

Adolescent Endorsement Standards for OASAS-Designated Providers

I Introduction

The purpose of this document is to provide guidance to providers seeking designation pursuant to 14 NYCRR Part 830 to deliver adolescent services under a specialty endorsement. An Adolescent Endorsement demonstrates an OASAS-certified Part 822 program's efficacy and expertise in meeting the unique treatment needs of adolescents with Substance Use Disorders (SUDs). This Endorsement provides an opportunity to increase visibility of and enhance access to adolescent SUD services at both the State and provider levels. Furthermore, programs with this designation on their operating certificate will join a public list of OASAS-recommended adolescent providers.

A program with an Adolescent Endorsement remains subject to any other regulations applicable to the program's certified modality, including (but not limited to) evaluations, admissions, treatment/recovery plan development and review, and discharge. In addition, providers seeking this specialty endorsement should closely follow the guidance set forth in the Clinical Practice Standards for Adolescent Programs (CPS-AP). The program must receive an operating certificate designation from the Office to be categorized as an Adolescent Outpatient Program.

II General Program Standards

Adding a designation to the operating certificate

- Pursuant to 14 NYCRR Part 830, Adolescent Endorsement is an optional means of service delivery available to OASAS-certified Part 822 outpatient programs. Providers requesting authorization to use this means of service delivery must submit an Adolescent Endorsement Provider Self-Assessment Tool ([Attachment A](#)) and Attestation ([Attachment B](#)) to the Adolescent, Women, and Families Bureau by email to Sam.Kawola@oasas.ny.gov and/or Shyla.Dauria@oasas.ny.gov.

Attestation

- A program applying for designation to provide Adolescent Endorsement services must attest to conformance with provisions of Part 830.
- Upon acceptance of such Attestation, OASAS will provide a written approval in addition to designation on an operating certificate.

Practitioners

- Practitioners must be:
 - employed by the OASAS designated provider; or
 - employed by another OASAS certified provider; or
 - have an executed contract or memorandum of understanding (MOU) to perform such services with the designated program; or
 - be affiliated with an entity with which the designated program has an MOU
- Practitioners should model appropriate behavior within appropriate boundaries and have foundational knowledge in adolescent developmental stages, theories

of adolescent substance use, signs of abuse and reporting laws, problem gambling, and youth values/culture.

- The practitioner must ensure protection of confidentiality, including the use of locked files and/or protected electronic health records (eHR).

Program Policies and Procedures

Prior to delivering endorsed adolescent services, program policies and procedures addressing the unique features of the endorsement must be in place addressing, at a minimum, the topics listed below:

Statement of the Types of Treatment Available

- A statement exists and is available to youth and their families indicating the types of treatment that is available with the understanding of types of treatment that cannot be provided on site or will require a referral.

Use of Developmentally-Informed Treatment Using an Evidence-Based Practice Reflective of Adolescent Development.

- Evidence-based practice (EBP) includes but is not limited to MET/CBT, Motivational Interviewing, Seven Challenges, and/or Cognitive Behavioral Therapy. EBP must be appropriate to adolescent development and record(s) of staff training must be kept on file.
- Youth clients are educated on addiction, biological factors, and life skill deficits that contribute to youth issues as it relates to substance use and/or problem gambling.
- Youth are treated with age appropriate clients, building on youth's strengths and protective factors to promote resiliency.
- Developmental maturity dictates how information is presented and therapy is conducted

Effective Assessment Procedures that are Culturally Sensitive, Gender-Specific, Trauma-Informed, and Identify Strength and Resilience Factors.

- Assessment of substance use and gambling-related problems should evaluate key domains of developmental functioning, as well as relationships and other social factors that affect youth behavior, using standardized adolescent specific instruments and interviews.
- Treatment eligibility and level of care determined with a valid tool (i.e. LOCADTR-A) and appropriate interventions are offered for presenting problems of varying severity.
- Trauma-informed screening from a valid tool must be administered at intake and whenever otherwise appropriate (e.g. ACE Questionnaire, Trauma Exposure Measure).
- Information gathered from assessment must be used to develop youth Treatment/Recovery Plan in a person-centered manner, allowing input and involvement from the youth/family throughout the process and course of treatment.

