

# Service Design Site Visit Report

## New York State Office of Alcoholism and Substance Abuse Services Albany, New York



Dates of Site Visit: September 24–26, 2013

◆ Adolescent ◆

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Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



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# New York State Office of Alcoholism and Substance Abuse Services

<b>Awardee Name</b>	New York State Office of Alcoholism and Substance Abuse Services (OASAS)
<b>Address</b>	1450 Western Avenue, Albany, NY, 12203
<b>Site Visit Dates</b>	September 24–26, 2013
<b>Program Name</b>	New York Serving Adolescents in Need of Treatment (NY-SAINT)
<b>Award TI Number</b>	TIO24268-01
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### Awardee Project Sites Visited

Citizens Advocates/North Star, Franklin County, NY	Met at OASAS in Albany, NY
Odyssey House, Bronx, NY	Called in at OASAS in Albany, NY
OASAS	1450 Western Avenue, Albany, NY, 12203

## Executive Summary

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The mission of the Office of Alcoholism and Substance Abuse Services (OASAS) is to “improve the lives of New Yorkers by leading a premier system of addiction services through prevention, treatment, and recovery (OASAS Web site, 2013; <http://www.oasas.ny.gov/>). New York is among 12 States and a territory awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement. The October 2012 award provides funding to improve treatment for adolescents with substance use disorders or substance use and co-occurring mental health disorders through the development of a learning laboratory with local community-based treatment providers.

Through the collaboration of the State or territory and two local treatment provider sites, an evidence-based practice (EBP) is implemented for youth and families, and a feedback loop is established to identify barriers to successful implementation and test solutions in real time. Awardees are expected to—

- ▶ Address needed changes to policies and procedures.
- ▶ Develop financing structures that support the current service delivery environment.
- ▶ Develop and implement a statewide workforce development dissemination plan.
- ▶ Create a blueprint to increase the use of EBPs.

Youth and their families are critical to this effort and must be included in planning, implementation, and dissemination of all activities and knowledge. To meet these expectations, SAT-ED grantees are required to—

- ▶ Improve interagency collaboration.
- ▶ Conduct financial mapping to inform the development of funding and payment strategies that are practical and feasible in the funding environment.
- ▶ Expand the qualified workforce to meet increasing service delivery needs.
- ▶ Disseminate EBPs.
- ▶ Involve youth and their families at all levels to inform policy, program, and effective practice implementation processes.

OASAS has an experienced and dedicated management team that oversees its treatment system, including its New York Serving Adolescents in Need of Treatment (NY-SAINT) initiative. Both NY-SAINT providers are trained and certified in the Global Appraisal of Individual Needs (GAIN) and Seven Challenges model and are actively serving youth and families. There is a need to ensure implementation fidelity of the Seven Challenges program at both sites. OASAS requested technical assistance for various adolescent recovery coaching models and may

benefit from technical assistance to conceptualize adolescent pathways to care. OASAS is encouraged to develop structure and engagement strategies to strengthen the involvement of youth and additional parents in its NY-SAINT initiative.

OASAS has a well-developed NY-SAINT site-level evaluation plan and detailed protocol guide. Government Performance and Results Act (GPRA) data reflect that NY-SAINT is currently exceeding the 80 percent followup threshold. OASAS agreed to be a pilot for infrastructure measures. OASAS will now need to develop an evaluation plan that addresses all infrastructure activities and associated GPRA data collection.

Going forward, OASAS will need to focus on SAT-ED project-level outcomes with detailed time lines. Other areas of infrastructure needing attention include identifying staff to complete SAT-ED tasks on a workforce development plan, securing leadership for the financial mapping workgroup, and formalizing commitments and memorandums of agreement with all relevant child-serving agencies and Medicaid on a cross-system council. OASAS leadership is experienced, dedicated, and well positioned to make these and other necessary changes to improve access to and effectiveness of adolescent substance abuse services for New York youth and families.

