective factors are characteristics that ameliorate or buffer against development of disorder. These factors can be inherent within an individual, but also reside outside the individual with peer/family relationships, interactions between institutions (e.g., schools, places of worship), and the broader society (e.g., community norms). An individual may be exposed to one or many factors which can have a cumulative effect.

Adverse Childhood Experiences (ACEs) and SUDs

Adverse Childhood Experiences (ACEs) are potentially traumatic events in childhood that can have negative, lasting effects on health and well-being throughout life and into the next generation. These experiences range from physical, emotional, or sexual abuse to parental divorce or incarceration, violence, substance use disorders, or mental illness, among others. Multiple rigorous scientific studies have proven a link between ACEs and health conditions such as SUDs, depression, suicide, heart disease, and respiratory diseases.

Preventing and treating ACEs is a critical component of combating SUDs and addressing the opioid crisis. Studies have found that:

- Children with adverse childhood experiences initiate drinking earlier than their peers and are more likely to drink to cope with problems.
- Individuals who reported five or more ACEs were three times more likely to misuse prescription pain medication and five times more likely to engage in injection drug use.
- Over 80% of the patients seeking Medication-Assisted Treatment (MAT) for opioid addiction had at least one form of childhood trauma, with almost two-thirds reporting having witnessed violence in childhood.

In 2016, the New York State Department of Health (DOH) collected regional and state-level ACEs data from over 9,000 adults through the Behavioral Risk Factor Surveillance System (BRFSS). The survey found that ACEs are common in NYS:

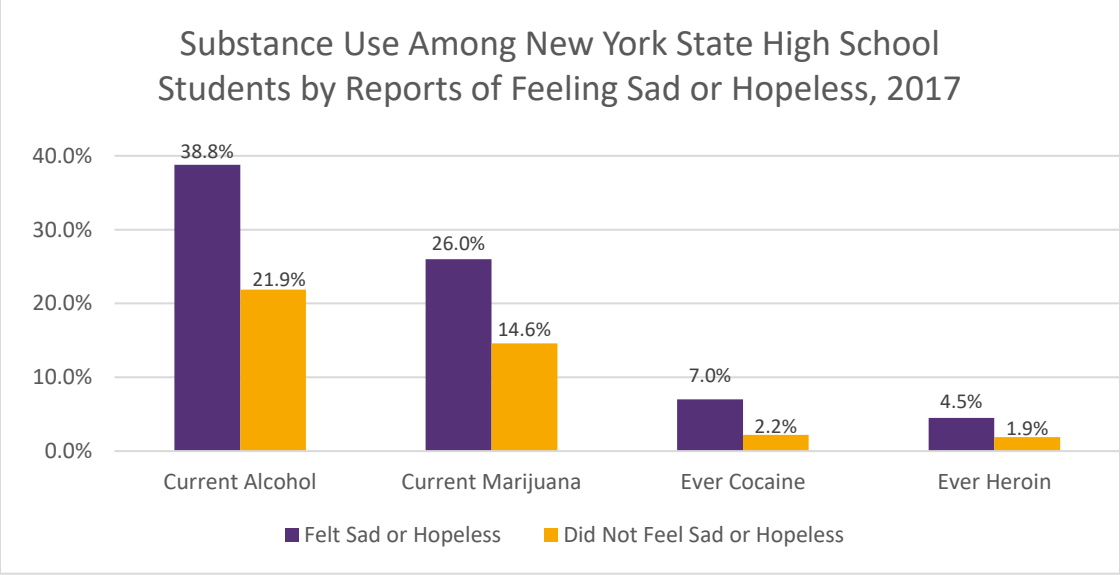
- Six out of 10 adults (59.3 %) reported having experienced at least one ACE, and
- 13.1% reported 4 or more ACEs.

Knowledge of local ACEs data can assist providers, coalitions, and local governments in conducting local needs assessments and selecting evidence-based interventions to target the ACE-related risk factors prevalent in their communities. ACEs knowledge can assist treatment programs in providing trauma-informed care.

Depressive Symptoms and Youth Substance Use

Depressive Symptoms, such as feelings of sadness or hopelessness, are SUD risk factors that are highly correlated with youth substance use. The CDC Youth Risk Behavior Survey (YRBS) provides surveillance data on health behaviors and experiences among high school students in New York. Included in the YRBS is a question that asks students if they "felt sad or hopeless almost every day for two weeks or more in the past year." In 2017, 30.4% of all New York high school students answered "yes" to this question, including 39% of females and 22% of males. Students who answered "yes" to this question are more likely to use substances. Using data from the 2017 YRBS, Figure 1.6 shows substance use among New York high school students by reports of feeling sad or hopeless. As indicated in Figure 1.6, students who report feeling sad or hopeless are more likely to currently use alcohol and marijuana and to have ever used cocaine and heroin than those that do not report feeling sad or hopeless.

Figure 1.6: Substance Use Among New York State High School Students by Reports of Feeling Sad or Hopeless, 2017



Source: https://nccd.cdc.gov/Youthonline/App/Default.aspx

Other SUD Risk and Protective Factors

Table 1.7 displays additional risk and protective factors that influence an individual's likelihood of developing and SUD:

Table 1.7: Other SUD Risk and Protective Factors

Domain	Risk Factors	Protective Factors
Individual and Peer	Early Initiation of Drug Use Early Initiation (K-5) of Problem Behavior Perceived Risk of Drug Use Favorable Attitudes Toward Drug Use Friends Who Use Drugs / Engage in Other Problem Behavior Peer Rewards for Drug Use Depressive Symptoms	Social Skills Belief in the Moral Order Religiosity Prosocial Involvement
Community	Availability of Alcohol and Other Drugs Insufficient Laws and Policies to Reduce Substance Use Social Norms Favorable Toward Substance Use Community Disorganization Extreme Economic Deprivation	Community Opportunities for Prosocial Involvement Community Rewards for Prosocial Involvement
Family	Family History of the Problem Behavior Family Management Problems Family Conflict Parental Attitudes Favorable Towards Drugs Parental Attitudes Favorable Towards Other Problem Behavior	Family Opportunities for Prosocial Involvement Family Rewards for Prosocial Involvement Family Attachment
School	Academic Failure Low Commitment to School	School Opportunities for Prosocial Involvement School Rewards for Prosocial Involvement

Problem Gambling

OASAS is also responsible for combating the effects of problem gambling. Problem gambling is gambling behavior that causes disruptions in any major area of life: psychological, physical, social or vocational. The term "problem gambling" includes, but is not limited to, the condition known as "pathological" or "compulsive" gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences (as defined by the National Council on Problem Gambling, www.ncpgambling.org). National research estimates that 2.3% of adults experience problem gambling in their lifetime. In 2020, OASAS is conducting a Problem Gambling Prevalence Survey that will inform problem gambling prevention and treatment efforts.

