Request for Applications

State Opioid Response Network Approach to Prevention, Treatment and Recovery to Address Opioid Use Disorder and Stimulant Use Disorder in New York State

Research Foundation for Mental Hygiene, Inc.

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In Partnership with:

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Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH.

http://www.oasas.ny.gov

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I. Introduction

The New York State (NYS) Office of Addiction Services and Supports (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of the 2020 State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SOR grant aims to address the opioid crisis by increasing access to medication- assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, reducing opioid overdose-related deaths, and providing a comprehensive continuum of treatment, prevention, and recovery services to reduce the prevalence, incidence, and consequences associated with opioid use disorder (OUD) and stimulant use disorder. This Request for Application supports the development and reinforcement of regional networks of care that include prevention, treatment, and recovery services operating in collaboration with other systems of care to ensure comprehensive services in all areas of the state. Key to this approach is representation from the full array of service provision within the OASAS system and leveraging existing resources developed through the previous State Targeted Response (STR), SOR, and other NYS initiatives in response to identified gaps in services.

This Request for Application supports the development and reinforcement of regional approaches to care that include prevention, treatment, and recovery services that align with one or more of the OASAS overarching goals for the continuum of care. Key to this approach is the use of: a needs assessment to identify and prioritize gaps in services in the community related to opioid and stimulant use disorder; use of existing programs and resources to complement and enhance the services selected for funding; and the use of measures to inform program impact and change over time. Each application submitted should include a proposed regional network that includes multiple counties in a geographic area that may take advantage of existing collaborative relationships with the exception of the five boroughs of New York City and Nassau and Suffolk Counties. By allowing providers and counties to define the region included in the application, existing relationships and resource sharing can be used to enhance the impact of SOR funding and reinforce continued collaboration. The five-county minimum may also encourage new or expanding partnerships that embrace regional approach to services.

OASAS provides the overarching goals for an ideal network. Each self-selected region must identify gaps in addressing opioid and stimulant use disorder in their communities based on a need assessment. The applicant may choose to focus on one or more goal areas that are of specific interest to the region. The goal or goals must include a continuum of prevention, treatment and recovery services in the proposed approach. Services proposed in each application must address an identified need in the region, explain how the services aligns with an OASAS overarching goal for the continuum of care, and demonstrate how existing programs and services complement or enhance the regional approach to care. *Applicants do not need to identify services to align with each of the OASAS overarching goals presented in the RFA*. Services proposed for funding should be based on the need assessment. SOR funding is targeted to opioid and amphetamine use and overdose. Applicants should focus on prevention measures, and treatment and recovery strategies that will impact opioid and amphetamine.

II. OASAS Overarching Goals for the Continuum of Care

A. Regional Networks of Care as an Overarching Goal

Increased collaboration among prevention, treatment and recovery providers, while also working in collaboration with other systems of care, is paramount to expanding access to vital substance use disorder services for individuals, youth, families and communities; therefore, the regional network is a required goal of this application. It is essential during this time of crisis, prolonged isolation, and increased subjective experience of distress and despair, that every region has access to evidence-based prevention, treatment and recovery services. Access includes provision of services through continued tele-practice and virtual services provision, as well as returning some services to pre-COVID-19 delivery models (as appropriate). This funding will build on previous

SOR funded projects and *to the extent possible*, applications should demonstrate how one or more currently funded Centers for Opioid Treatment Innovation (COTI), programs that meet the Open Access Standards (Attachment A), Recovery Centers, or other funded programs are included in the regional approach to compliment or enhance the services proposed in the application. OASAS will fund to an extent SOR Prevention Coalitions, Triple P, COTI services, and Recovery Centers outside of this RFA and require these providers collaborate with the respective regional network applicants awarded through this RFA. (See Attachment B.)

The regional network approach should include providers funded directly through the SOR 2 RFA, those currently or previously funded through SOR 1, as well as collaborative partners participating in-kind to leverage existing resources to meet the needs of the community. Special attention will be given to networks that incorporate already established collaborations, work across systems (e.g., hospitals, correctional, mental health, primary care, educational institutions and child welfare agencies), incorporate unique specializations (e.g., adolescent, women services to individuals and families, LGBTQ, veterans, older adults) while providing for culturally competent services throughout the continuum. Networks should be able to provide a clear and comprehensive vision of how the combined effort of prevention, treatment, recovery and other service providers will meet the needs of individuals, families and communities in their region and as identified in the need assessment.

Within the network service equity is paramount to the way regional providers will address health disparities in both access to services and in health outcomes. The network should strive to meet unique cultural, linguistic, social, and spiritual needs, as well as address gaps in service delivery and inequitable resource allocation in the region. In order to do this, the Regional Network will be guided by a Network Advisory Committee comprised of diverse stakeholders and perspectives within prevention, treatment, recovery and other required service providers that will meet monthly to provide feedback, share best practices, and review data to ensure data driven decision-making.

The Regional Network will evaluate and monitor the impact of the services provided at a regional level using the metrics explained in Attachment C. Upon award, OASAS will calculate the baseline metrics for each identified region. Specific milestones and timetables for achieving goals will be identified by providers delivering services and data will be used to inform improvement plans. The network will ensure that collaboration and integrated services continue past the grant cycle. In order to accomplish this, innovation and creative approaches through cost and resource sharing are encouraged.

B. Addressing Gaps in the Continuum of Prevention Services as an Overarching Goal

Prevention services in New York State needs to expand its reach to youth, individuals, families and communities across the life span to address delayed initiation and misuse. Expanding our efforts by implementing universal approaches will allow for a wider range of prevention contact across the state, especially to underserved communities. In addition, where appropriate the implemented prevention strategies will be inclusive and culturally responsive. This funding opportunity will allow regions to develop comprehensive approaches to reach across the lifespan to deliver prevention services.

The Prevention approach that Regional Networks undertake will be guided by SAMHSA's Strategic Prevention Framework (SPF). Following the SPF process with fidelity will help build and sustain the necessary infrastructure for effective prevention across the region. While following the SPF, prevention programming can target any level of prevention risk (universal, selective, and indicated) as categorized by the National Institute of Medicine (NIH, IOM, 2009) in order to ensure that an array of appropriate prevention services is available to the community.[1] The regional network's strategies for prevention may include a single approach or continuum of prevention strategies based on a data driven needs assessment.

1. 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. Selective prevention programs target subsets of the total population that are deemed to be at risk for substance use 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. Indicated prevention programs are designed for those populations with elevated levels of individual risk factors, putting them at higher risk for developing substance use problems, and also are identified as having minimal but detectable signs or symptoms but not meeting diagnostic levels of a substance use disorder.

C. Improve Treatment System Collaboration as an Overarching Goal

Within the treatment delivery system, each region will have the ability to provide urgent or emergency responses to individuals in need of addiction treatment services. Regions should develop 24/7/365 services such as: peer outreach and engagement; immediate connection during a crisis (eg, central urgent services phone number); crisis clinical assessment; same day treatment admissions to all levels of care; transportation (including in-person warm hand-offs to appropriate services), rapid access to MAT prescribers, and seamless incorporation of naloxone and other person-centered risk reduction services. In some regions of the state, providers have developed innovative approaches to collaboration where the 24/7 access is shared among a group of providers to reduce the workforce burden on any single agency. The goal is to have regional access to treatment services that meet Open Access Service standards. (See Attachment A.)