# Awardee Overview and Environmental Context

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**N**ew York State OASAS serves as the Single State Authority (SSA) on substance abuse and is one of only two States in which the SSA is at a State cabinet level. OASAS is a member of the Governor's Health and Human Services Cabinet and the Governor appoints the OASAS commissioner. OASAS has State offices in Albany and New York City and regional offices across the State. OASAS oversees 1,550 total providers, 900 of which provide treatment. Approximately 130,000 individuals are receiving treatment at any point in time and about

*New York State OASAS is located in Albany, New York, and also has State offices in New York City and regional offices across the State.*

240,000 individuals are served annually. Approximately 10 percent of the individuals served are youth. OASAS is well positioned organizationally at a State cabinet level to successfully implement its NY-SAINT SAT-ED initiative.

The goal of the OASAS NY-SAINT initiative is to increase the accessibility of effective outpatient treatment services for youth aged 12–18 with a substance use disorder (SUD) and/or a co-occurring mental health disorder and their families. OASAS contracted with two community-based providers in the New York City and Central New York areas to implement the GAIN assessment and the Seven Challenges treatment program. OASAS staff projected over the life of the NY-SAINT initiative 600 adolescents would be screened and 378 would be referred to treatment for substance use or co-occurring disorders. OASAS also projected each provider site would enroll a minimum of 30 youth in treatment in the first year of the initiative and 45 in years 2 and 3, for a total of 240 youth over the 3-year award period.

A number of efforts are underway in New York that may affect the NY-SAINT initiative including a Medicaid redesign, an aggressive Olmstead plan, a Close to Home juvenile justice initiative, and an increased focus on integrating substance use and mental health planning and service delivery. The Governor's Medicaid redesign includes both public health and behavioral health systems. The OASAS commissioner cochairs the Medicaid redesign committee for behavioral health. The redesign is shifting Medicaid services to a managed care model. This shift is significant because OASAS providers have one of the longest residential treatment length of stays in the Nation. OASAS is preparing its providers for a capitated managed care environment that is unlikely to support lengthy residential treatment episodes and may require greater use of outpatient treatment. The NY-SAINT EBP is being implemented in an outpatient modality that aligns with Medicaid redesign goals and positions it well for wider dissemination and support. OASAS is also engaged in a Medicaid 1915i State plan amendment workgroup.

New York has submitted an aggressive Olmstead plan to eliminate unnecessary segregation of persons with disabilities and ensure they receive services in the most integrated setting appropriate to their needs. The Olmstead plan supports more community-based nonresidential care—an important shift with implications for the OASAS treatment system. The NY-SAINT initiative aligns with the direction of New York's Olmstead plan as it integrates treatment for youth with substance use and co-occurring mental health disorders in a nonresidential community-based setting.



The New York State Office of Children and Family Services Close to Home initiative is a collaborative effort between New York City and New York State to ensure more appropriate placements for youth from New York City and increase the efficiency of the system as a whole. OASAS collaborates with Close to Home stakeholders as they build on their juvenile justice reforms. OASAS may find some current and future reforms particularly relevant since one of its NY-SAINT treatment sites provides community-based treatment to many juvenile justice youth from New York City.

In 2012, New York submitted a joint mental health and substance abuse block grant for the first time. The State created its first joint mental health and substance abuse advisory council in September 2013 and is looking for a broad and diverse group of State agencies and nongovernmental entities to participate. OASAS will want to ensure congruence in its Substance Abuse Prevention and Treatment Block Grant efforts and its NY-SAINT initiative. OASAS is piloting the joint licensing of mental health and substance abuse treatment at one of the two NY-SAINT provider sites.

# 1. Site Visit Overview

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The site visit to New York was held September 24–26, 2013. The site visit team members included Pam Baston, Doreen Cavanaugh, and Peter Panzarella, along with three guests who participated on the first and second days of the site visit. These three guests included Larke Huang and Katelyn Harrington from SAMHSA and Jennifer Kasten from JBS International, Inc. The site visit team reviewed the awardee’s accomplishments and identified areas for growth and where technical assistance might enhance performance and services.