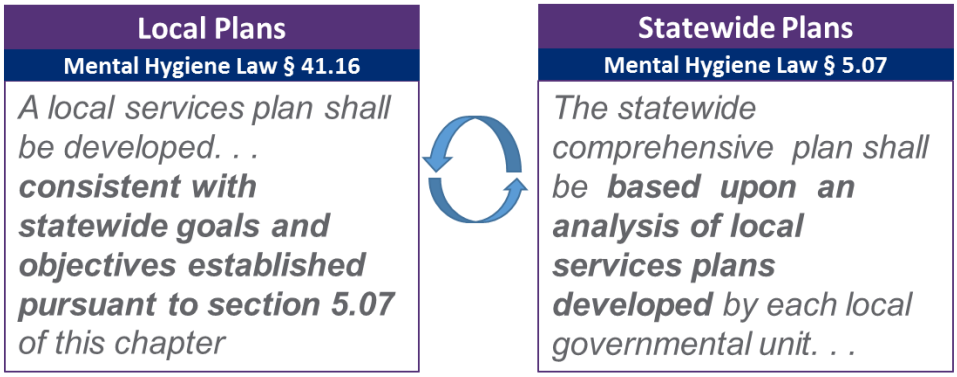
Chapter 2: Local Needs

Mental Hygiene Agency Local Services Planning

New York State Mental Hygiene Law (§ 41.16) requires 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.

The LSP must establish long-range goals and objectives that are consistent with statewide goals and objectives. Mental Hygiene Law also requires that each agency's statewide comprehensive plan shall be based upon an analysis of local services plans developed by each LGU. 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. Figure 2.1 shows the statutory relationship between local planning and State planning. As Figure 2.1 illustrates, analyses of the Local Services Plans are a key component of the OASAS Statewide Comprehensive Plan.

Figure 2.1: Relationship between Local and Statewide Mental Hygiene Plans



The Goals and Objectives Form is the primary document that LGUs use, as part of local services planning, to identify their local needs and their goals, objectives, and strategies to address those needs. The following sections provide a summary analysis of the Goals and Objectives Forms submitted by LGUs as part of the 2020 Local Services Planning Process.

Overall Unmet Needs Assessment

The first section of the Goals and Objectives Form asked LGUs to identify if their overall local needs for each disability have changed over the last year. LGUs were asked to indicate if the level of unmet substance use disorder (SUD) needs got better, worse, or stayed the same over the past year. Overall:

- 20 LGUs indicated that their level of unmet SUD needs "Improved";
- 24 LGUs reported that their SUD needs "Stayed the Same"; and
- 13 LGUs stated that their SUD needs had "Worsened."

Compared to the Overall Unmet Needs Assessment for the 2019 Planning Cycle, eight more LGUs (12 in 2019; 20 in 2020) indicated improved SUD needs and four fewer LGUs (17 in 2019; 13 in 2020) reported worsening SUD needs.

After selecting how their unmet needs have changed over the past year, the form asked each LGU to provide, in a text response, further explanation of their choice. Of the 20 LGUs reporting that their level of unmet SUD needs "Improved," most indicated in their responses that, although substance misuse, particularly opioid abuse, remains a serious problem in their areas, increased treatment capacity has positively affected their counties. In reporting on their improved unmet SUD needs, some LGUs specifically mentioned expanded availability of MAT for OUD as one of the causes of the improvement. Expanded access to extended-release injectable naltrexone (Vivitrol) was mentioned as a positive development by multiple counties. In addition, multiple LGUs pointed to the opening of a Youth Clubhouse as a reason that unmet SUD needs have improved in their communities. Several LGUs mentioned how the funding received from the State Targeted Response (STR) and State Opioid Response (SOR) grants increased available services. Additional services in state and local correctional facilities, including more referrals to services upon release, were also cited as a positive indicator. Lastly, many LGUs have started using the U.S. Drug Enforcement Administration's (DEA) High Intensity Drug Trafficking Areas (HIDTA) Overdose Detection Mapping Application Program (ODMAP) to track and respond to the SUD crisis in their communities.

Many of the 24 LGUs reporting that their SUD needs have "Stayed the Same" indicated that expanding treatment availability has kept pace with the increasing need but that the overall unmet SUD needs have not improved due to rapidly increasing demand for services, driven mostly by the opioid epidemic. Although the availability of OASAS-certified treatment and recovery services has increased in many of these counties, access to support services such as housing and transportation have not. Several LGUs mentioned shortages of MAT prescribers and qualified treatment personnel as barriers to addressing unmet SUD needs.

In describing the reasons why their unmet SUD needs had worsened, almost all of the 13 LGUs that selected this option specifically mentioned the opioid crisis. The effects of the opioid crisis were by far the dominant reason for LGUs to indicate that their unmet SUD needs had grown worse over the past year. Many LGUs referred to increasing rates of fatal overdoses and emergency department visits as indicators of the severity of the opioid crisis in their counties. Access to crisis and detox services were mentioned by several LGUs as a key unmet need, particularly because of the opioid crisis. After heroin and other opioids, alcohol was the most frequently mentioned substance accounting for unmet SUD needs. Also, of note, several LGUs mentioned an increased supply of illicit substances such as fentanyl and methamphetamines as a factor adding to locally worsening conditions.

Goals Based on Local Needs

In the second section of the 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.

When LGUs selected a need category, the form required that they either state a goal related to addressing that need or state the reasons why they are not able to formulate a goal related to that need. If an LGU stated a goal, the form asked them to state several concrete, short-term objectives to achieve that goal. Table 2.2 displays the number of LGUs that associated each Mental Hygiene need category with OASAS, which other agencies that need was also associated with (if applicable), and how many LGUs listed a goal associated with that need. As Table 2.2 indicates, many of the needs and goals that apply to the SUD population also apply to the other Mental Hygiene populations, particularly the mental health population.