Youth-Specific Outreach, Engagement, and Retention Strategies

- Policies and procedures exist to outreach, engage, and retain the adolescent population into treatment.
- Youth Treatment/Recovery Plan includes ongoing identification of potential barriers to recovery, such as current difficulties in participating in treatment (e.g. transportation, child care), beginning at intake and continuing throughout treatment. There is evidence of efforts made to strategize around and overcome barriers, as well as timely and appropriate follow-up on missed appointments.
- Providers will have at least one Certified Recovery Peer Advocate (CRPA), preferably a CRPA-Y, on staff who can establish rapport with youth and family members and/or maintain connection with youth in continuing care.
- Outreach efforts include connecting with other systems in which the youth may be accessing services (e.g. school, child welfare, juvenile justice, pediatricians).
- Providers have use of a secure messaging platform which facilitates the transmission of communication with youth and caregivers within an encrypted virtual private network, meeting the federal and state confidentiality requirements including, but not limited to, 42 C.F.R. Part 2, and 45 C.F.R. Parts 160 and 164 (HIPAA Security Rules).
- Has in place a HIPAA messaging compliance policy which includes procedure to report security breach within 60 days of breach event.

Family Involvement in Treatment

- Formal services and supports are provided to families of children/youth experiencing social, emotional, developmental, medical, substance use, problem gambling, and/or behavioral challenges in their home, school, or community [e.g. Significant Other services, including the use of Community Reinforcement and Family Training (CRAFT), family counseling, family therapy, Peer services)].
- Informal services and supports are offered and provided to families of children/youth experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, or community [e.g. psychoeducational groups for families/caregivers, family support and/or peer-led groups, including (but not limited to) Al-Anon, Alateen, and SMART Recovery Families and Friends].
- Attempts to engage family members in youth treatment sessions are made. If families are not involved or have limited involvement in treatment, attempts to engage families or reason for lack of family involvement are documented.
- Program provides or links to appropriate child care services.

Community Involvement in Treatment

- Youth are provided with links, referrals, and/or are otherwise engaged in programs and activities in their home community.
- Youth are provided with opportunities to engage in recreational activities in their local communities at the cost of the provider in order to promote prosocial fun without substances or gambling.

- Youth are made aware of resources in their communities that may include, but are not limited to volunteer opportunities, employment opportunities, vocational programs, sexual health services, and resources for daily living (e.g. food pantries, shelters).

Integrated Substance Use and Mental Health Treatment/Psychiatric Services for Youth

- Use of standardized mental health tools to assess common co-occurring disorders for all admissions (i.e. Modified Mini, M3 Clinician).
- Policies and Procedures are in place to ensure continuation of mental health treatment on site or by referral.
- Maintain linkages with youth-serving medical professionals for medication consultations as needed.
- Medication-assisted treatment (MAT) is available to appropriate youth either on site or by referral. Provider maintains and documents regular coordinated treatment with prescriber.

Significant Events like Injuries, Mandated Reporting, and Client and/or Family Complaints

- Policies and procedures exist to ensure appropriate steps are taken in the event of an emergency and/or injury including having an emergency contact on file for each youth.
- Policies and procedures exist in the result that a client or family files a complaint with documentation of outcomes.
- Reports are made regarding any situation in which a person who is receiving supports or services is experiencing abuse, neglect, sexual, financial, or emotional exploitation, or is at risk of experiencing any of these incidents in a setting over which the Justice Center has jurisdiction.

Comprehensive Coordinated Treatment and Continuing Care

- Focus on multi-systemic collaboration to promote a continuum of coordinated services for youth within their community, including coordination with other state systems when indicated and having documented relationships with local pediatric primary care physicians.
- Addresses physical and sexual health education and needs of youth on site or by an outside provider (i.e. Planned Parenthood) that is documented by an MOU or another form of contract.
- Provides the option for supporting the maintenance of long-term recovery by offering continuing care and maintaining connections with prosocial, recovery-oriented community organizations, mentors, activities and alternative peer groups during and after treatment.
- Offers recurrence prevention services, including education for youth and families about continuing care and recovery supports.
- Youth will receive education on life skills and will be linked to services relevant to increasing life skills, when appropriate.
- Provides a comprehensive support plan, including check-ins and re-engagement when indicated

Culturally-Informed Treatment

- Maintain policies that ensure the emotional and physical safety of youth, including promoting respect for differences and preventing or repairing bullying, victimization, and boundary violations from other youth or staff.
- Maintain connections to community groups and other services that align with the clients' and families' culture, gender, and sexual orientation.
- Training should be provided to staff to deepen knowledge of their cultural identities and of pervasive social biases, and issues surrounding the LGBT population.