On the first day of the visit the awardee site visit team met with OASAS leadership and NY-SAINT staff and key stakeholders, who provided an overview of the State’s organizational structure, its progress with the NY-SAINT initiative, and its coordination with other State efforts. The meeting was followed by a discussion with the two NY-SAINT provider sites, North Star and Odyssey House, on their implementation of the GAIN assessment and the Seven Challenges treatment model. The day concluded with a meeting with parents whose adolescents had received substance abuse treatment in New York.

The second day of the visit focused on NY-SAINT’s interagency collaboration with Children’s Council members from other State child-serving agencies. A joint technical assistance meeting was held on financial mapping with several New York counties awarded a SAMHSA System of Care Grant. Monroe County is the recipient on behalf of 55 counties. Representatives of the counties who attended the technical assistance session briefed the group on their progress on resource mapping at the county level. The second day also included a live demonstration by OASAS staff of the software designed to mine New York Medicaid claims data. The day ended with a meeting with youth currently in treatment in the Albany, New York, area.

The last day of the visit focused on workforce development and evaluation and concluded with an exit interview with OASAS leadership and NY-SAINT staff.

## 2. Awardee Leadership

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OASAS has an experienced and dedicated management team that oversees New York’s treatment system, including its NY-SAINT initiative. The OASAS commissioner has identified adolescents as an important population of focus. Going forward, it will be important to maintain this high level of leadership engagement and continue prioritizing adolescents in the NY-SAINT initiative.

The SAT-ED award requires awardees to develop at least one full-time staff position dedicated to managing the program. While OASAS is devoting a percentage of staff time (including in-kind staff) to its SAT-ED effort, it does not currently have a dedicated full-time position to manage its NY-SAINT initiative. The Medicaid redesign is presenting many challenges and it and other

competing priorities are consuming significant OASAS staff resources. OASAS needs to augment its NY-SAINT staffing pattern (e.g., identify a lead person to assist with a workforce development plan, recruit a chair for its financial mapping workgroup) to accomplish the numerous NY-SAINT infrastructure tasks. Given New York's diverse adolescent population, OASAS should consider hiring individuals representative of its adolescent treatment population to enhance the NY-SAINT staffing pattern.

### 3. Interagency Collaboration

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New York has a long history of interagency collaboration. OASAS is using the Commissioners' Committee on Cross-Systems Services for Children and Youth, a standing committee on cross-system children's issues, as the foundation for its NY-SAINT SAT-ED council. The NY-SAINT initiative is a monthly agenda item of the committee. The committee is chaired by the executive director of the Council on Children and Families and meets monthly with senior executives from various youth-serving agencies. These agencies include the Office of Mental Health, Office of Children and Family Services (inclusive of juvenile justice and child welfare divisions), Office of Persons with Developmental Disabilities, State Education Department, Office of Temporary and Disability Assistance, Department of Probation and Correctional Alternatives, Families Together in New York State, YOUTH POWER!, and other youth and family organizations. The staff from these youth-serving agencies and NY-SAINT staff are involved in many of the same cross-systems projects such as NYSUCCESS (system of care expansion) and the children's subcommittee of the behavioral health subcommittee of the Medicaid Redesign Team. The Department of Health is the lead on Medicaid redesign and OASAS plans to incorporate lessons learned from its NY-SAINT initiative to help inform this process.

OASAS may need to more closely examine the agencies represented on this council to ensure all relevant child-serving agencies are represented, fully engaged in NY-SAINT, and able to formalize their commitments in memorandums of agreement. Future council meetings need to focus specifically on NY-SAINT and be held at times conducive to attendance by family and youth representatives.

### 4. Financing and Financial Mapping

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New York's Medicaid reimbursement rates for substance abuse and mental health services appear equitable for youth with either a substance abuse or mental health diagnosis; however, there appears to be more in-home community-based options for children's mental health treatment than for adolescent substance abuse treatment. OASAS may want to explore the development of a Medicaid waiver to develop home-based and community-based transitional stepdown services for adolescents with substance use disorders. OASAS is requesting technical

assistance to identify and link treatment costs to outcomes. This effort may produce data that can be used in many ways, including to make a case for being granted a Medicaid waiver. The NY-SAINT initiative must finalize the financial mapping decision rules and start the financial mapping process. OASAS needs to select either a fiscal or calendar year for establishing a baseline as soon as possible. OASAS also needs to complete a crosswalk of service definitions for Medicaid, OASAS, and other State agencies. Medicaid and juvenile justice were not at the financial mapping meeting and need to be engaged in this process.