Table 2.2: Number of LGUs Selecting Need Category Applicable to OASAS and Associated Goals

Need Category	Need Includes OASAS	Applicable Mental Hygiene Agencies				Has an Associated Goal?
		OASAS Only	OASAS & OMH & OPWDD	OASAS & OMH Only	OASAS & OPWDD Only	
Housing	48	2	40	6	0	44
Workforce Recruitment and Retention	47	1	45	1	0	37
Heroin and Opioid Programs and Services	43	38	0	5	0	37
Transportation	42	1	35	6	0	26
Crisis Services	39	0	30	8	1	37
Prevention	33	0	4	29	0	30
Reducing Stigma	32	3	10	19	0	24
Recovery and Support Services	27	7	0	20	0	25
Coordination/Integration with Other Systems for SUD clients	25	15	3	7	0	19
SUD Residential Treatment Services	24	20	0	4	0	13
SUD Outpatient Services	23	23	0	0	0	18
Inpatient Treatment Services	21	2	6	13	0	14
Other Needs	19	2	5	12	0	16
Adverse Childhood Experiences (ACEs)	18	0	8	10	0	15
Employment/ Job Opportunities (clients)	16	1	13	1	1	9
Problem Gambling	6	3	1	2	0	5
Mental Health Clinic	5	2	1	2	0	5
Mental Health Care Coordination	3	1	1	1	0	0
Other Mental Health Outpatient Services (non-clinic)	2	2	0	0	0	1
Total	**473**	**123**	**202**	**146**	**2**	**375**

The needs affecting the SUD population selected by at least half of all LGUs were:

- Housing;
- Workforce Recruitment and Retention;
- Heroin and Opioid Programs and Services;
- Transportation;
- Crisis Services;
- Prevention; and
- Reducing Stigma.

The top OASAS-related needs selected by LGUs in 2020 were very similar to those selected in 2019, with the top six need categories remaining the same. Some individual need categories did show substantial changes between 2019 and 2020, including:

- Workforce Recruitment and Retention was selected by an additional 10 LGUs in 2020;
- Reducing Stigma was selected by an additional seven LGUs in 2020.

Housing

Housing is a need that cuts across all three Mental Hygiene agencies. Of the 48 LGUs indicating an unmet housing need for individuals with SUD, only two reported that this was the only Mental Hygiene population affected. For the SUD population, LGUs recognized that recovery cannot be successful unless SUD clients have access to stable, supportive housing. LGUs reported that the behavioral health population often lives in "substandard" rental units that may lack access to proper heat and utilities. Many LGUs with a housing need cited working with State agencies and community partners to increase access to safe, affordable housing as a goal in their communities.

Workforce Recruitment and Retention
More than half of all LGUs reported unmet Mental Hygiene Workforce Recruitment and Retention needs. While many LGUs reporting unmet workforce needs were in rural areas, LGUs with large urban and suburban populations also reported difficulties filling behavioral healthcare positions. Some LGUs are reporting positions remaining vacant for up to 18 months. Multiple LGUs report working with Delivery System Reform Incentive Payment (DSRIP) Performance Provider Systems (PPS') to find solutions to behavioral health workforce issues. Increasing telehealth opportunities for SUD is a goal expressed by several LGUs to counteract the workforce recruitment and retention issues faced by providers.

Heroin and Opioid Programs and Services
As demonstrated by the 43 LGUs selecting Heroin and Opioid Programs and Services as a need on the Goals and Objectives Form, the opioid crisis in New York is widespread and severe. For LGUs indicating that Heroin and Opioid Programs and Services were a need in their areas, many goals had a common theme of expanding access to SUD treatment. Goals and objectives related to expanding treatment access focused on both pursuing increased treatment capacity in the local area and better linking people with a SUD to existing appropriate treatment. Another common theme among opioid-crisis-related goals and objectives is collaboration and coordination among various community stakeholders to address the crisis at the local level. LGUs report partnering with law enforcement, community groups, schools, and medical facilities to collaboratively address the opioid crisis. Reducing fatal overdoses and emergency department visits are also common goals for LGUs, indicating a need related to the opioid crisis.

Transportation
Many LGUs reported that the lack of reliable transportation is a barrier to SUD treatment and recovery. Rural areas report difficulty in getting patients to and from treatment and recovery activities reliably. Many rural areas have no or very limited public transportation systems. Transportation is available for Medicaid recipients; however, this service has high demand that leads to long wait times in many communities. The goals related to transportation articulated by LGUs frequently include working collaboratively with other stakeholders to address cross-systems transportation needs and advocating for increased transportation for Mental Hygiene clients.

Crisis Services
Almost 40 LGUs reported unmet SUD crisis service needs, often in conjunction with mental health crisis service needs. Several LGUs articulated a goal of reducing emergency department visits for SUD by initiating or expanding more appropriate crisis services. Multiple counties identified the need for 24 hour a day/7 day a week crisis intervention and assessment options in their communities. Creating a mobile crisis team was another common goal related to crisis services. LGUs also reported a need to better connect people to ongoing treatment services after a crisis episode.

Prevention
The opioid crisis affirms the need for increased SUD prevention across the State. LGUs are looking to partner with both OASAS-funded prevention providers and community coalitions to increase the availability of prevention services in their counties. In addition to targeting youth to prevent substance misuse, LGUs also expressed a desire to prevent SUD across the lifespan to reduce consequences such as fatal overdoses. Many LGUs articulated goals that include partnering with other stakeholders such as law enforcement and primary health to address prevention needs. Additionally, several LGUs reported that they want to work within and across both the SUD and Mental Health systems to prevent suicides.

Reducing Stigma
Just over half of the LGUs selected the reduction of stigma as an unmet need for the SUD population. Stigma, including perceived self-stigma, is a barrier to seeking services and continues to need to be addressed statewide. These real and perceived judgments affect those struggling with mental health and developmental disabilities as well. Many LGUs recognized key strategies to reducing stigma include community education, awareness events, and the promotion of peer supports and services.

New York State Prevention Agenda

The Prevention Agenda is the New York State health improvement plan, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the DOH, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community-based organizations, advocacy groups, academia, employers as well as State agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities.

The Prevention Agenda serves as a guide to local health departments as they work with their community to develop mandated Community Health Assessments and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act.

In 2018, as the second cycle of the Prevention Agenda (2013-2018) came to an end, OASAS assisted in formulating the priorities, goals, and objectives for the third cycle, 2019-2024. OASAS, along with OMH, co-chaired a workgroup to develop focus areas and goals for the "Promote Well-Being and Prevent Mental and Substance Use Disorders" priority. The workgroup included representatives from SUD treatment and prevention providers, LGUs, and recovery advocates. Table 2.3 displays the focus areas and goals identified by the workgroup for inclusion in the Prevention Agenda 2019-2024.