D. Provide Evidence Based Treatment as an Overarching Goal

People seeking services for SUD should have access to a wide variety of evidence -based services that are matched to their need. A network approach will capitalize on the expertise and strengths of the staff, services and programs to provide specific evidenced based practices to individuals and families. Expertise that exists within one provider should be leveraged to fill gaps that exist within the region and provide opportunities for cross training all with the goal of providing greater access to treatment that is evidence based.

Under the SOR 2 award, SAMHSA is interested in increasing access to evidence-based practices that have shown efficacy with stimulant disorders. If the needs assessment indicates a gap in services to address stimulant use disorder and this is determined a priority for the region, the applicant should identify a strategy for addressing the service need. (See SAMHSA resources link: https://www.samhsa.gov/ebp- resource-center) For more information about a recommended comprehensive clinical approach to cocaine-and-stimulants use disorders, please see the OASAS Medical Advisory Panel paper on cocaine and stimulants. (link: https://oasas.ny.gov/system/files/documents/2020/02/cocaine- stimulant-guidance.pdf)

Providers and regional networks should identify active academic resources within the region to develop a relationship that brings expert consultation to the Regional Network and allows for research study collaboration (eg., study site and sample recruitment opportunities). This relationship may be with a single person within an institution, based on current work with an institution and may consist of a single planned meeting. The purpose of the relationship is to consider projects, grants and research involving EBPs that are of mutual interest. Academic institutions may also offer training in evidence-based practices. Examples of existing partnerships between providers and academic institutions are with University at Buffalo Institute for Trauma and Trauma Informed Care, the Coaching for Addiction Recovery Enhancement study with NYU and OASAS, or the collaboration involving several counties with Columbia University on Healing Communities.

The network should address trauma including both trauma informed care as an over-arching principle, as well as trauma specific EBPs across the system of care. Networks can also create a workforce development plan that would use regional assets to build this capacity; ie: not all members of the network need to be able to treat a family member struggling with a loved one's substance use disorder; however, the network should demonstrate how those services can be accessed from among the providers included in the identified region or share training.

The network will address access to MAT for substance use disorders (alcohol, opioids, and tobacco), and especially for OUD, as it is currently available within the region, identify gaps in care, and provide a plan to address gaps. The *goal* for regional access is same day induction capacity for buprenorphine and methadone that is accessible from any geographic location, with no unnecessary clinical or administrative barriers per OASAS guidance, as well as access to long-acting naltrexone and buprenorphine injections when appropriate. This may include use or development of satellite opioid treatment program (OTP) clinics or mobile medication units. The application should identify how transportation assets including current mobile treatment vans, cars and other vehicles including medical ride sharing, will be utilized and how peer and clinical staff will be deployed within the community to offer outreach and engage individuals in MAT services. While some regions will be close to

this goal, others may need a multi- year plan to achieve this.

E. Integrate and Support a Peer Workforce as an Overarching Goal

Peers have proven to be very effective at engaging and supporting individuals, responding to crises, helping people navigate the system of care, and instilling hope and confidence in people seeking help for addiction and their family members. The Regional Network will create a plan to strengthen their peer workforce and share resources. For example, the network could contract with a recovery center for peers to work throughout the system of care. The recovery center could provide support, as well as recruit, train, and develop peer-to-peer mentoring. The Network will build on the strengths of the current peer workforce, improve peer services by enhancing peer engagement, and utilizing family support navigators. Where appropriate and available, the network should provide a plan for developing Family Peer Support for families impacted by youth substance use disorder and Youth Peer Support Services for individuals under the age of 21 in need of peer supports.

F. Integrate Criminal Justice Populations as an Overarching Goal

The criminal justice (CJ) population (Courts, Drug/Opioid Courts, incarcerated individuals and those supervised in the community through probation or parole) is at high risk for opioid use and stimulant drug overdose and will be a priority for the Regional Network. Through prior STR and SOR grant funding, OASAS has implemented a variety of CJ related programs including access to MAT for incarcerated individuals and the provision of clinical and peer services to specialty opioid courts. Due to the COVID-19 crisis, however, most of the new Opioid Courts have been put on hold by the Office of Court Administration, anticipating that they will open again in the near future. Bail Reform has also had an impact on the number of non-sentenced inmates being held in jail.

The Regional Network will integrate key CJ system stakeholders (Courts, Jails, Probation, etc.) in the design and decision-making processes. The Network will address current CJ needs by creating and implementing a plan to sustain current projects, and implement them more effectively, efficiently, and sustainably (e.g., use of telepractice). This will include building capacity to make ALL forms of MAT locally available and accessible to the incarcerated population.

G. Expand and Enhance Services for Youth and Young Adult Prevention, Treatment, and Recovery Services as an Overarching Goal

The Regional Network will ensure that youth and young adults have access to a developmentally appropriate continuum of services that includes a community-based provider interested in receiving an Adolescent Endorsement to their Part 822 operating certificate or interested in Part 823 Children Services. These services may be provided through telehealth, regional in-community services, or as traditional office-based services. All services for youth must have a strong family component and be integrated into the continuum of prevention and recovery services for this population.

Youth and Young Adults have unique developmental needs and networks should capitalize on the prevention and recovery resources available in their region to provide recovery support services for this population including clubhouses and recovery centers. Recovery supports should be developed with input from youth and young adults who are in recovery from their own substance use disorders and/or who have been impacted by a family member's use.

Networks will also work to establish relationships between youth-oriented prevention services/providers and youth-oriented recovery supports/providers, to promote a community environment focused on pro-social and substance-free activities and social opportunities, and to identify and engage young individuals early who either develop high risk substance use and/or experience a recurrence of an existing SUD.

H. Increase Access to Family Services as an Overarching Goal

The Network partners should work to provide services to families impacted by a substance use disorder with a focus on families impacted by Opioid Use Disorder and Stimulant Use Disorder. This includes prevention, treatment and recovery services to address the impact of the substance use disorder on the individual family member and the family as a whole. This would also include linkages to the appropriate Mental Health and other Health and Human Services as needed. Family centered services include services for women, pregnant and postpartum individuals, and adolescents. All SUD programs should provide access to priority populations, however, some programs may provide specialty care, for example, apply for an adolescent endorsement (https://oasas.ny.gov/providers/adolescent-endorsement-pilot-program (Attachment D), or have staff certified in specific evidence based practices such as CRAFT (https://www.robertjmeyersphd.com/craft.html) or Functional Family Therapy (https://www.fftllc.com). The program may become a resource by accepting referrals from other providers when the specialty is needed, taking direct referrals when for a specific population from multiple referral sources, or providing consultation, or training to SUD providers to develop the specialty skills throughout the service delivery system

I. Integrate Recovery Services as an Overarching Goal

During 2019-20, OASAS-funded Recovery Centers participated in a national research project which included 20 focus groups that explored the needs of individuals in recovery. The top four needs identified in the focus groups were: housing, employment, medical care, and family support. The applicant should describe how the Network will integrate the Recovery Center Organization (RCO) as a hub to address these issues and link individuals to prevention and treatment services. Recovery service settings are often the first places people encounter on their recovery journey and may stay connected for a lifetime. RCOs can also promote prevention messaging and initiatives, serve families, and promote intergenerational health and mental health. See Attachment E for a depiction of a Recovery Center as a hub for individuals to access other needed services. Recovery Centers, both state and federal funded should be included as network partners in the application. The Recovery Centers are not eligible to receive additional funding through the RFA for the same services funded outside of the RFA but must be included in the network as an additional resource and part of the continuum of care.