## 5. Workforce Development

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OASAS articulated an acute awareness of the State's adolescent workforce challenges. While OASAS has developed numerous training materials that include adolescent substance use content upon which it can build, OASAS will need to develop a plan to move the workforce from adolescent-specific knowledge exposure to skills and competencies development. OASAS was tasked with completing this workforce plan by November 1, 2013.

New York State does not require substance abuse or mental health staff who work with adolescents to have an adolescent credential. OASAS should consider amending its Credentialed Alcoholism Substance Abuse Counselor certification under its authority to add an adolescent endorsement or credential.

## 6. Family/Youth Involvement

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The parents with whom the site visit team met indicated a need for support in navigating the treatment system. They expressed the need for a single point of access, treatment information geared to parents, and a roadmap for families to guide them in getting help for their adolescents. OASAS has contracted with a parent consultant and plans to expand the consultant's role during year 2 of the award. OASAS is encouraged to use the consultant to develop structure and engagement strategies supporting the inclusion of additional parents in the NY-SAINT initiative. YOUTH POWER! and Families Together in New York State are organizations that provide a structure for parent voice for mental health, and OASAS is exploring broadening these groups to include a substance abuse voice.

Similarly, OASAS needs to strengthen the involvement of youth in its NY-SAINT initiative. Youth interviewed during the site visit described long residential lengths of stay (8–18 months); multiple treatment admissions (4–5 admissions each); and a lack of gender-specific, family-focused, and trauma-informed approaches. The youth noted that drug testing provides reinforcement for abstinence but some programs drop testing early in the treatment process, before recovery has been internalized. They reported a need to individualize youth recovery

plans to include prosocial activities and peer support. The youth found peer support very important but reported a limited number of adolescent support groups in the community. One important need articulated by the youth was the need for transitional and life skills services to help youth make the adjustment from living in highly structured residential programs to being back in the community.

The interviewed youth expressed a desire to play an ongoing role in supporting the NY-SAINT initiative and OASAS may want to explore that option. OASAS is advocating for the inclusion of an adolescent substance abuse pathway track in the Youth Power University program and is working to acquire scholarships for the involvement of adolescents and families in this training effort.

## 7. Dissemination of Evidence-Based Practices

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OASAS staff selected the GAIN assessment tool and the Seven Challenges treatment model to implement in its two sites—Odyssey House in the Bronx (New York City) and North Star in rural Franklin County (northern New York). Both providers are implementing the Seven Challenges EBP model and are GAIN certified. The NY-SAINT providers are aware of the need for recovery supports and continuing care. North Star uses a care coordinator model and Odyssey House uses a recovery coach model. OASAS requested technical assistance for various adolescent recovery coaching models and may benefit from using the technical assistance to conceptualize adolescent pathways to care.

OASAS staff plan to accompany the Seven Challenges developer on a visit to each NY-SAINT provider site to assess fidelity to the model, which is important because the program length varies by 6 months between the sites. One site appears to be concurrently implementing multiple evidence-based programs with the same youth. OASAS may also want to examine the apparent high cost of implementation relative to the low numbers of youth served. It will be important for OASAS to work with the developer to address these differences to ensure the best possible treatment outcomes. OASAS is looking at GAIN data to assist in analysis of per-client costs and outcomes with the Seven Challenges model. Providers are able to bill third-party insurance but are encountering barriers including high deductibles and copayments.

OASAS and North Star expressed concerns about the GAIN assessment implementation because multiple sessions are required to complete the GAIN, burdening parents living in rural areas who must make multiple trips, often from long distances. Both providers indicated the lengthy assessment hinders engagement with clients. OASAS and its provider sites might want to consider the motivational interviewing (MI) version of the GAIN to help overcome these challenges.