Table 2.3: Focus Areas and Goals for the "Promote Well-Being and Prevent Mental and Substance Use Disorders" Priority

Focus Area	Goal	
Focus Area 1: Promote Well-Being	Goal 1.1	Strengthen opportunities to build well-being and resilience across the lifespan
	Goal 1.2	Facilitate supportive environments that promote respect and dignity for people of all ages
Focus Area 2: Prevent Mental and Substance Use Disorders	**Goal 2.1**	**Prevent Underage drinking and excessive alcohol consumption by adults**
	Goal 2.2	**Prevent opioid and other substance misuse and deaths**
	Goal 2.3	**Prevent and address adverse childhood experiences (ACEs)**
	Goal 2.4	Reduce the prevalence of major depressive disorders
	Goal 2.5	Prevent suicides
	Goal 2.6	Reduce the mortality gap between those living with serious mental illness and the general population

As Table 2.4 indicates, the focus areas and goals for the Prevention Agenda are closely aligned with the SUD needs identified through statewide data analysis (as shown in Section I) and with those identified by LGUs through LSPs. The consequences of excessive drinking and opioid misuse are addressed in the Prevention Agenda as well as ACEs, which can be an underlying cause of SUDs. Furthermore, the Prevention Agenda takes a proactive approach to preventing behavioral health problems by promoting wellness and resiliency.

OASAS is working with DOH and OMH at the State level to foster collaboration at the local level on the "Promote Mental Health and Prevent Substance Abuse" priority area. OASAS and OMH are encouraging LGUs to become involved in the Prevention Agenda initiatives led by local health departments and local hospitals and hospital systems. The opioid crisis has led to an increased awareness among local public health and primary health

officials of the devastating effects of SUDs. Through the Prevention Agenda framework LGUs, treatment and prevention providers, recovery professionals, and public health officials are working to prevent opioid use and reduce the negative consequences of OUDs such as overdose deaths.

As part of the 2020 Local Services Plans, OASAS and OMH included a survey asking LGUs about their efforts to align with the Prevention Agenda, especially the Promote Well-Being and Prevent Mental and Substance Use Disorders priority. Overall, 51 out of 57 LGUs (89%) responded "yes" to the question: "Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?" The eight goals in the "Promote Well-Being" and "Prevent Mental and Substance Use Disorders" focus areas, each have an associated recommended evidence-based intervention. One section of the survey asked LGUs to identify which interventions they have begun or will begin implementing. Table 2.4 shows the most popular interventions selected by LGUs. As indicated in Table 2.4, interventions that increase the availability of MAT and overdose reversal training are being implemented by over 80% of LGUs.

Table 2.4: Prevention Agenda Interventions Most Frequently Selected by LGUs

Goal	Intervention	# of LGUs	% of LGUs
Goal 2.2 Prevent opioid overdose deaths	Increase availability of/access and linkages to MAT	52	91%
Goal 2.2 Prevent opioid overdose deaths	Increase availability of/access to overdose reversal (naloxone) trainings to prescribers, pharmacists and consumers	48	84%
Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	Implement Mental Health First Aid	45	79%
Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	Use thoughtful messaging on mental illness and substance use	45	79%
Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults	Implement/Expand School-Based Prevention and School-Based Prevention Services	45	79%
Goal 2.2 Prevent opioid overdose deaths	Build support systems to care for opioid users or those at risk of an overdose	43	75%

SECTION II: OASAS PRIORITIES

Chapter 3: Priority- Expand Access to Substance Use Disorder (SUD) and Problem Gambling Treatment

As described in Section I of this plan, untreated SUDs can have severe and sometimes deadly consequences for individuals, families, and communities. The ongoing opioid crisis, in particular, has increased the need to connect people with SUDs to evidence-based treatment. OASAS is pursuing the following goals to address the priority "Expand Access to Substance Use Disorder (SUD) and Problem Gambling Treatment":

Goal 1: **Implement Innovative New Services and Pathways to SUD Treatment**

Goal 2 : **Increase Opportunities for Addictions Treatment in the Criminal Justice System**

Goal 3: **Promote Individual Choice and Person-Centered Care in SUD Treatment**

Goal 4: **Strengthen and Support the Addictions Workforce**

Goal 5: **Increase Problem Gambling Treatment Admissions**

Goal 1: Implement Innovative New Services and Pathways to SUD Treatment

Expanding Access to MAT and Enhancing Treatment Capacity

MAT is the use of medications, in combination with psychosocial treatment and supports, to provide a whole-person approach to the treatment of substance use disorders. It is clinically driven with a focus on individualized patient care. MAT for opioid use disorder in particular is the safest approach to care and considered the best practice in the treatment of most patients including pregnant women. OASAS is committed to expanding access to MAT across New York. In 2019, the Agency provided $5 million to support the expansion of MAT at 50 programs, covering all 10 regions of the state.

OTPs provide MAT in combination with counseling and behavioral therapies for those suffering from addiction. This approach allows for a patient-centered, individualized treatment of substance use. Research shows that when treating substance use disorders, a combination of medication and behavioral therapies is most successful. OASAS has helped add OTPs in new locations and supported existing OTPs in expanding their services.

OASAS' residential redesign initiative is focused on ensuring that people can access stabilization, or detox services, rehabilitation, and re-integration services all in one place and has allowed residential treatment programs more flexibility in meeting the needs of each client. This shift has increased the number of people receiving treatment at a residential program. In 2018, nearly 31,000 people received services at an OASAS-certified residential treatment program.

Centers of Treatment Innovation (COTIs)

In April 2017, the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded OASAS approximately $25.3 million per year for a two-year period through the State Targeted Response Grant (STR). SAMHSA also awarded OASAS the State Opioid Response (SOR) grant, effective September 30, 2018,

which is a two-year grant for approximately $36.8 million per year as well as a $19.2 million SOR Supplemental grant in March 2019. A key component of OASAS' use of the federal grant funds has been the implementation of 20 Centers of Treatment Innovation (COTIs) in 35 high-need counties across the State. These COTIs deliver evidence-based, person-centered, and rapidly accessible care to meet the unique needs of people suffering from OUD.

COTI services include:

- mobile treatment;
- in-community peer support;
- telepractice; and
- rapid linkage to MAT.

This innovative in-community approach has broken down existing barriers and successfully connected treatment services to those suffering from OUD who would likely otherwise not receive help. Each COTI is overseen by a provider that is an expert in its respective region and has demonstrated success in the field of SUD treatment. COTIs identified specific gaps in services and developed plans to address them within their area. Outreach completed through COTIs identifies individuals living with OUD and records any barriers to treatment they have experienced.

In addition to transportation, another barrier to OUD treatment cited by local providers is a lack of approved prescribers of buprenorphine. To address this issue, each COTI hired a medical professional with a Drug Addiction Treatment Act of 2000 (DATA 2000) waiver to prescribe buprenorphine. The Opioid STR grant also funded an expansion of MAT through MAT prescriber training in underserved areas.