The Regional Network should include key human service organizations that serve individuals and families dealing with the impact of opioid and stimulant use disorder as partners to address social determinants of health relevant to the local population. Proposals must focus not only on the stabilization, treatment, and rehabilitative functions of the provider network, but must give a robust and comprehensive presentation of the use of recovery and prevention services such that the Network is capable of reducing the onset of addiction and supporting sustainable of recovery.

III. Administrative Information

A. Available Funding

NYS OASAS through its fiscal agent, the Research Foundation for Mental Hygiene (RFMH), will issue at least one award per New York City borough, one each in Nassau and Suffolk counties, and as many additional awards as needed to demonstrate the use of SOR funding in every county throughout the rest of state. The dollar amount available is calculated per county based on population size and per capita basis. Each application can request funding up to the amount available within the counties identified as included in the regional network.

See Attachment F for Maximum Amount Available per County or Borough in Year 1. All providers seeking funding as part of the application must include a 12-month budget in preparation for entering into a reimbursement-based contract with RFMH. Contract amounts are awarded based on current appropriations with future amendments made based on available dollars in Year 2.

B. Eligible Applicants

An application will be submitted by an OASAS-certified or funded provider as the lead representative for the Network of prevention, treatment, and recovery providers serving the identified region or NYC borough. The eligible applicant is the Network of providers represented in the application but submitted by one member on behalf of the Network. The Network must identify a lead management team that includes at least one representative from each service type: community-based prevention, treatment services, and recovery. Each will be a full partner in developing the application and will attest that they are in full agreement with the application, the budgets included for each provider seeking funding, and the distribution of resources. The lead management team will take responsibility for organizing and submitting the application for the region but will not oversee other providers or hold fiduciary responsibilities outside of managing their respective, individual contracts with RFMH. The Network of providers included in the application must demonstrate how through cooperative agreement(s) they will meet the needs of the region in response to the need assessment and the health disparity impact statement. Each applicant must include OASAS certified-and-funded providers that represent the full continuum of substance use prevention services, including community coalitions, the full continuum of treatment levels of care [outpatient, OTP, Residential Stabilization, Residential Rehabilitation, Residential Reintegration, crisis and inpatient rehab (including OASAS ATCs)], and recovery supports including recovery centers and/or youth clubhouses.

The application must include a budget and scope of work from each prevention, treatment and recovery provider seeking funding. The total amount requested for services within the region cannot exceed the amount available in sum for the counties included in the regional network. The applicant is required to submit a memorandum of understanding among the providers seeking funding through the RFA. Letters of interest from non-funded collaborative partners within the network should be included in the application. None of these items will count toward the 20-page application limit.

Providers who receive SOR funding outside of this RFA *cannot apply for additional funding within a regional network for the same service or activity* already supported using SOR funds. Providers who receive SOR funds outside of the RFA *can* apply as part of a regional network if proposing services that are *different from* what is already funded.

If the regional approach to calls for the expansion of services in school-based settings, the services cannot be directed to a school district that already receives OASAS funded prevention services.

C. Reporting Requirements

Successful applicants will be required to submit regular reports tracking progress on specific outcomes based on program goals and the metrics identified in Attachment F. How the measures will be used to evaluate services and inform the quality improvement process should be discussed in each respective section of the application.

All service providers funded through this award must comply with the federal Government Performance Reporting Act (GPRA) and conduct data collection in keeping with SAMHSA protocols. This includes staff training in GPRA data collection and entry, conducting GPRA data collection activities, and tracking participant recruitment. Successful applicants will meet regularly with OASAS staff until project completion and will respond to feedback and make adjustments to Network structure and/or operations in a timely and comprehensive manner.

IV. Application Proposal and Scoring

A. **Program Narrative -** Response should follow the outline presented below.

1. Statement of Need (10 points):

Describe the counties included in the region, population size, the mix of urban, suburban and rural areas, and any geographic challenges presented. Provide a Need and Capacity Assessment at a regional level using quantitative and qualitative data collected from the past 3 years. Applicants should use data to describe the region in terms of risk and protective factors associated with substance use disorders, substance use patterns, and consequences/outcomes. Using these data, the applicant should identify high risk populations in the region toward which to target services, *such as*:

- Individuals with co-occurring mental health/medical needs;
- Youth, adolescents, and young adults
- women and women with children
- individuals and families
- LGBTQ identifying individuals
- Veterans
- older adults
- Significant others (including children, siblings, family members) of people who are incarcerated;
- Foster care, kinship care, transient youth;
- Native American/American Indian populations;
- Refugee and immigrant populations;
- Rural populations.

These are *possible* high-risk populations that may be identified through the need assessment. It is not assumed that all groups will be identified through the needs assessment or targeted to receive services.

The Statement of Need should include information about leverageable resources in the community and gaps where resources are missing or desired. It should identify current services available in the region or nearby for treatment, prevention, and recovery. Describe current collaborations and/or resource sharing among providers that can expand access to services, increase opportunities to further share resources, and better invest SOR resources to benefit the region. For example, regarding prevention, the applicant should include a description of current prevention programs being implemented, all substance use disorder prevention community coalitions in the region, as well as the organizations associated with substance use prevention. This will help illustrate where additional funding and services are needed to address the assessed need.

Applicant should describe additional strategies used to identify regional needs and service capacity in prevention, treatment and recovery to include soliciting input from Courts and criminal justice entities (law enforcement, jails, community supervision).

2. Health Disparity Impact Statement (10 points):

Using the data from the Needs and Capacity Assessment that describes the disparities of the region, this statement should describe how the Network's approach will address health disparities and enhance equity including by providing effective, equitable, understandable, and respectful services that are responsive

to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. This should include the overall approach this project will take to:

- Develop new partnerships to expand resources and improve readiness to address behavioral health disparities;
- Direct addiction treatment and recovery resources to populations and communities that have less access to services then and/or experience worse behavioral health outcomes;
- Engage populations experiencing behavioral health disparities in community prevention planning efforts;
- Culturally adapt/tailor prevention strategies;

3. Project Goals (60 points)

Based on the Statement of Need, and in line with one or more OASAS overarching goals, propose at least one service each in the areas of prevention, treatment, and recovery. Describe the goals and objectives for each service proposed for the region and identify the approach to the service whether at the individual, family, or community level. *Not all the gaps identified through the need assessment will be addressed in the proposal.* However, the applicant must describe how the identified needs of the area were prioritized, services selected, and proposed for funding as part of the application. In addition to at least one proposed service in the prevention, treatment and recovery areas based on the need assessment, all applicants must include the regional approach to the continuum of care as a project goal. This means every application should have a minimum of four goals.

a. Regional Approach to the Continuum of Care – a Required Goal (15 points)

1. Leadership Management Team (5 points)

Identify the members of the lead management team. The team must include at least one representative each from a prevention, treatment and recovery program. The lead management team is responsible for convening the Network providers and Regional Advisory Committee to foster collaboration and evaluate regional metrics. Describe the lead management team's experience and capacity to manage this effort and how each member has demonstrated collaborative working relationships with other providers in the OASAS continuum of care and across systems of care. Applicant should also explain how the Lead Management Team will include prevention and recovery perspectives in the network and group activities,

Describe how the lead management team will communicate in the development of the application and throughout the award with the LGU in each county included in the identified region.