The learning collaborative with the NY-SAINT sites has been delayed due to staggered EBP training. OASAS is now ready to move the learning laboratory forward with its two NY-SAINT provider sites and disseminate the Seven Challenges model to additional provider sites. NY-SAINT is pursuing long-term sustainability of the Seven Challenges and other EBP models through the Addiction Technology Transfer Centers.

## 8. Evaluation

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OASAS has a well-developed NY-SAINT site evaluation plan that includes a detailed protocol of required and additional data elements collected at the provider sites. The data will be used to develop a cost analysis and evaluate the outcomes. The evaluator maintains constant communication with the providers on GPRA data and requirements and GPRA data is above the 80 percent target. NY-SAINT providers are beginning to conduct the 6-month followups. OASAS is also collecting demographic data to be used to identify a baseline for adolescent access, treatment completion, and outcomes to address health disparities.

In her quantitative evaluation of the sites, it will be important for the evaluator to capture the providers' different Seven Challenges implementation and dosage and provide timely feedback to inform future implementation. OASAS agreed to pilot the SAT-ED infrastructure measures in its NY-SAINT initiative. OASAS was tasked with completing an evaluation plan addressing all infrastructure activities and associated GPRA data collection by November 1, 2013. OASAS may want to consider consultation with other SAT-ED evaluators about the role of the evaluator in the informing process.

## Summary

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NY-SAINT leadership is experienced, dedicated, and organizationally well positioned to make the necessary changes to improve the quality of adolescent substance abuse services for New York's youth and families. NY-SAINT has both sites operational and is on track with the GPRA measures at both sites. Sites have been able to implement the Seven Challenges model in one urban and one rural community, indicating the ability to implement the selected model in diverse communities in New York.

OASAS needs to focus on SAT-ED project-level outcomes with detailed time lines. Areas of infrastructure needing attention include augmenting the NY-SAINT staff by hiring a dedicated full-time position, completing SAT-ED tasks on the workforce development plan, recruiting a chairperson to begin the financial mapping workgroup, organizing the voice for families and youth, and resolving EBP fidelity issues and GAIN challenges. A strong and informed qualitative evaluation would ensure the strength of these plans.

# Strengths and Considerations for Action

## Awardee Leadership

### STRENGTHS

- OASAS is well positioned organizationally at a State cabinet level to enable its NY-SAINT SAT-ED initiative to be successful.
- OASAS has an experienced and dedicated management team overseeing New York's substance use disorder treatment system, including its NY-SAINT initiative.
- The OASAS commissioner has identified adolescents as an important population of focus.
- There are a number of statewide initiatives underway, such as developing health homes and piloting integrated mental health/substance use disorder licensing to develop a service system for youth with co-occurring disorders.

### CHALLENGES

- OASAS has limited staff resources for the SAT-ED initiative.
- The State agency organizational structure may create barriers for integration.
- SAT-ED staff should be more representative of the population.
- OASAS leadership needs to focus more on NY-SAINT time lines and outcomes.
- OASAS leadership should identify key staff to complete SAT-ED tasks (e.g., a lead person for workforce development, a chair for the financial mapping workgroup).
- The Medicaid redesign is presenting many challenges and is consuming significant OASAS staff resources.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Review and augment the SAT-ED staffing pattern.	X		
2	Increase family and youth involvement in the SAT-ED initiative at the State level.	X		
3	Increase the use of a public health outreach approach.	X		

## Interagency Collaboration

### STRENGTHS

- New York has a long history of interagency collaboration on children's issues. OASAS is building on existing infrastructure and relationships.
- Stakeholder buy-in exists for interagency collaboration.
- OASAS is currently using the children's behavioral health subcommittee of the Council on Children as the child-serving council to assist its NY-SAINT initiative.
- There is a standing committee on children's cross-system issues.
- New York Medicaid redesign is bringing groups together.
- OASAS is piloting integrated licensing for mental health and substance abuse treatment for adolescents.