Telepractice assists in expanding access to MAT. Each COTI purchased video equipment to provide telepractice, including medication assessment, and prescription and medication management, to areas within its catchment area where access to medication and treatment is limited. Through telepractice, OASAS is increasing access to care and community physician capacity. By supplementing current services, COTI expansion allows OUD treatment providers to better access and serve individuals with OUD.

Linkages with the Broader Healthcare System

OASAS is facilitating linkages between the SUD treatment system and other healthcare providers to ensure a continuum of care that addresses the full range of health needs. To expand access to MAT, OASAS facilitated partnerships between the OASAS treatment system and other healthcare providers to increase access to buprenorphine and provide linkage to treatment. Five hospital emergency departments are working with a local treatment program to offer peer engagement services to individuals seeking care for OUD or when OUD may be among other presenting issues. Even when a person refuses medication to treat OUD in the emergency department, a peer will maintain contact with an individual that can lead to later engagement in treatment.

SUD treatment providers are partnering with 11 Federally Qualified Health Centers (FQHCs) to increase opportunities for individuals to access MAT, behavioral health treatment, and medical care. As part of this initiative, FQHCs work in tandem with a SUD treatment provider to expand access to MAT for individuals who receive primary care and physical health services at FQHCs and connect patients to behavioral health services through the outpatient addiction treatment program. This cross-system collaboration allows the two providers to work together to meet both physical and behavioral health needs.

OASAS' Maternal Wraparound Program addresses the needs of pregnant and parenting women with OUD in areas with high rates of pregnant women entering treatment and babies diagnosed with neonatal abstinence

syndrome. Four providers received funding to implement this intensive case management and recovery support service model for women who are pregnant and up to six months postpartum

In 2017, SAMHSA awarded OASAS $10 million over five years for the Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant to integrate primary health, mental health, and SUD treatment for individuals with OUD receiving services through partnership arrangements between Opioid Treatment Programs (OTPs), primary health clinics, and mental health clinics in Bronx and Albany counties.

Enhancing and strengthening the connection of SUD services to the full continuum of care is critical to ensuring the participation of, and access to SUD services, in a value-based environment. One of the key efforts to connect the SUD treatment system to the broader system of care is the $60 million Behavioral Health Care Collaborative (BHCC) Project, which recently completed its second year of operation. Behavioral Health (BH) providers have utilized the BHCC funds to begin transforming the delivery system in the following ways:

- Developing innovative care transition programs to connect individuals between levels of care;
- Creating BH Independent Practice Associations (IPAs) to facilitate contracting options, support joint ventures for quality standards, strengthen negotiation with payers, and combine administrative functions for sustainability;
- Establishing health care partnerships with area hospitals to support referrals to community-based programs; and
- Developing collaborative relationships with other community-based programs, including FQHCs.

Certified Community Behavioral Health Clinics (CCBHCs) are federally recognized, comprehensive community behavioral health providers that provide an opportunity to improve New York's behavioral health system by helping to further integrate behavioral health with physical health care, utilizing evidence-based practices on a more consistent basis, and improving access to high quality care. The purpose of a CCBHC is to:

- Improve health outcomes through increased access to quality care for all individuals;
- Reduce avoidable hospital use and complications;
- Foster diverse health system partnerships; and
- Provide behavioral health care entities in underserved areas with more financial stability through enhanced Medicaid reimbursement.

CCBHCs have completed the final year of the demonstration. Early indicators show a 26 percent reduction in costs of inpatient and emergency room visits among CCBHC enrollees. OASAS is working with OMH and DOH on sustainability of the CCBHC model after the demonstration is over.

Homeless Outreach and In-Community Services

Through the inclusion of SUD benefits in the Medicaid managed care benefit package and submission of state plan amendments to the Centers for Medicare & Medicaid Services (CMS), OASAS providers have been given authority to deliver and obtain reimbursement for rehabilitative services provided outside of the clinic walls. This has led to significant innovation for providers who can now go to community-based settings, including housing programs, physician offices, social service settings, or homeless shelters. OASAS providers have been able to deliver services to individuals in settings that facilitate more person-centered care. OASAS is working with the New York City (NYC) Department of Homeless Services (DHS) to bring engagement and treatment services to homeless individuals residing in shelters. OASAS-certified outpatient programs partner with a homeless shelter to bring peer and clinical services to individuals with a possible SUD. This work is underway in 27 shelters in NYC and OASAS is working with DHS to expand this effort. The model was also implemented in 14 homeless shelters located in counties across the State for a total of 41 shelters statewide.

Overdose Reversal Training

Naloxone is a medication that revives an individual from an opioid overdose and has saved thousands of New Yorkers' lives. On March 3, 2016, Governor Cuomo announced that independent pharmacies across the state would be able to provide naloxone to their customers without a prescription. Naloxone is now available in more than 2,000 pharmacies throughout New York State. Individuals who are themselves at risk for an overdose or their family members or friends may acquire naloxone in these pharmacies without bringing in a prescription. The opioid policy reforms enacted in June 2016 mandated insurance coverage for naloxone. The legislation requires insurance companies to cover the costs of naloxone for individuals covered under the policies.

New York implemented Naloxone Co-payment Assistance Program (N-CAP) in August 2017 to expand access to naloxone by subsidizing the cost of co-payments for individuals with prescription coverage as part of their health insurance plan. Co-payments for naloxone in an amount up to $40 for each prescription dispensed are billed to N-CAP, resulting in no or lower out of pocket expenses for the individual. Pharmacies are often in closer proximity to individuals' homes and have flexible hours making it easier for individuals to access naloxone.

Naloxone training is available throughout New York State at OASAS ATCs as well as at DOH-registered training programs in local communities. Through federal grant funding, OASAS expanded naloxone training and the distribution of naloxone kits. OASAS has increased the number of first responders and other likely witnesses to recognize and respond to opioid overdoses. This initiative includes providing naloxone kits or information on how to get kits at local pharmacies in 30 high need counties across the state using N-CAP. To date, there have been 449 trainings with 8,618 people trained at police and fire departments, high schools, colleges, libraries, malls, tribal territories, jails, churches, physician's offices, the New York State Fair, and various community events. This program has worked within the state's existing opioid overdose prevention infrastructure, including over 350 registered overdose prevention programs, to identify and fill service gaps to curb overdose deaths.

Community Health Access to Addiction and Mental Health Care Project (CHAMP)

As part of OASAS' ongoing efforts to increase parity between behavioral health, SUD care, and primary health care, the Agency implemented an ombudsman program. This program, the Community Health Access to Addiction and Mental Health Care Project, (CHAMP), was officially launched in October 2018. The program assists people and their families in using their health insurance to access SUD or mental health care, and to identify, investigate, and resolve complaints made by or on behalf of consumers regarding their coverage. The program also helps providers to resolve their patients' insurance problems. People having issues can call a toll-free hotline (888-614-5400) and receive guidance on how to address any problems. In a little more than a year, the hotline received nearly 1,400 calls.