2. Network Provider Members (5 points)

Identify the Network provider membership including treatment, prevention, recovery and other necessary service providers. Members of the network will include providers funded through this RFA and members of the OASAS system and other systems of care within the region invested in improving access to care and services for individuals with an opioid or stimulant use disorder. The network must include Courts and criminal justice entities (law enforcement, jails, community supervision). SOR funded prevention coalitions, Triple P providers, funded COTI service providers and Recovery Centers must be included in the regional network. See Attachment B for a list of these providers.

Additional network members m*ay* include social service, transportation, housing, medical, mental health, harm reduction, or education providers that will support the goals of the application. Local hospitals, FQHCs, Opioid Overdose Prevention Programs (OOPP) in a non-OASAS provider setting in each

county, k-12 educational institutions; public colleges or universities; Child Welfare, juvenile justice and/or other youth/family serving agencies should be included as network partners.

Describe each member's role in the network and how each is invested in at least one regional metric.

Describe how the network will gather broad consumer input and how it will include a strong consumer voice in making fiscal, program, and evaluation decisions

Describe the current and planned collaborations and activities among network providers to address regional needs, assure buy-in, and establish Network engagement throughout the identified region.

Describe how the network will work toward integrated services to enhance care, promote prevention, and build vital recovery services, creating a more integrated continuum of addiction services and supports, with no wrong door to entry and engagement in services and utilize peers as a bridge between levels of care and services across the continuum of care and different service providers (eg., hospital-or-bedded services and outpatient programs) to increase supports for families and individuals in need of support in the community.

3. Regional Advisory Committee (5 points)

The lead management team will describe a plan for information and resource sharing across prevention, treatment, recovery and other service systems through a Regional Advisory Committee. The lead management team will convene regular meetings with the Regional Advisory Committee, no less than quarterly, to share information and resources; address referrals to and coordination of care; problem solve around barriers to services; discuss quality improvement opportunities and metrics in addition to other collaborative activities.

Required members of the Advisory Committee include:

- Individuals currently accessing services
- Service directors from OASAS certified treatment programs that include all OASAS certified levels of care (as available in the region) and prevention and recovery programs enough to meet regional needs and ensure "no wrong door" to access services
- LGU representative
- PRC representation
- Local County Jails, Department of Corrections facilities
- Member of leadership team of each OASAS service provider that is part of the network
- Local substance use prevention coalition members
- Family members
- Medical, Clinical, and peer staff representatives including at least one peer, one program medical director and one program director of nursing.

Network providers may also participate in the Regional Advisory Committee.

b. Prevention Services Goal(s) (15 points)

Applicant must identify at least one prevention program or service to address a high priority need identified in the regional need assessment or may create a Regional Consortium of Substance Use Prevention Coalitions. The proposed prevention program can be selected from the menu of approved programs/strategies listed in Attachment G or propose an alternative program or strategy that is supported by research as evidence based. The applicant must identify which level of the Institute of Medicine (IOM) Continuum of Care Model the selected strategy or program meets (universal, selective, indicated) or which

social- ecological setting (individual, family, school/community-based organization (CBO), community) is targeted. This will help situate the service as part of a comprehensive prevention approach. (See Attachment G for menu.) The applicant should describe how the service addresses a high priority need and how it responds to one of the OASAS overarching goals.

The proposed programs and strategies should be implemented in collaboration with organizations that predominantly work with the high-risk populations as identified from the Needs and Capacity Assessment. Such as

1. Criminal justice system organizations and institutions– prisons, probation, etc;
2. OASAS treatment & recovery centers;
3. LGBTQ Centers or Drop-In's;
4. OASAS Permanent Supportive Housing Providers;
5. Homeless shelters;
6. Foster care, kinship care, transient youth organizations;
7. Refugee and immigrant organizations;
8. Tribal organizations;
9. Youth-based settings (e.g., Boys & Girls Club, Clubhouses, etc.)
10. Other population(s) identified by the region's needs.

Another possible strategy for applicants to consider under this funding opportunity is the creation of a Regional Consortium of Substance Use Prevention Coalitions. This Consortium will include participation of all substance use prevention coalitions in the region. The lead prevention agency will host and facilitate regularly scheduled meetings with coalitions in the region to create a coordinated regional universal environmental prevention strategy. This process will be guided by SAMHSA's Strategic Prevention Framework (See Attachment H for PRC Contact Information).

The Regional Network may select a strategy to expand prevention services directed at youth in a school or youth-based setting. This approach must be an expansion of services in a high need, underserved school district and based on identified gaps in prevention services. In order to identify underserved schools and districts, applicants should consider data presented in The New York State Report Card (https://data.nysed.gov/) and The Kids' Well-being Indicators Clearinghouse (https://www.nyskwic.org/) such as:

- NYSED Needs to Resource Index (Poverty vs. District Budget against statewide averages)
- % Students eligible Free / Reduced Price Lunch
- % Students with Mental, Emotional Behavioral Special Ed. Classification -Grade 1-6,
- % Students Scoring Not Proficient in Grade 3 Math
- % Students Scoring Not Proficient in Grade 3 ELA
- % Students with MEB classifications Suspensions Grade K-12
- % Students with Chronic Absenteeism, Grade K-12
- Juvenile – Arrests for Drug Use/Possession/Sale

c. Treatment Service Goal(s) (15 Points)

The Network should describe treatment approaches and/or enhancements that respond to one or more of the gaps in service identified in the need assessment. Applicant should address how this approach will be region-wide and address needs of the individual with a substance use disorder and their families. Applicant should highlight collaboration within the continuum and with cross-system partners that will assist in implementing a family centered approach to care and enhance services across the network. The applicant should identify how funding that will be provided to OASAS treatment providers will improve access, quality, or service integration that will improve the service delivery system and benefit the network.

Proposal should include a description of the continuum of care that currently exists within the region including the types and capacities of available services, and how the Network will engage these resources as part of the regional plan. The proposal should assess the current system of care using the overarching goals for treatment and identify the gaps in care based on this model. (Note: the applicant is not expected to address all gaps identified when comparing the existing continuum of care with overarching goals but must select at least one gap in services as part of the request for funding.)

As access to all forms of MAT for OUD is a focus of this award opportunity, the proposal must identify a strategy to improve MAT access within the region through existing programs funded outside of the RFA or as part of this application for funding in response to an identified need for increased access to MAT in the region. The proposal may include innovation ideas, specifically in the area of innovative solutions for collaboration among partners and/or long-term sustainability of services as proposed.

The proposal chooses one or more of the gaps identified in the needs assessment and explains how the proposed funding will positively impact the treatment need, will move the region toward achievement of one or more overarching goal, and is likely improve scoring on the regional treatment metrics.

d. Recovery Service Goal(s) (15 points)

Describe one or more Recovery focused activities that addresses a gap in recovery services identified in the needs assessment and related to one or more OASAS Overarching Goals. The proposed recovery service(s) or program(s) will be scored based on how it works with existing Recovery community services and resources like Recovery Centers, Youth Clubhouses, Recovery advocacy and support entities within the region. Existing recovery resources should be included in the regional plan.