Trauma-Informed Treatment

- Integrates knowledge about trauma into policies, procedures, and practices.
- Recognizes the signs and symptoms of trauma in youth and their families through documented ongoing assessment.
- Seeks to actively resist re-traumatization through established policies and practices.

Staff Qualifications and Training

- Clinical staff has training in adolescent development, case management, culturally informed treatment, and additional foundational skills for youth treatment. All training is documented and kept on file.
- Staff has ongoing training on the principles of emerging best practices relevant to trauma-informed care and other trainings relevant to youth treatment and recovery
- Have on staff at least one master's level clinician trained in family therapy or a licensed clinician with experience working with families, one Certified Recovery Peer Advocate (CRPA), and at least one master's level clinician trained in co-occurring mental health disorders and problem gambling.
- A provider such as a psychologist, psychiatrist, or nurse practitioner with knowledge of the youth population is on-site on at least a part-time basis for medication management services.
- Staff receive ongoing supervision, feedback and evaluation regarding youth clinical skills as outlined in the OASAS Administrative & Clinical Supervision Definitions and Minimum Requirements.

III Billing Guidance; Medicaid (NOT SPECIFIC TO ADOLESCENTS)

- For purposes of Medicaid billing, a claim may be submitted for services delivered to a patient, collateral person, or significant other (regardless of whether such significant other is connected to a current patient with a diagnosed substance use disorder).
- Only services delivered by an Office-certified or authorized program are eligible for Medicaid reimbursement.

- The content and/or outcome of all services must be fully documented in the patient's case record consistent with section 822.11 of this Part.
- In order to qualify for reimbursement, each service must be documented as a covered Medicaid service in accordance with the following:
 - (1) the service must meet the standards established in this Part;
 - (2) the service must meet the standards established in Part 841 of this Title;
and
 - (3) the service must be provided by appropriate staff as required in this Part.
- The following services alone do not constitute a service eligible for Medicaid reimbursement:
 - (1) nutrition services;
 - (2) educational and vocational services;
 - (3) recreational and social activity services;
 - (4) group meetings, workshops or seminars that are primarily informational or organizational; and
 - (5) acupuncture.

Provider Self-Assessment Tool Adolescent Endorsement

The purpose of this Self-Assessment Tool is to identify the ability of your program to provide adolescent substance use treatment that is congruent with NYS OASAS-approved Adolescent Endorsement Standards that represent clinical excellence. The components within the standards and this tool are intended to reflect the primary features of effective treatment services and are based on the Clinical Practice Standards for Adolescent Programs (CPS-AP), which are supported by scientific research and the robust experience of a team of clinicians.

Instructions

In order to be accepted for review, the following rating tool must be filled out in its entirety. This includes a score and comment(s) providing corroborating information for every component of each standard. The Self-Assessment Tool must be completed by the Program Director and signed by the Executive Director, attesting that all of the information provided in this tool is accurate to the best of their ability and knowledge. **Programs completing this tool by hand must ensure the resulting submission is legible in order for an accurate review to be completed. Failure to do so may result in a denial or delay of Endorsement.**

Rating Procedure

Using the 4-point Likert-scale provided below, please indicate the extent to which your program has adopted each key element of the eleven Adolescent Endorsement Standards. The degree of extensiveness includes the thoroughness and frequency with which your program has integrated the given element into routine care for every client. The Clinical Practice Standards for Adolescent Programs (CPS-AP) manual provides further description of the elements presented here and should be referenced throughout the rating process.

0 - Not Adopted

1 - Partially Adopted

2 - Mostly Adopted

3 - Fully Adopted

Program Info and Director Signatures

Note: If a provider is applying to receive the Adolescent Endorsement in more than one of their PRUs, a Self-Assessment Tool must be completed for each PRU.