Other Innovative, Nontraditional Services

OASAS is rapidly increasing the availability of services that connect people to treatment and assist in keeping them engaged throughout treatment. Much of this expansion is a result of Governor Cuomo's legislative agenda to combat the opioid crisis. In 2016, the Governor's Heroin and Opioid Task Force travelled across the State exploring the importance of providing locally-based services to people affected by addiction. Following these discussions, OASAS launched a series of nontraditional initiatives that offer a broad range of individual and community services. These new, innovative services include:

24/7 Open Access Centers
Open Access Centers provide immediate engagement and linkage to treatment for individuals with an SUD. Staff are available 24/7 to immediately engage with individuals, family members, and/or law enforcement, etc. for the

provision of SUD services and interventions. Staff are also available or on call to provide an immediate assessment and referral (and "warm handoff") to the appropriate level of care.

Peer Engagement Specialists
Peer Engagement Specialists are people in recovery or individuals with a personal family experience with recovery and expertise in addiction services, available to provide support, encouragement and guidance in finding appropriate services. They tend to be especially effective with outreach and engagement of people who have been reluctant to participate in behavioral health services or lost to care.

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.

New locations of the services described above are opening continuously. The OASAS website maintains a list of these services by region https://oasas.ny.gov/recovery/regional-services.

Goal 2: Increase Opportunities for Addictions Treatment in the Criminal Justice System

National research indicates that the mortality rate among individuals during the first month post-release from criminal justice settings is much higher than the general population, and much of this excess mortality is driven by far higher rates of drug overdose death post-release. Using federal grant funds, New York State has implemented treatment transition for individuals with OUD reentering communities from criminal justice settings in 20 local correctional facilities and three state correctional facilities. Individuals receive SUD counseling, education in MAT, and upon release, the option to initiate MAT and a person-centered care plan for linkage to treatment. In addition, another project provides re-entry and support services to individuals with OUD transitioning from prison or jail back into New York City communities.

OASAS treatment providers are also working in conjunction with correctional facilities to deliver opioid treatment services and medication to individuals diagnosed with OUD who are incarcerated. This allows individuals who were on medication prior to being detained to continue with their treatment, which also lowers the risk of opioid overdose upon release. Over the past few years, OASAS has worked with the Department of Corrections and Community Supervision (DOCCS) and local Sheriffs to expand the availability of MAT services in local and state correctional facilities. MAT is offered in 45 county correctional systems and OASAS is working to increase MAT options across the state. To maintain individuals on medication therapy while detained by DOCCS, OASAS-certified treatment programs are funded to provide MAT in 11 DOCCS facilities.

OASAS is also forging partnerships with the new Opioid Courts to provide comprehensive assessment and treatment engagement. OASAS-certified treatment programs work with local Opioid Courts to provide on-site, clinical assessment and peer services for individuals referred to the court based on a positive screen for possible OUD. When appropriate, a referral to treatment is made and peer services are used to encourage and support engagement in treatment. This collaboration allows for immediate access to treatment based on patient choice.

In partnership with the Office of Court Administration, a Drug Treatment Court pilot will begin in the Mohawk Valley to screen individuals for problem gambling. Individuals who screen positive will be referred for an assessment either by their SUD treatment provider, if the provider is designated to treat problem gambling, or by another local problem gambling treatment provider.

Goal 3: Promote Individual Choice and Person-Centered Care in SUD Treatment

OASAS is improving the effectiveness and quality of services through Person-Centered Care. Person-Centered Care is a collaborative, holistic approach to treatment. The individual engaged in services directs care to meet their needs in equal collaboration with the treatment provider. OASAS has released a Person-Centered Care Guidance Document. The document was developed in collaboration with providers who advise on several OASAS committees; vetted and then revised based on feedback from provider forums. The following principles are associated with Person-Centered Care:

- Person-Centered treatment plans are developed using an individual's own language to identify treatment goals. Plans should reflect the individual's values, culture and beliefs.
- Person-Centered treatment planning includes working with individuals who may have treatment goals other than abstinence. This includes reducing use and minimizing risk associated with substance use pattern.
- Individual goal setting should reflect shared decision making and informed choice. Every individual seeking services should be informed of the comprehensive array of available treatment options. The individual should make an informed choice regarding medication and behavioral approaches to treatment.
- The multidisciplinary treatment team maintains a professional role by informing treatment planning and assuming ultimate responsibility for the plan.
- Person-Centered treatment is evidence-based, strength-based and non-punitive.

Treatment providers will now be required to have a medical professional on staff who can prescribe buprenorphine when medically appropriate. OASAS-certified programs must also accommodate all forms of MAT or make it readily accessible. And providers must guide patients toward individualized recovery goals.

OASAS revised its regulations to make SUD treatment much more person-centered and to lower barriers to MAT so that this life-saving treatment is as accessible as possible and clinically appropriate and released a guidance document on the revised regulations, available at: https://www.oasas.ny.gov/system/files/documents/2019/07/Standards%20for%20OASAS%20Certified%20Programs.pdf. Furthermore, there is an Addendum from the Office of Chief Medical Officer about person-centered medication treatment available at: https://www.oasas.ny.gov/system/files/documents/2019/10/medical-standards-for-certified-programs.pdf as well as guidance about necessary criteria for withdrawal management protocols, which includes emphasizing starting MAT during withdrawal management, at: https://www.oasas.ny.gov/medical-protocols-withdrawal-management.

To support this work, OASAS is conducting a multidimensional educational campaign, including recorded webinars and regional forums. Encompassed in these are a completed series of regional forums for outpatient clinic providers and an upcoming series of regional forums for OTP providers. OASAS has also partnered with the Center on Addiction on a National Institute on Drug Abuse (NIDA)-funded grant to provide online and in-person trainings and technical assistance on use of MAT and person-centered care, which align with value-based payment (VBP) metrics that have been developed to track initiation on MAT, adherence to MAT, and continued engagement in SUD treatment.

Goal 4: Strengthen and Support the Addictions Workforce

As described in Chapter 2, one of the most common challenges that LGUs and treatment providers report to OASAS is recruiting and retaining qualified staff and peers to deliver services. In January 2019, OASAS awarded nearly $5 million in funding to assist OASAS-certified treatment programs in hiring nurse practitioners and Certified Recovery Peer Advocates (CRPAs). Providers were awarded one-time funding of $40,000 per peer

advocate position, and $25,000 per nurse practitioner position. Over 80 providers in all 10 economic development regions received funding to fill 150 positions.