### CHALLENGES

- OASAS may need to more closely examine the agencies represented on the interagency council to ensure all relevant child-serving agencies are represented, fully engaged in the NY-SAINT initiative, and able to formalize their commitments in memorandums of agreement.
- Interagency council members do not appear knowledgeable and/or engaged in SAT-ED.
- Representatives from the Department of Education and Medicaid are needed on the interagency council.
- Decisionmakers and mid-level managers within all child-serving agencies need more communication about SAT-ED, and future interagency council meetings need to focus more specifically on the NY-SAINT initiative and be held at times conducive to attendance by family and youth representatives.
- Interagency council meetings need to be family and youth friendly to become effective.
- A workforce training plan needs to be developed with other State agencies.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Enhance the interagency council members' understanding of the use of Early and Periodic Screening, Diagnosis, and Treatment for substance abuse treatment and recovery services.	X		
2	Request that the interagency council members prioritize what they hope to gain from the SAT-ED initiative.	X		
3	Improve the interagency council's involvement with SAT-ED.	X		



## Financing and Financial Mapping

### STRENGTHS

- Information sharing and trust building exists among the collaborating agencies actively engaged in NY-SAINT's financial mapping process.
- The group was engaged in the financial mapping conversation.
- OASAS is working with the Center for Mental Health Services grantee, mental health staff, and counties.
- New York is using Salient software for Medicaid claims data, which allows for flexible data analysis and should be helpful in developing financial maps.
- Medicaid rates are the same for mental health and substance abuse.

### CHALLENGES

- Juvenile justice and Medicaid are missing from the financing workgroup.
- New York will create a Medicaid capitated rate and OASAS needs to determine how SAT-ED can assist with all the tasks, including rate setting, from the Medicaid redesign.
- The cost analysis of substance use disorder treatment models will be a complex task.
- The risk arrangements in the proposed Medicaid redesign are unclear.
- OASAS should explore using the Medicaid waivers or State plan amendments to provide substance use disorder treatment and recovery for substance abuse, similar to available mental health services.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Crosswalk Medicaid services definitions and OASAS services definitions.	X		
2	Consider using financial mapping to help OASAS reallocate resources and prepare for the Medicaid redesign.	X		
3	The NY-SAINT initiative must finalize the financial mapping decision rules and start the financial mapping process.	X		

## Workforce Development

### STRENGTHS

- OASAS articulated an acute awareness of its State's adolescent substance use disorder workforce challenges.
- OASAS has already developed some training materials on adolescent substance use.

### CHALLENGES

- OASAS has no requirements for an adolescent credential.
- There is a lack of appreciation of the skills needed by the workforce to address adolescent co-occurring issues.
- There is a need to create and implement a workforce plan to move the workforce from adolescent-specific knowledge exposure to skills and competencies development.
- The topic areas from other child-serving agencies need to be included in the workforce plan.
- The learning community within the provider sites is behind schedule.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a completed workforce development dissemination plan and send to the Government Project Officer (GPO) by November 1.	X		
2	OASAS should consider an adolescent provider-level endorsement or credential.	X		
3	New York should operationalize the workforce development dissemination plan statewide as soon as possible.	X		

## Family/Youth Involvement

### STRENGTHS

- OASAS has a parent consultant under contract who has prior State-level work experience, and her knowledge and experience positions her to be a strong advocate and parent leader for the NY-SAINT initiative.
- OASAS identified excellent and articulate parent representatives to meet with the site visit team.
- Youth are willing to take a leadership role in the SAT-ED initiative.
- Youth demonstrated understanding of addiction.
- Youth believe drug testing is a good thing and that it reinforces abstinence; however, they indicated some programs end testing too early, which can lead to relapse.
- Youth expressed a need for co-occurring substance use disorder and mental health treatment and peer-supported recovery.