I, the undersigned, Executive Director of ([Click here to enter program name.](#)), verify that the following Self-Assessment Tool is completed with accuracy

Executive Director Name: [Click here to enter text.](#)

Executive Director Signature: _____

Program Director Name: [Click here to enter text.](#)

Program Director Signature: _____

Program Director Email: [Click here to enter text.](#)

Program Director Phone Number: [Click here to enter text.](#)

PRU: [Click or tap here to enter text.](#)

Clinical Practice Standard	Score	Comments
<i>Developmentally Informed Treatment</i>		
1. Evidence-based practice (EBP) includes but is not limited to MET/CBT, Motivational Interviewing, Seven Challenges, and/or Cognitive Behavioral Therapy. EBPs are appropriate to adolescent development and record of staff training are kept on file.		
2. Youth clients are educated on addiction, biological factors, and life skill deficits that contribute to youth issues as it relates to substance use and/or problem gambling.		
3. Youth are treated with age-appropriate clients, building on youth's strengths and protective factors to promote resiliency.		
4. Developmental maturity dictates how information is presented and therapy is conducted.		
<i>Assessment</i>		
1. Assessment of substance use and gambling related problems evaluate key domains of developmental functioning, as well as relationships and other social factors that affect youth behavior, using standardized adolescent specific instruments and interviews.		
2. Treatment eligibility and level of care is determined with a valid tool (i.e. LOCADTR-A) and appropriate interventions are offered for presenting problems of varying severity among youth.		
3. Trauma-informed screening from a valid tool is administered at intake and whenever otherwise appropriate (i.e. ACE Questionnaire, Trauma Exposure Measure).		
4. Information gathered from assessment is used to develop youth Treatment/Recovery Plan in a person-centered manner, allowing input and involvement from the youth/family throughout the initial process and remaining course of treatment.		

<i>Outreach, Engagement, and Retention</i>		
<ul style="list-style-type: none"> • Policies and procedures exist to outreach to the adolescent population, as well as to engage and retain them in treatment. 		
<ul style="list-style-type: none"> • Youth Treatment/Recovery Plan includes identification of potential barriers such as current difficulties in participating in treatment (e.g. transportation, child care) that are addressed at intake and throughout the course of treatment. There is evidence of efforts made to overcome barriers and of timely and appropriate follow-up on missed appointments. 		
<ul style="list-style-type: none"> • Providers have at least one Certified Recovery Peer Advocate on staff who assists in establishing rapport with youth and family members and/or maintaining connection with youth in continuing care. 		
<ul style="list-style-type: none"> • Outreach efforts include connecting with other systems in which the youth may be accessing services (e.g. school, child welfare, juvenile justice, pediatricians). 		
<ul style="list-style-type: none"> • Providers have use of a secure messaging platform which facilitates the transmission of communication with youth and caregivers within an encrypted virtual private network, meeting the federal and state confidentiality requirements including, but not limited to, 42 C.F.R. Part 2, and 45 C.F.R. Parts 160 and 164 (HIPAA Security Rules). 		
<ul style="list-style-type: none"> • Providers have in place and on file a HIPAA messaging compliance policy which includes a procedure to report a security breach within 60 days of the breach event. 		
<i>Family Involvement in Treatment</i>		
<ol style="list-style-type: none"> 1. Formal services and supports are offered and provided to families of children/youth experiencing social, emotional, developmental, medical, substance use, problem gambling, and/or behavioral challenges in their home, school, or community [e.g. Significant Other services, including the use of Community Reinforcement and Family Training (CRAFT), family counseling, family therapy, Peer services)]. 		