Additionally, Governor Cuomo's 2020 Enacted Budget provided $350,000 for a scholarship program for SUD professionals, which is intended to address the critical workforce shortages in the SUD prevention and treatment programs. One Social Work or Mental Health Practitioner scholarship and one Credentialed Alcoholism and Substance Abuse Counselor (CASAC)/Credentialed Prevention Professional (CPP)/Credentialed Prevention Specialist (CPS)/Gambling Specialty Designation scholarship will be awarded in each economic development zone to an OASAS funded or certified prevention or treatment program.

Goal 5: Increase Problem Gambling Treatment Admissions

OASAS updated the Problem Gambling Treatment and Recovery Services regulations to allow any OASAS-certified program to apply for a designation on their operating certificate to provide problem gambling-only treatment. The Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) was expanded to include problem gambling. With revenue from casino gambling, OASAS expanded access to client-centered care in seven regions of the State through the establishment of regional Problem Gambling Resource Centers (PGRCs). Each PGRC is responsible for the facilitation of problem gambling awareness, community education, prevention, treatment, and recovery support, as well as collaborating with local gambling facilities to address problem gambling and coordinate referrals for those in need of help. Through the efforts of the PGRCs, a network of specially trained private practitioners has grown significantly. In addition, all state-operated Addiction Treatment Centers provide inpatient services for individuals with a primary diagnosis of a gambling disorder.

Chapter 4: Priority- Increase the Reach and Effectiveness of Prevention

Preventing the misuse of drugs and alcohol and decreasing the prevalence of problem gambling saves lives and reduces overall costs to society. Prevention is a proactive, research-based, data-driven process that uses effective strategies and programs to reduce or prevent alcohol and other drug use and problem gambling in individuals, families, and communities. OASAS is pursuing the following goals in order to address the priority "Increase the Reach and Improve the Effectiveness of Prevention":

Goal 1: **Follow the Strategic Prevention Framework (SPF) at the State and Local Levels**

Goal 2 : **Support Implementation of Evidence-Based Prevention Programs that Meet Local Needs and Yield Proven and Measurable Outcomes**

Goal 3: **Support Environmental Prevention Strategies Including Public Awareness Of Alcohol, Drug, and Problem Gambling**

The National Institute of Medicine categorizes prevention as designed to meet three levels of risk: "Universal," "Selective," and "Indicated," as defined below. Prevention activities may be subsequently categorized into those that are designed for each of these three population categories.

- *Universal*
  Universal prevention programs and strategies are designed for the general public or for demographic sub-populations without assessing for levels of risk or problem behaviors in that population. Some examples of providing a universal prevention service to a demographic sub-population is the delivery of an evidence-based educational program to all students a school; anti substance use policies in schools; parenting education program open to all families in a community.
- *Selective*
  Selective prevention programs target subsets of the total population that are deemed to be at risk for substance use and/or problem gambling behavior by virtue of their membership in a particular population segment. The selective prevention program is presented to the entire subgroup because as a whole they are at higher risk than the general population. An individual's personal risk is not specifically assessed or identified, and selection is based solely on membership in the higher risk subgroup. Some examples of selective subgroups are: children of substance users or problem gamblers; children who have dropped out of school; and children with multiple community risk factors that favor substance use or problem gambling.
- *Indicated*
  Indicated prevention programs are designed for those populations with elevated levels of individual risk factors, putting them at higher risk for developing substance use and/or problem gambling problems, and also are identified as having minimal but detectable signs or symptoms but do not meet diagnostic levels of a substance use or problem gambling disorder.

OASAS Prevention Providers are required to choose the most effective and appropriate prevention activities for the needs of their target population, based on their needs assessment.

Goal 1: Follow the Strategic Prevention Framework (SPF) at the State and Local Levels

SAMHSA's Strategic Prevention Framework (SPF), illustrated in Figure 4.1, consists of a five-step planning process rooted in two underlying principles (described below). The SPF is designed to guide states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. OASAS aims to follow the SPF at both the state and local/community level in

order to build the necessary infrastructure for effective and sustainable prevention across the state and within the prevention provider system.

Figure 4.1: SAMHSA's Strategic Prevention Framework (SPF)

The five-step planning process consists of:

1. *Needs Assessment*
    - Gathering and analyzing data related to substance use (risk/ protective factors, prevalence, consequences, and community readiness to address needs and gaps).
2. *Capacity Building*
    - Building state and local resources and readiness to address and engage in coordinated prevention efforts.
3. *Strategic Planning*
    - Using data to prioritize risk and protective factors;
    - Developing a logic model that links data-identified problems with associated factors, evidence-based strategies and anticipated outcomes;
    - Developing an actionable plan to address resource and readiness gaps;
    - Outlining anticipated evaluation activities; and
    - Addressing cultural competence.
4. *Implementation*
    - Delivering services aligned with the strategic plan.
5. *Evaluation*
    - Collecting, analyzing, and monitoring information about activities and outcomes to reduce uncertainty, improve effectiveness, and make decisions.

The two underlying principles integrated into in each of the five steps are:

- *Cultural Competence*
    - Considering community-based values, traditions, and customs, and working with knowledgeable persons of and from the community to plan, implement, and evaluate prevention activities;
    - Being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse population groups throughout New York State and in its communities.
- *Sustainability*
    - Providing stable infrastructure, available trainings, and community support—and working toward maintaining these factors.

In addition, the SPF emphasizes sustaining the prevention process itself, recognizing that the state and communities will repeatedly return to each step of the process, as the problems the state and local communities face continue to evolve.

OASAS aims to institutionalize the SPF process at both the state and local levels in order to continue to build and sustain the necessary infrastructure for effective prevention across the state. Over the next five years, OASAS intends to revisit each step of the SPF, starting with needs assessment, in order to ensure that the prevention strategies meet current needs and that the agency supports programming and strategies that have the most current prevention science backing their efficacy. To begin this effort, OASAS will administer a statewide Youth Development Survey (YDS) in Fall 2020. The YDS will include risk and protective factor, prevalence, and consequence SUD indicators. The results will provide a snapshot and baseline for understanding current youth needs. OASAS will also collect and analyze adult substance use and consequence data in order to be able to understand and address needs with adults across the lifespan.

Goal 2 : Support Implementation of Evidence-Based Prevention Programs that Meet Local Needs and Yield Proven and Measurable Outcomes

Delivering Evidence-Based Prevention Programs and Strategies to Underserved Areas

OASAS promotes the improvement of the SUD prevention system by using evidence generated by applied scientific prevention research. Evidence-based programs and strategies are developed using outcome studies to document their effectiveness in preventing substance misuse, violence, delinquency, decreasing the risk factors that predict these behaviors and increasing protective factors and are a required standard for all prevention service providers.