The application should also address:

- How linkages to organizations that can address social determinants of health relevant to the local population are included in the network;
- How Recovery Centers are linked with network and linked with free standing treatment programs, other pathways to recovery, and recovery support services in the community;
- The current strengths of the network's peer workforce and the areas where collaborations such as described above could improve services and better support the workforce.

The network must include recovery support providers and funded service providers such as peer engagement and family support navigators where these services are offered within the region.

B. Evaluation Plan (5 points)

The Evaluation Plan must provide a clear description of the evaluation method being employed to monitor implementation and measure associated outcomes for prevention, treatment and recovery services funded through the RFA.

Prevention: The applicant must include a Logic Model that outlines the overall goals, objectives, inputs, outputs, and anticipated short- and long-term outcomes for Prevention service(s). Applicant must identify indicators to measure outcomes pre and post implementation.

Treatment: Describe how progress towards regional metrics (see Attachment C for regional metrics) will be monitored. Include description of milestones, timing of progress review, and how problems/delays will be managed.

Recovery: pre and post survey of Recovery service participants to assess changes in quality of life and/or other measures over time as provided by OASAS.

The proposal will describe how providers will collect data to track progress on metrics and improve regional performance on the measures. The evaluation plan should consider how providers and the network can use quality improvement efforts and targeted technical assistance from OASAS to improve performance. The application should also propose a mechanism to improve performance and accountability in Year 2 using provider incentives.

C. Establish a Regional Quality Improvement and Accountability Process (5 points)

The Regional Network will evaluate and monitor their work, measure success and move the system of care as intended. Specific milestones and timetables for achieving goals will be identified and data findings will be used to inform improvement plans. The Network will identify potential barriers to success that may impact the Network's ability to achieve milestones and plans to avoid and address those barriers. The proposal should include an internal auditing plan as to how the Network will identify individual providers/Network members who are struggling to meet goals and milestones, and how the Network will work with these members to improve processes and practices on an objectively measured and time-limited basis.

Applicants should identify a process for obtaining regular feedback from individuals, families or communities served. Within a treatment setting this could include the quarterly completion of the Perception of Care survey or for a recovery service, a pre and post assessment of indices like emergency room visits and interaction with criminal justice entities. pre and post surveys.

Proposals should include details of internal auditing and Quality Improvement, including outcome measurement, strategic planning, and incident review.

Please see Attachment C Metric Definitions for the metrics that must be included: Medication Identification of Alcohol Use, Initiation and Engagement in Treatment, Medication Initiation for OUD, Medication Adherence for OUD, Follow-up after High Intensity Services, and Continued Engagement in Care. Proposals should include a plan to collect data from network providers to evaluate success, provide targeted support and technical assistance to Network members, and revise Network strategies as needed.

D. Sustainability Plan (5 points)

Applicants must outline their sustainability plan for continuation of the Network post-discontinuation of funding. SOR funding should be utilized to support direct service provision that could be reimbursable through pre-existing secure revenue streams (eg., third party payors) and/or that have minimal recurring costs and as much long - term benefit as possible. The narrative for sustainable prevention may include how the service will be incorporated into the annual workplan. Service and/or staffing expansion will need to be sustained by ongoing and recurring revenue after the grant period concludes. Applicants should:

- Describe how the efforts of the Network will be maintained post-grant; and,
- Describe how any existing resources will be leveraged to aid sustainability

E. Budget (5 points)

Based on the dollar amount available among the counties included in the selected region, providers will need to determine the amount to request for each service proposed in the application. Each provider requesting funding to deliver a service must submit a budget using Attachment I.

Note: For this RFA Indirect Costs are capped at 10%. The 10% is charged to the Modified Total Direct Costs (MTDC) which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services,

and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

For additional SAMHSA Budget Parameters see Attachment J.

V. Proposal Submissions

A. Expected Timetable for Key Events:

Release Date:	11/17//2020
Bidders' Conference	11/24/2020
Bidders' questions due:	11/30/2020
Response to Bidders' Questions:	12/4/2020
Applications Due:	1/4/2021
Anticipated Award:	02/01/2021

B. Bidders' Inquiries:

Bidders' questions are to be sent via email to: SOR@oasas.ny.gov by midnight 11/30/2020 . All inquiries must include your name, organization, phone number, and email address. Reference the **SOR – RFA Regional Approach** in your message and subject line.

To the degree possible, each inquiry should cite the RFA section to which it refers; OASAS will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFA and any contract. Inquiries will not be responded to on an individual basis. Written responses to all inquiries submitted by the deadline date will be posted to the OASAS website on or about 12/4/2020.

C. Formatting Instructions:

The application must be submitted using the cover sheet of the application labeled Attachment A. The application should be in 12-point font and should be no longer than twenty (20) pages. Applications that do not use Attachment K will be considered incomplete and will not be reviewed.

D. Instructions for Submission:

Applications should be submitted electronically as a PDF file no later than 5:00 p.m. EST on 1/04/2021 by email to SOR@oasas.ny.gov with a subject line **"SOR 2 RFA "**.

VI. Administrator Rights and Requirements

A. Cancellation of Awards

RFMH and OASAS reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

B. Reserved Rights

NYS OASAS, through its fiscal agent, RFMH, reserves the right to:

- Reject any or all proposals received in response to this RFA;

- Not make an award to any applicant who is not in good standing at the time of award;
- Withdraw the RFA at any time, at the agency's sole discretion;
- Make an award under this RFA in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Make awards in a culturally competent and ethnically diverse manner as determined necessary and appropriate in the sole discretion of OASAS to best serve the interest of the State.
- Make multiple awards within a geographic area;
- Negotiate with the successful applicant within the scope of the RFA in the best interests of NYS;
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications;
- Use application information obtained through site visits, management interviews and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information as it becomes available;
- Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- Direct bidders to submit proposal modifications addressing subsequent RFA amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all the prospective bidders;
- Waive any requirement that is not material;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Accept submissions after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in the submission(s)/letter(s);
- Utilize any and all ideas submitted in the applications received; and
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's application and/or to determine a bidder's compliance with the requirements of the solicitation.
- Work with a successful applicant to adjust funding to meet needs in the region as identified by OASAS in its sole discretion, reduce the budget of an individual identified for funding where such individual is part of multiple successful applications, add required partners where such needs are unmet and work with the successful applicant to assure the identified goals of the RFA are met.

C. Compliance Requirements:

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and state laws and regulations to include GPRA data collection.

Attachment A: Draft Open Access Standards (FOR REFERENCE ONLY)

DRAFT – FOR REFERENCE ONLY

Standards for OASAS Open Access Services

Open Access Services (OAS) facilitate on demand access to addiction treatment services. All OAS provide immediate peer services, clinical assessments, connection to appropriate level of care, and rapid access to addiction medications such as buprenorphine. Services are available 24 hours per day 7 days per week, and do not require an individual to make a scheduled appointment. OASAS certified, funded or otherwise authorized programs may apply for a designation to be added to their operating certificate consistent with 14 NYCRR Part 830 and these Standards for Open Access Services. The term Standards referenced herein applies only to Standards for Open Access Services.