### CHALLENGES

- There does not appear to be a sufficient structure to support the parents.
- OASAS needs to prioritize developing the family voice for planning and technical assistance (e.g., Sue Smith, from Georgia, is responsible for the technical assistance).
- Parents need information and need to be engaged.
- A single point of access should be considered with community outreach and engagement.
- Parents expressed concerns about the Health Insurance Portability and Accountability Act of 1996.
- Youth suggested direct care staff be trained in strength-based approaches and be better supervised.
- Youth expressed a need for more prosocial activities with peers.
- Youth noted the State should not wait until high school to address substance use since most youth started using substances in middle school.
- Youth described long residential lengths of stay (8–18 months); multiple treatment admissions (4–5 admissions each); and a lack of gender-specific, family-focused, and trauma-informed approaches.
- Youth expressed fear about transitioning from residential programs to the community and a need for post-residential transition programs that address transitional planning, living skills, recovery support, and transitional services in the community.
- OASAS should consider using Seven Challenges in residential settings.
- Youth expressed the need for more family involvement in treatment.

## Family/Youth Involvement

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Provide assistance in building a structure for the family voice.		X	
2	New York would benefit from Deliver technical assistance in the area of family involvement.		X	
3	Offer scholarships to support an adolescent substance abuse pathway track in the Youth Power University program and scholarships for the involvement of adolescents and families in this training effort.		X	
4	Provide John Kelly with technical assistance in community adolescent peer 12-steps groups.		X	
5	Explore opportunities for gender-specific and trauma-informed care.	X	X	
6	Develop individualized adolescent treatment plans.	X		
7	Develop intensive community-based care and transitional services.	X		
8	Review the residential adolescent treatment lengths of stay and number of treatment episodes to identify and address opportunities for improvement.	X		

## Dissemination of Evidence-Based Practices

### STRENGTHS

- There is an awareness and a need for a continuing care approach and recovery supports.
- NY-SAINT's providers are both trained and certified in the Seven Challenges model and the GAIN.
- OASAS will conduct a site audit on implementation fidelity.
- The sites will also receive visits by the EBP model developers to assess implementation fidelity.
- There are other adolescent EBP models in the State.

### CHALLENGES

- The number of adolescents being served is low relative to the cost.
- Providers are experiencing continuity of coverage and deductible and copayment issues with insurance.
- There is a need to confirm implementation fidelity of the Seven Challenges program at both sites because the program length varies by 6 months between the sites, and one site appears to be concurrently implementing multiple evidence-based programs.
- GAIN implementation is taking too long and exploration of the GAIN MI version may be needed.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	OASAS should consider adapting a mental health care coordination model for adolescents with substance use and/or co-occurring mental health disorders, as the Franklin County provider site is doing.	X		
2	Obtain technical assistance on peer or recovery coaching.		X	
3	Obtain technical assistance to assist in conceptualizing a comprehensive continuum of treatment and recovery services for adolescents with substance use disorders and a pathway to that care.		X	

## Evaluation

### STRENGTHS

- OASAS has a well-developed NY-SAINT site-level evaluation plan and detailed protocol guide; GPRA data indicate NY-SAINT is exceeding the 80 percent followup threshold.
- The evaluator is collecting data on additional variables at the sites.
- OASAS agreed to be a pilot for infrastructure measures.

### CHALLENGES

- There is no written or operationalized plan for infrastructure evaluation.
- The qualitative research methods for infrastructure need to be strengthened.
- GPRA data for infrastructure need to be tracked.
- There is a need to improve the evaluator's understanding of infrastructure and qualitative evaluation methods.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Obtain recommendations on the qualitative research methods to use to assess SAT-ED infrastructure.			X
2	Prepare the evaluation plan by November 1, 2013, and send to the GPO.	X		

## Abbreviations and Acronyms

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EBP	evidence-based practice
GAIN	Global Appraisal of Individual Needs
GPO	Government Project Officer
GPRA	Government Performance and Results Act
MI	motivational interviewing
NY-SAINT	New York Serving Adolescents in Need of Treatment
OASAS	Office of Alcoholism and Substance Abuse Services
SAMHSA	Substance Abuse and Mental Health Services Administration
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SSA	Single State Authority
SUD	substance use disorder