<p>2. Informal services and supports are offered and provided to families of children/youth experiencing social, emotional, developmental, medical, substance use, problem gambling, and/or behavioral challenges in their home, school, or community [e.g. psychoeducational groups for family/caregivers, family support and/or peer-led groups, including (but not limited to) Al-Anon, Alateen, and SMART Recovery Families and Friends].</p>		
<p>3. Attempts to engage family members in youth treatment sessions are made and documented.</p>		
<p>4. Program provides or links to appropriate child care services.</p>		
<p><i>Community Involvement in Treatment</i></p>		
<ul style="list-style-type: none"> Youth are provided with links, referrals, and/or are otherwise engaged in programs and activities in their home community. 		
<ul style="list-style-type: none"> Youth are provided with opportunities to engage in recreational activities in their local communities at the cost of the provider in order to promote prosocial fun without substances or gambling. 		
<ul style="list-style-type: none"> Youth are made aware of resources in their communities that may include, but are not limited to volunteer opportunities, employment opportunities, vocational programs, sexual health services, and resources for daily living (e.g. food pantries, shelters). 		
<p><i>Integrated Mental Health and Substance Use Treatment</i></p>		
<p>1. Standardized mental health tools to assess for common co-occurring disorders (i.e. Modified Mini, M3 Clinician) are used for all admissions.</p>		
<p>2. Policies and procedures are in place to ensure continuation of mental health treatment on site or by referral.</p>		
<p>3. Linkages are made and maintained with youth-serving medical professionals for medication consultations as needed.</p>		
<p>4. Medication-assisted treatment (MAT) is available to appropriate youth either on site or by referral. Provider maintains and documents regular coordinated treatment with prescriber.</p>		

Reporting and Complaints		
1. Policies and procedures exist to ensure appropriate steps are taken in the event of an emergency and/or injury, including, but not limited to, having an emergency contact on file for each youth.		
2. Policies and procedures exist in the event that a client or family files a complaint. Outcomes are documented.		
3. Reports are made regarding any situation in which a person who is receiving supports or services is experiencing abuse, neglect, sexual, financial or emotional exploitation, or is at risk of experiencing any of these incidents in a setting over which the Justice Center has jurisdiction.		
Comprehensive Coordinated Treatment and Continuing Care		
1. Provider has a dedicated focus on multi-systemic collaboration to promote a continuum of coordinated services for youth within their community, including coordination with other state systems (when indicated) and having documented relationships with local pediatric primary care physicians.		
2. Provider addresses physical and sexual health education and needs of youth on site or by an outside provider (i.e. Planned Parenthood) that is documented by an MOU or another form of contract.		
3. Program provides the option for supporting the maintenance of long-term recovery by offering continuing care and maintaining connections with prosocial, recovery-oriented community organizations, mentors, activities and/or alternative peer groups during and after treatment.		
4. Offers relapse prevention services, including education for youth and families about continuing care and recovery supports.		
5. Youth receive education on life skills and will be linked to services relevant to increasing life skills, where appropriate.		

6. Provider develops a comprehensive support plan, including check-ins and re-engagement where appropriate.		
<i>Culturally-Informed Treatment</i>		
1. Policies and procedures exist that ensure the emotional and physical safety of youth, including promoting respect for differences and preventing or repairing bullying, victimization, and boundary violations from other youth or staff.		
2. Provider maintains connections to community groups and other services that align with the clients' and families' culture, gender, and sexual orientation.		
3. Regular training is provided to staff to deepen knowledge of their own cultural identities, as well as pervasive social biases.		

<i>Trauma-Informed Treatment</i>		
1. Provider integrates current and research-based knowledge about trauma into agency policies, procedures, and practices.		
2. Provider recognizes the signs and symptoms of trauma in youth and their families, as evidenced by ongoing, documented assessment.		
3. Policies and procedures exist to actively resist traumatization.		

<i>Staff Qualifications and Training</i>		
1. Clinical staff has training in adolescent development, case management, culturally-informed treatment, and additional foundational skills for providing youth treatment. All training is documented and kept on file.		
2. Staff has ongoing training on the principles of emerging best practices relevant to trauma-informed care and other trainings relevant to youth treatment and recovery		
3. Program has on staff at least one master's level clinician trained in family therapy or a licensed clinician with experience working with families, one Certified Recovery Peer		

<p>Advocate (CRPA), and at least one master's level clinician trained in co-occurring mental health disorders and problem gambling.</p>		
<p>4. A provider such as a psychologist, psychiatrist, or nurse practitioner with knowledge of the youth population is on-site on at least a part-time basis for medication management services.</p>		
<p>5. Staff receive ongoing supervision, feedback, and evaluation regarding adolescent-related clinical skills as outlined in the OASAS Administrative & Clinical Supervision Definitions and Minimum Requirements.</p>		