Adding a Designation to the Operating Certificate

Pursuant to 14 NYCRR Part 830, open access services is an optional means of service delivery available to OASAS certified, funded or otherwise authorized programs. Providers requesting authorization to offer open access services must submit an Operational Plan and Attestation (Appendix A) to their Regional Office and to the OASAS ***Bureau of Certification at 1450 Western Ave., Albany, NY 12203 or at certification@oasas.ny.gov.***

Attestation

- A program applying for designation to provide open access services must attest to conformance with the applicable provisions of Part 830.
- Upon acceptance of such plan and Attestation, OASAS will provide a written approval in addition to designation on the programs operating certificate.

General Service Standards

The general standards described below must be met in order to receive a designation, and providers must submit a detailed operational plan describing how each standard will be achieved. Services must be delivered in accordance with HIPAA and 42 CFR Part 2 requirements regarding the confidentiality of treatment for individuals with substance use disorder (SUD).
OAS has four main components:

- Immediate Access
- Screening, Assessment and Connection to Care
- Medication Assisted Treatment.
- Peer Services, including engagement and follow up.

Immediate Access

OAS's are required to provide a 24/7/365response and access to a full continuum of addiction services. OAS providers must offer an immediate telephonic response and have a dedicated line that is shared with the community. Providers may also offer access to a physical location, or mobile clinic dedicated to OAS services, enabling individuals to walk-in at any time or engage with staff in-person, without an appointment.

- Telephone contacts are often the first line of access to OAS's. Telephone responders must offer a respectful, person-centered, and trauma-informed approach when answering calls. Providers may assign a peer or clinician to be the first line of contact and should develop a call triage process to ensure the

ability to connect a caller with appropriate staff depending on what the presenting needs are. (see sample call triage workflow)

- Providers can work with local after-hours lines including a county crisis line or the county 211 service to contract for coverage during the overnight hours, if the community need doesn't support overnight staff.

- A physical location offers individuals the ability to present to an accessible, and community-based location (not a hospital) as a first line of accessing treatment. Providers who offer a walk-in location must have appropriate staff on-site to address the behavioral health needs of people who present.

Screening, Assessment and Connection to Care

OAS's must have the ability to provide an initial screening and assessment, if indicated, for the purpose of determining the individual's immediate needs and connecting them to the appropriate level of care (e.g. detox, outpatient, residential, or recovery support). Providers are required to use LOCADTR when making level of care (LOC) decisions, delivered by staff working within their scope of practice. In some instances, individuals will require an immediate clinical and/or medical service, for others, it may be connecting with a peer who can work to engage the individual. A successful program will have developed formal relationships and/or MOU's with community providers, including but not limited to, all levels of care within the OASAS service delivery system; mental health and harm reduction providers and shelters. Providers must include a plan and workflow clearly demonstrating how they will meet the specific items addressed below.

Initial Screening is intended to identify if the individual is at imminent risk of harm to themselves or others, and to determine if an immediate response is necessary. Screening can be delivered telephonically or in-person, and providers must clearly indicate in their operational plan how they will address individuals who:

- are intoxicated and in need of crisis services;
- are at immediate risk for harm to self or others;
- are requesting addiction treatment services and need to determine the appropriate level of care;
- are seeking medication assisted treatment; and/or
- are seeking peer to peer engagement

Assessment: Once an individual is determined not to be at immediate risk, a full SUD assessment should be offered. The assessment should be completed at the time the individual presents; however, providers may offer an appointment at a physical location the next morning if they are unable to complete the assessment at that time. Providers should make every effort to keep the individual engaged until they can be seen.

Connection to Services: If the SUD assessment indicates a higher level of care, such as inpatient or detox, providers should make every attempt possible to keep the individual engaged until they are connected to the appropriate service provider. Providers should identify what resources they have in house and should also collaborate with providers in their region who may offer services such as transportation. Providers are strongly encouraged to develop a process for follow-up for those individuals who were not directly linked to care.

Medication Assisted Treatment

Individuals should be offered access to medication assisted treatment (MAT), including induction to buprenorphine where appropriate. The patient, and their family/significant other(s), shall be offered **overdose prevention** education and training, and a naloxone kit or prescription**, as appropriate**. Providers should have access to a prescriber and every effort should be made to ensure the individual is seen within 24 hours of presenting for open access services.

Programs must develop referral relationships with community providers to ensure the individual is referred to and engaged in ongoing treatment, if not directly provided.

Peer Services, including engagement and follow up

Peers, who have a combination of lived experience and professional training, provide a natural support for individuals who are struggling with addiction in connecting to treatment or community support. Peers can be assigned a number of roles and provide a range of services including but not limited to:

- Answer incoming calls made to the dedicated line, offering immediate peer to peer engagement in order to determine the needs of the caller and the appropriate staff to engage as a next step. (See example call triage workflow)
- Working with individuals to engage in care; including a warm hand-off which may include providing transportation or accompanying an individual to recommended service.
- Provide outreach and follow up activities to individuals who may not have engaged in care, and/or to ensure they are connected to recommended service, when a warm hand-off is not possible.

Staffing

Staffing patterns must be developed to ensure the ability to provide an immediate response, by individuals capable of providing peer support, performing assessments, making level of care determinations, referring participants and MAT services. Staff must always have ability to access a Supervisor and should describe in an operational plan how this will be achieved.

Providers may use a combination of dedicated staff, shared staff and on-call staff in the provision of these services. Staff are expected to only be assigned responsibilities that are in their scope of practice and/or licensure.

*Staffing must include Certified Recovery Peer Advocates (CRPA) or CRPA Provisional (CRPA-P)

*Staffing must include a Qualified Health Professional (QHP)

Operational Plan

OAS's must submit an operational plan that describes how the program will meet the standards noted above, and must address, at minimum, the following areas:

Access to Services	How individuals in the community access services, clearly indicating if telephonic response and/or physical location will be available after hours.
	Triage and screening workflow, and process to connect caller to appropriate staff, if necessary.
Screening, Assessment and Connection to Care	Detailed description on how program will deliver Screening and Assessments after hours
	Procedures for when individuals: -are intoxicated and in need of crisis services -are at immediate risk for harm to self or others. -are requesting addiction treatment services and need to determine the appropriate level of care -are seeking medication assisted treatment. -are seeking peer to peer conversation
	Description of how individuals are connected to care, including internal and external resources. resources available in house and should also

	Description of community collaborations, referral arrangements, including MOU's with providers in the region who may offer services such as transportation and other levels of care
	Process for data collection and follow-up for individuals who do not initially engage in treatment or were not directly linked to higher LOC
Medication Assisted Treatment	Access to prescriber, including hours of availability
	Process for connecting individuals to community provider for ongoing treatment
Staffing	Job descriptions, including roles and responsibilities
	Staffing plan to ensure coverage for after hours
	Supervision
	A plan for shared staffing, if applicable
	How safety for both staff and clients will be addressed, both in the community and/or physical location.