Comprehensive prevention efforts will continue to focus on underserved, hard-to-reach communities. OASAS funded prevention providers are expected to collaborate with other funded prevention providers to develop a holistic approach to prevention in their community, based on their local needs assessment. An example of this is coordinating prevention services in the schools with the work being done by the local community coalition.

The NYS Blueprint for Prevention in Schools

OASAS is working with DOH, OMH, the Gaming Commission, and the State Education Department (SED) to develop a blueprint for prevention in schools. The initiative is an opportunity to develop a strategic plan for delivering prevention services in schools. Through this initiative, state agencies will coordinate the array of programming and supports to improve the mental, emotional, and behavioral (MEB) health of students. Schools are implementing varied programs to address risk and protective factors related to the prevention of SUDs, including OUD, MH disorders and suicide, tobacco use, and overall student wellness. One particular area of concern that the Blueprint will address is the rapid increase in electronic cigarette ("vaping") use among youth. The Blueprint will build on the Governor's leadership in the fight against youth vaping.

The initiative will develop a plan to incorporate prevention in the overall school environment through coordinated curriculum and guidance on integration of programming. The strategic plan will make recommendations to improve access to prevention education, counseling, and treatment services across systems.

Goal 3: Support Environmental Prevention Strategies Including Public Awareness Of Alcohol, Drugs, and Problem Gambling

Environmental prevention strategies are mutually reinforcing sets of evidence-based and promising indirect activities, designed to impact population-level reductions in substance use and problem gambling behaviors within communities. They are primarily aimed at influencing behavior through the establishment and enforcement of laws, policies, and regulations regarding access to and availability of alcohol and other substances and gambling for underage youth, combined with the use of media to increase community support of such. Environmental prevention strategies complement services targeting youth and families. The most effective environmental prevention strategies rely on a three-pronged approach:

- Development, enhancement, or support of a policy, regulation, or law (which should include consequences for not abiding by it);
- Enforcement/compliance of a policy, regulation, or law and its consequences; and
- Communication/media campaigns to raise awareness and support for the policy, regulation, or law, and for the enforcement/compliance efforts.

OASAS will continue to expand efforts to implement environmental strategies, which will include raising awareness about the dangers of illicit substances and problem gambling and to educate individuals about available services through use of TV, radio, digital, social media, mass transit, and print advertising campaigns. As a result of the success of OASAS' Spanish-language series, *Esperanza, Nueva Vida con OASAS*, the Agency developed an English-language version, *New Hope, New Life*, which airs on broadcast TV across New York. The 30-minute discussion-format series helps New Yorkers understand alcohol and drug addiction and problem gambling as a disease and highlights where services can be found. Topics include new innovative treatment services, preventing substance use, recovering from a gambling disorder, the stigma of addiction, and the treatment options that are available.

OASAS launched its first ever statewide problem gambling public awareness campaign in 2018, utilizing several markets including TV, Radio, Digital, billboards and posters. The Problem Gambling Resource Centers will continue to focus on increasing public awareness of problem gambling. Furthermore, in 2020, the Youth Development Survey and the Problem Gambling Prevalence Survey will inform OASAS' prevention efforts.

Chapter 5: Priority- Enhance Services and Supports to Promote and Sustain Recovery from SUD

OASAS is committed to ensuring that all of its services fully recognize and respond to the needs of those in or seeking recovery. The Agency is aware that those needs go beyond treatment and abstinence to the lifelong process of improved health, wellness and quality-of-life, and a reintegration with family and community. OASAS is pursuing the following goals in order to address the priority "Enhance Services and Supports to Promote and Sustain Recovery from SUD":

Goal 1: **Facilitate Access to Health, Wellness and Other Critical Supports for Youth and Adults through Recovery Centers and Youth Clubhouses**

Goal 2: **Support People in Recovery through Housing and Employment Programs and Incentives**

Goal 1: Facilitate Access to Health, Wellness and Other Critical Supports for Youth and Adults through Recovery Centers and Youth Clubhouses

Recovery Centers

OASAS is committed to opening and sustaining Recovery Centers to promote long-term recovery through skill building, recreation, wellness education, employment readiness, civic restoration opportunities, and other social activities. Recovery Center services are accessible not only during the daytime hours, but also during evening and weekends, to meet the needs of individuals and families. Recovery Center staff assist individuals and families to 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 a commitment to common goals for recovery.

Federal funding has allowed OASAS to open several new Recovery Centers located throughout the state, including in two Tribal Nation territories.

Youth Clubhouses

Youth Clubhouses are built upon a core of peer-driven supports and services that encourage and promote a drug-free lifestyle. 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 are available, including tutoring and help with homework, college and job preparation, community service opportunities, peer mentoring, and sports, fitness and group entertainment activities.

OASAS recently supported the opening of Youth Clubhouses in Tribal Nation communities for youth and young adults in recovery from and at risk of addiction, and their allies.

Goal 2: Support People in Recovery through Housing and Employment Programs and Incentives

Housing Services

Permanent supportive housing (PSH) is a key recovery support service. The priority target populations are individuals and families who are homeless, or at high risk of becoming homeless, with a history of SUD. Housing services include rental subsidies, housing counseling services, family interventions, job development/employment support services, linkage to physical and MH services, and clinical supervision of the direct services and case management staff.

OASAS offers PSH through various initiatives, including 375 apartment units for single adults in NYC, as well as 285 apartment units for families in NYC through the New York/New York III Homeless Agreement. In addition, the OASAS Housing Bureau provides 124 apartment units across nine upstate counties through OASAS' upstate PSH; 12 Re-Entry apartment units in NYC; and 261 apartment units for single adults who are high-cost, high-frequency Medicaid consumers. As of December 2019, within the Empire State Supportive Housing Initiative (ESSHI), OASAS had 192 operational apartment units, with 89 units specifically dedicated to ESSHI-eligible families and individuals, across NYS.

Employment Incentives

Steady employment can be vital to successful recovery from SUD. The 2020 Enacted Budget included the nation's first Recovery Tax Credit program, which provides tax incentives for certified employers who hire people in recovery from substance use disorders in either full- or part-time positions. Beginning in calendar year 2020, up to $2 million will be allocated for this program annually, with employers receiving a maximum credit of $2,000 for each eligible person they hire. OASAS is administering the program in conjunction with the Department of Taxation and Finance. In addition to creating a recovery-oriented culture in business and local communities, this tax credit is designed to encourage and accelerate growth across the state by increasing employment opportunities.