Attachment B: Required Network Partners Receiving SOR Funding Outside of the Regional Network RFA

Prevention Coalition Project

Prevention Coalition Providers	Prevention Resource Centers	Region
Hope Chautauqua (CASAC)	Genesee Council on Alcohol and Substance Abuse in Batavia	Western
Alliance for Better Communities	Prevention Network in Syracuse	Central
D-FI Drug-Free Irondequoit: Together, Inc.	DePauls NCADD-RA	Finger Lakes
Troy Drug Free Community Coalition	Orange County Council on Alcoholism	Mid-Hudson
The Network for Human Understanding	The Children's Aid Society in Manhattan	NYC
Family and Children's Association (FCALI)	Family Service League	Long Island

Triple P Providers

Provider	County
Erie County Council for the Prevention of Alcohol and Substance Abuse, Inc.	Erie
Network For Human Understanding	NYC
HFM Prevention Council (Creative Connections Clubhouse)	Fulton
Every Person Influences Children	Erie
Pivot - Alcohol and Substance Abuse Council of Jefferson County, Inc.	Jefferson, Lewis, St. Lawrence
Farnam Family Services	Oswego, Onondaga
CASA Trinity Inc.	Livingston
Citizen's Advocates Inc.	Franklin
Center for Family Life and Recovery, Inc.	Oneida

STR COTI Service Provider	County
FLACRA	Ontario, Yates
Credo	Jefferson
Helio	Onondaga, Madison, Cayuga, Oswego, Oneida, Otsego
New Choices	Saratoga, Montgomery, Schenectady
Catholic Charities of Orange and Sullivan	Ulster, Sullivan, Orange
Twin County	Greene, Columbia
CASA Trinity	Broome
ACBC	Tioga, Tompkins, Broome
Best Self	Erie, Niagara
Lexington Center for Recovery	Dutchess, Westchester
GCASA	Genesee
Delphi	Monroe
Family Counseling Service Cortland	Cortland, Herkimer, Madison
Wayne County	Wayne
Family Service League	Suffolk, Nassau
Central Nassau Guidance	Nassau, Suffolk
New York Therapeutic	Kings, New York
SUS	Bronx, New York
Elmcor	Queens

SOR Funded Recovery Center Providers

Provider	County
Second Chance Opportunities, Inc.	Albany
Helio Health, Inc.	Onondaga
FLACRA	Ontario
Genesee Council on Alcoholism and Substance Abuse Inc (GCASA)	Genesee
THRIVE Everywhere	Nassau/Suffolk
Onward Recovery Independent Living, Inc. (Westchester and Putnam)	Westchester
"House of Hope" Save the Michaels of the World, Inc.	Niagara
Rockland Council on Alcoholism and Other Drug Dependence (RCADD)-Foundation	Rockland
RISE- (Catholic Charities of Herkimer County)	Herkimer
The Fortune Society "The Nest"	Queens
Judith Loeb Chiara Recovery & Wellness Center- (Exponents, Inc.)	Manhattan
PARC -BRONX (Samaritan Daytop Village, Inc.)	Bronx
All Ways To Recovery- (Champlain Valley Family Center)	Clinton
The Valley (Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc)	St. Lawrence
Turning Point- Delaware (Friends of Recovery of Delaware and Otsego Counties, Inc.) (FOR-DO)	Delaware

Attachment C: Metric Definitions

Initiation and Engagement in Treatment - Initiation:
Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.

Initiation and Engagement in Treatment - Engagement:
Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

Continued engagement in Substance Use Disorder Treatment (CET):
The percentage of individuals with a new episode of Substance Use Disorder (SUD) treatment within the intake period and at least one subsequent SUD treatment every 30 days through 180 days from the date of the initial SUD treatment.

Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence (POD-N):
The percentage of individuals who initiate pharmacotherapy with at least 1 prescription or visit for opioid treatment medication within 30 days following an index visit with a diagnosis of opioid dependence.

Use of Pharmacotherapy for Opioid Dependence:
The percentage of individuals with any encounter associated with alcohol use or dependence, with at least 1 prescription for appropriate pharmacotherapy at any time during the measurement year.

Continuity of Pharmacotherapy for Opioid Use Disorder (OUD):
Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) - 7 day:
The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) - 30 day:
The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.

Attachment D: 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.

Appendix E: Recovery Center as a Central Hub Diagram

Attachment F: Maximum Amount of Funding per County or Borough

County	Population	Dollars Available per County
Albany	305,506	$628,175
Allegany	46,091	$94,771
Bronx	1,418,207	$2,916,087
Broome	190,488	$391,677
Cattaraugus	76,117	$156,510
Cayuga	76,576	$157,454
Chautauqua	126,903	$260,935
Chemung	83,456	$171,600
Chenango	47,207	$97,066
Clinton	80,485	$165,492
Columbia	59,461	$122,262
Cortland	47,581	$97,835
Delaware	44,135	$90,749
Dutchess	294,218	$604,965
Erie	918,702	$1,889,016
Essex	36,885	$75,842
Franklin	50,022	$102,854
Fulton	53,383	$109,765
Genesee	57,280	$117,778
Greene	47,188	$97,027
Hamilton	4,416	$9,080
Herkimer	61,319	$126,083
Jefferson	109,834	$225,838
Kings	2,559,903	$5,263,618
Lewis	26,296	$54,069
Livingston	62,914	$129,362
Madison	70,941	$145,867
Monroe	741,770	$1,525,212
Montgomery	49,221	$101,207
Nassau	1,356,924	$2,790,078
New York	1,628,706	$3,348,911
Niagara	209,281	$430,319
Oneida	228,671	$470,188
Onondaga	460,528	$946,928
Ontario	109,777	$225,721
Orange	384,940	$791,505
Orleans	40,352	$82,971
Oswego	117,124	$240,828

County	Population	Dollars Available per County
Otsego	59,493	$122,328
Putnam	98,320	$202,164
Queens	2,253,858	$4,634,335
Rensselaer	158,714	$326,344
Richmond	476,143	$979,035
Rockland	325,789	$669,880
Saratoga	229,863	$472,639
Schenectady	155,299	$319,323
Schoharie	30,999	$63,739
Schuyler	17,807	$36,614
Seneca	34,016	$69,943
St. Lawrence	107,740	$221,533
Steuben	95,379	$196,116
Suffolk	1,476,601	$3,036,156
Sullivan	75,432	$155,102
Tioga	48,203	$99,114
Tompkins	102,180	$210,100
Ulster	177,573	$365,122
Warren	63,944	$131,480
Washington	61,204	$125,846
Wayne	89,918	$184,887
Westchester	967,506	$1,989,365
Wyoming	39,859	$81,957
Yates	24,913	$51,226

Attachment G – Menu of Prevention Programs and Strategies

IOM LEVEL	**SOCIO-ECOLOGICAL MODEL**
UNIVERSAL: • Positive Action; • Promoting Alternative Thinking Strategies (PATHS); • PAX GBG; • PAX Community Tools; • Strong African American Families (SAAF); • Familias Unidas Preventive Intervention • Environmental Strategies (Media, Enforcement, Policy) (*If chosen must include all three interlocking components)* SELECTIVE: • Preventure; • Support for Students Exposed to Trauma (SSET); • Triple P: Positive Parenting Program [Level 3]; • Strengthening Families Program: For Parents and Youth 10 – 14; • Psychological First Aid; • Skills for Psychological Recovery INDICATED: • Teen Intervene; • BASICS; • SBIRT (adults)	INDIVIDUAL: • Teen Intervene; • BASICS; • Psychological First Aid • SBIRT FAMILY: • Triple P: Positive Parenting Program [Level 3] • Strengthening Families Program: For Parents and Youth 10 – 14**;** • Strong African American Families (SAAF); • Familias Unidas Preventive Intervention; • Parenting Wisely SCHOOL/CBO: • Positive Action; • Preventure; • Promoting Alternative Thinking Strategies (PATHS); • Support for Students Exposed to Trauma (SSET) COMMUNITY: • Environmental strategies (media, enforcement, policy - *must include all three components)*

Attachment H: Prevention Resource Center Information

Prevention Resource Center (PRC) Contact Information				
Central	Counties	St. Lawrence, Jefferson, Lewis, Herkimer, Oneida, Oswego, Onondaga, Cayuga, Cortland, Chenango, Madison, Otsego, Delaware		
	Host Provider	The Prevention Network in Syracuse 906 Spencer St, Syracuse, NY 13204		
	PRC Director	Megan Walradth	mcorsowalradth@preventionnetworkcny.org	315-471-1359
Western	Counties	Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, Allegany		
	Host Provider	Genesee Council on Alcohol and Substance Abuse in Batavia 430 East Main Street Batavia, New York 14020		
	PRC Director	Dawn Sagerman	dsagerman@gcasa.org	(585) 815-1879
Finger Lakes	Counties	Monroe, Wayne, Ontario, Livingston, Yates, Seneca, Steuben, Schuyler, Tompkins, Chemung, Tioga, Broome		
	Host Provider	DePaul's NCADD-RA 1931 Buffalo Road Rochester, NY 14624		
	PRC Director	Barb Christensen	bchristensen@depaul.org	(585) 719-3482
Mid-Hudson	Counties	Sullivan, Ulster, Dutchess, Putnam, Orange, Westchester & Rockland		
	Host Provider	ADAC of Orange County in Goshen 224 Main Street P.O. Box 583 Goshen, NY 10924		
	PRC Director	Jennifer Ocasio	jocasio@adacinfo.com	(845) 294-9000 x261
Long Island	Counties	Nassau & Suffolk		
	Host Provider	Family Service League 1444 5th Avenue Bay Shore, NY 11706		
	PRC Director	Pamela Mizzi	pmizzi@fsl-li.org	(631) 650-0135
NYC	Counties	Richmond, Kings, Bronx, New York, & Queens		
	Host Provider	Children's Aid Society in Manhattan 4 W 125th Street, 4th Floor, New York, NY 10027		
	PRC Director	Ronni Katz	rkatz@childrensaidsociety.org	(646) 459-8410

Attachment I: Budget Format

RFMH/OASAS 2020 SOR II Grant
Annual Operating Budget and Justification

Section I: Provider Information:

<table>
<tr><td colspan="3">1. Printed Legal Name of Applicant Entity:</td></tr>
<tr><td colspan="3">2. Applicant's OASAS Provider Number:</td></tr>
<tr><td>3. Applicant's OASAS Provider PRU Number(s):</td><td colspan="2">4. Applicant's Street Address/P.O. Box:</td></tr>
<tr><td>5. Applicant's City/Town/Village:</td><td>6. Postal Zip Code:</td><td>7. Date Prepared:</td></tr>
<tr><td>8. Printed Name of Applicant Contact Person:</td><td colspan="2">9. Printed Title of Contact: SOR II Grant – Year 1</td></tr>
<tr><td>10. Contact Telephone #:</td><td colspan="2"></td></tr>
</table>

The budget justification is required for all applicants. Year 1 fiscal period is September 30, 2020 - September 29, 2021. Complete the tables below to reflect the full requested budget. **Use only whole dollars.**

Section II: Expenses:

Personnel:

Position	Name	Pay Rate	Level of Effort	Cost
			TOTAL	

JUSTIFICATION: Describe the role and responsibilities of each position.

Fringe Benefits: List all components of fringe benefits rate

Component	Rate	Wage	Cost

JUSTIFICATION:

Supplies: Materials costing less than $5,000 per unit and often having one-time use

Item(s)	Rate	Cost
	TOTAL	

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

Purpose of Travel	Location	Item	Rate	Cost
			TOTAL	

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Equipment: Items in excess of $5,000

Type	Purpose	Rate	Cost
		TOTAL	

JUSTIFICATION:

Contractual: A contract can be with an individual retained to provide professional advice or services, or for a service such as a media air time for a PSA, billboards etc. The grantee must have policies and procedures governing their use of contracts that are consistently applied among all organization's agreements.

Name	Service	Rate	Time Frame	Cost
			TOTAL	

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

Other:

Name	Service	Rate	Time Frame	Cost
			TOTAL	

JUSTIFICATION:

Admin/Indirect cost rate:

SAMHSA Requirements on Indirect Cost Rate: Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the Modified Total Direct Costs (MTDC) which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs

(A) Total Direct Expenses	(B) Total of Excluded Items	(C) MDTC (A - B = C)	(D) Cost Rate	Total Indirect Cost (C x D)
			10%*	

JUSTIFICATION: (* for this RFA 10% is the maximum allowed for indirect cost rate)

Total Direct Expense Budget: $____________________

Total Indirect Cost: $____________________

Total Budget: $____________________

Projected number of patients to be treated for opioid and/or stimulant as a primary, secondary, or tertiary substance thru this grant, if applicable. ______________

Projected number of people receiving prevention services thru this grant, if applicable. __________________

Projected number of people receiving recovery services thru this grant, if applicable. __________________

Attachment J: SAMHSA Budget Parameters

- SAMHSA will monitor use of these funds to assure that they are being used to support evidence-based treatment and recovery supports and will not permit use of these funds for non-evidence-based approaches.
- Procurement of DATA waiver training is not an allowable use of these funds as this training is offered free of charge from SAMHSA at https://pcssnow.org/
- Recipients must utilize third party and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Assess the needs of tribes in the RPC region and include strategies to address these needs in the network approach. Recipients must ensure that the needs of tribes, tribal organizations, and urban Indian organizations are meaningfully included in the assessment and strategies are implemented to meet these needs.
- Contingency Management: Contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being $15 per contingency. Each patient may not receive contingencies totaling more than $75 per year of his/her treatment.
- SAMHSA grant funds may not be used to:
    - Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
    - Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
    - Pay for the purchase or construction/renovation of any building or structure to house any part of the program.
    - Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
    - Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
  Note: A recipient or treatment or prevention provider may provide up to $30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed $3.00 per person per day.
- Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

ATTACHMENT K: Cover Sheet

Submitting Provider Information:

1. Printed legal Name of Applicant Entity:	
2. Applicant's MMIS#:	3. Applicant's OASAS Provider Number (if applicable)
4. Applicant's Street Address/P.O. Box:	
5. Applicant's City/Town/Village:	6. Postal Zip Code:
7. PRU# (if applicable)	8. Name of Applicant's Outpatient Program (if different from Provider Name):
9. Applicant's Program Street Address/P.O. Box (if different from above):	
10. Applicant's Program City/Town/Village:	11. Applicant's Program Postal Zip Code:
12. Printed Name of Applicant Contact Person:	13. Printed Title of Contact:
14. Contact Telephone #:	15. Contact Email:
16. Signature:	17. Date: