NEW YORK STATE | Office of Addiction Services and Supports

KATHY HOCHUL
Governor

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Commissioner

OASAS Overview

Behavioral Health Services Advisory Council
Council for Treatment Equity

January 18, 2023

OASAS Overview

The Office of Addiction Services and Supports (OASAS) oversees one of the nation's largest Substance Use Disorder and gambling treatment systems of care with include prevention, treatment, harm reduction, and recovery programs.



- Includes the direct operation of 12 Addiction Treatment Centers (ATCs).
- The agency inspects and monitors over 900 addiction treatment programs and more than 150 addiction prevention programs.
- OASAS and its predecessors have overseen the treatment people with substance use disorders since **1966** (Narcotic Addiction Control Commission).

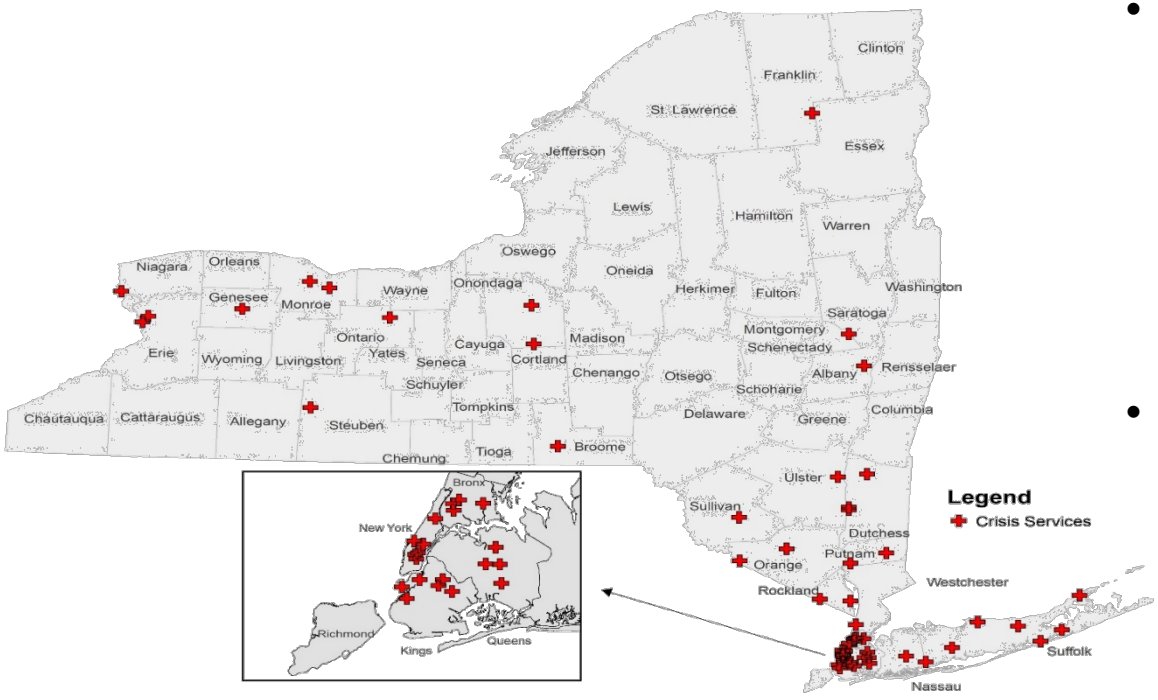
Treatment

OASAS Network of Treatment Providers

- OASAS certifies 901 Substance Use Disorder programs; 480 Upstate, 112 on LI and 309 in NYC.
- Programs operated by Voluntary (Not for Profit), local and state governments, and Proprietary (For Profit) Providers

Type	# of Programs
Crisis	58
Inpatient	65
Residential	209
Opioid Treatment	110
Outpatient	459

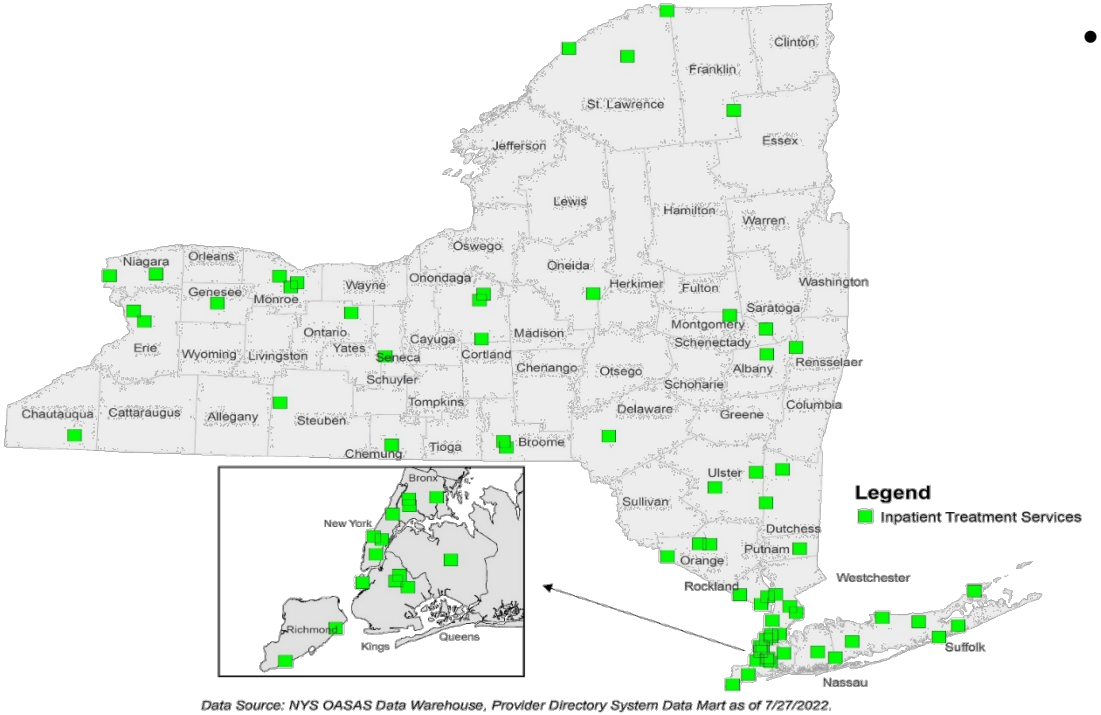
Crisis Programs



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

- Deliver a variety of treatment options designed to provide immediate care for people who are intoxicated or incapacitated by their use of alcohol or other substances.
- The primary goal of these services is to manage withdrawals from substances, as well as medical and psychiatric complications during withdrawals.

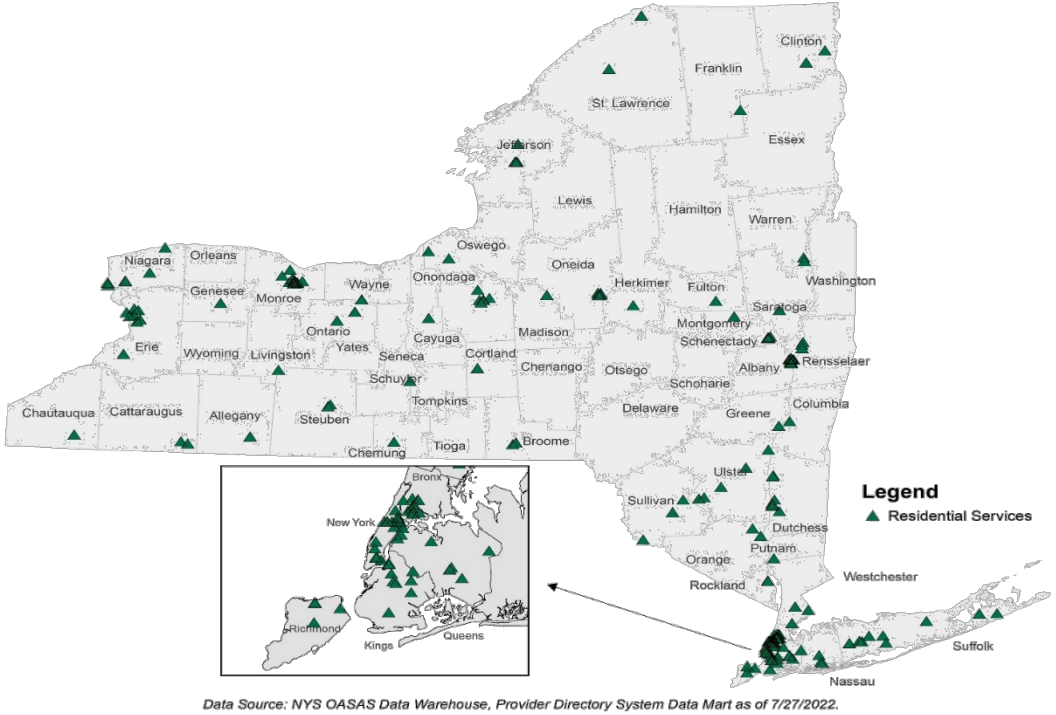
Inpatient Treatment Services



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

- Intensive management of symptoms related to addiction and monitoring of the physical and mental complications resulting from substance use.

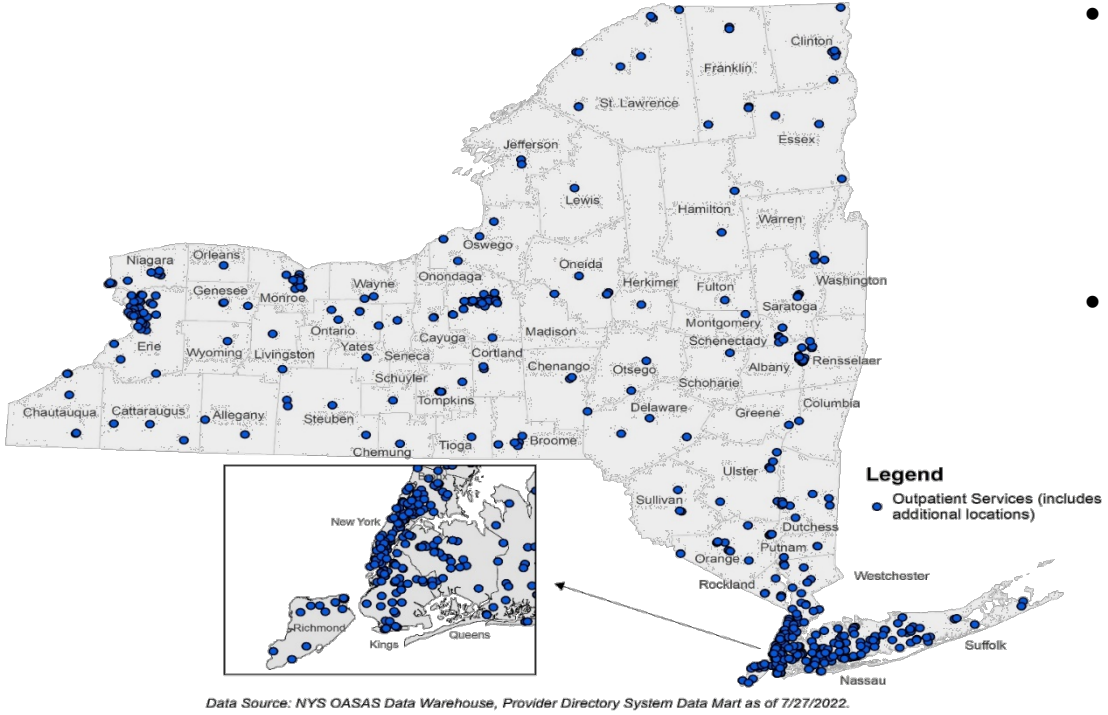
Residential Programs



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

- Designed for people who need support in their recovery and may not be able to participate in treatment without a 24-hour residential setting.

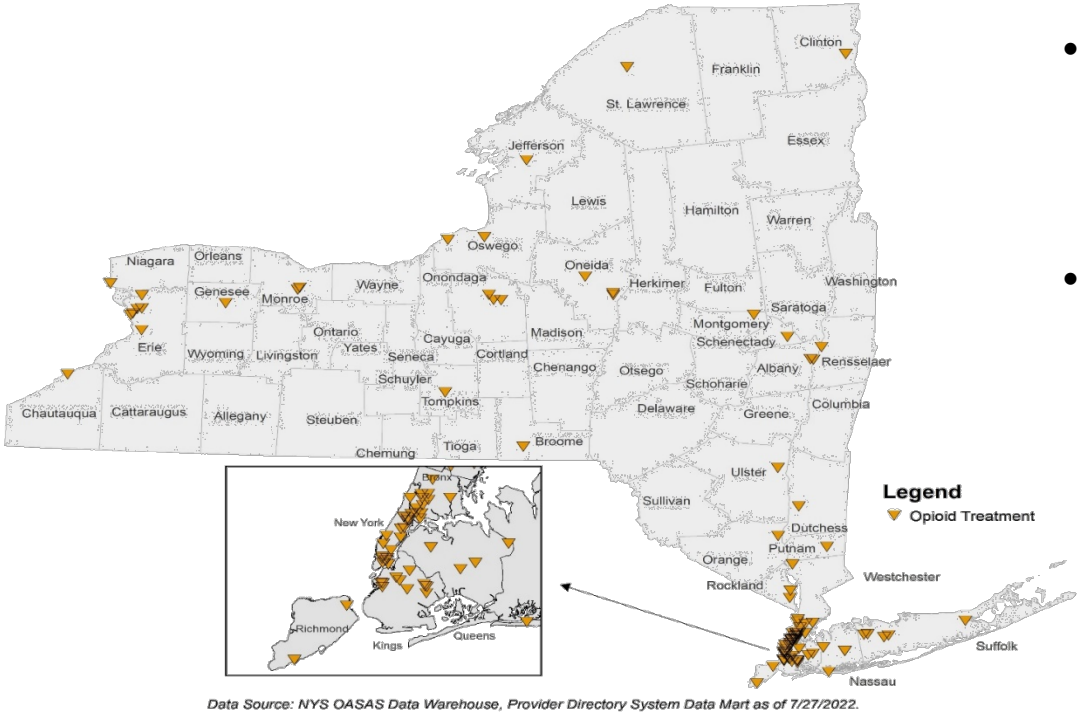
Outpatient Treatment Programs



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

- Clinical services for people with an addiction to substances and their families who have been impacted by their addiction.
- These services include counseling, education, and connections to community services.

Opioid Outpatient Treatment Programs (OTPs)

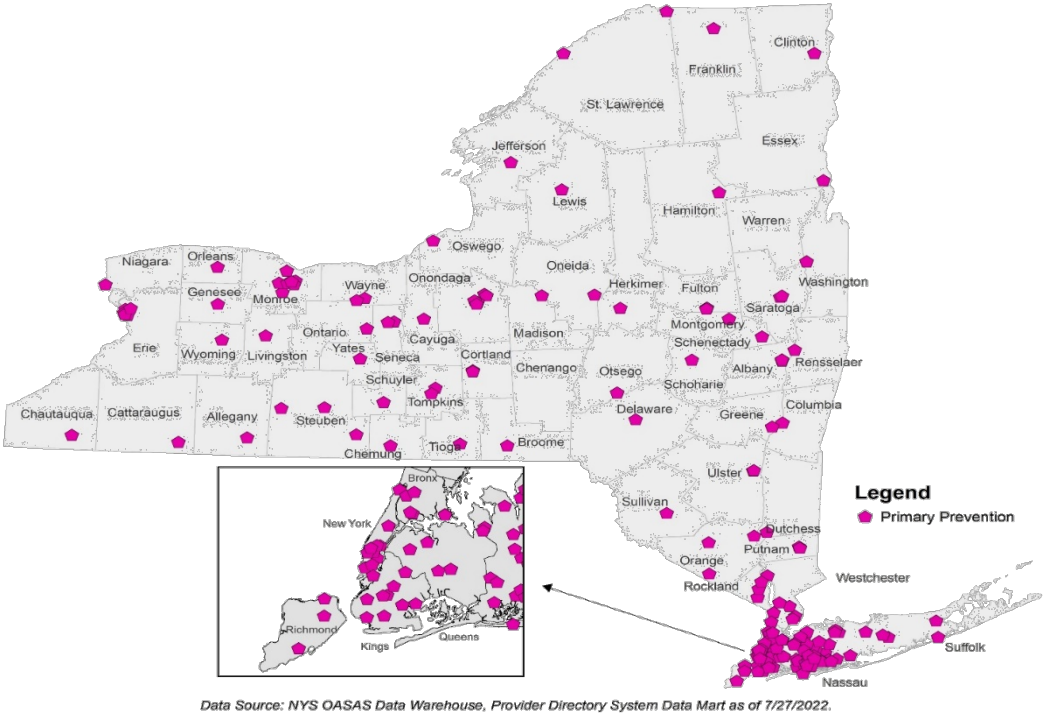


Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

- OASAS-certified sites where medication to treat opioid dependency is administered.
- These medications can include methadone, buprenorphine, and naltrexone. In addition to medications, these facilities also offer counseling and educational services.

Prevention

Network of Prevention Services



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

- OASAS funds 152 prevention providers; 82 upstate and 70 downstate.
  - Community based non-profit organizations; Schools; and Local government agencies
- 183 Community Prevention Coalitions
  - State, federal, county and privately funded
  - Non-funded
- 6 Prevention Resource Centers

Harm Reduction

Harm Reduction

- Framework and practical strategies that reduce harms associated with substance use

- Key harm reduction principles
  - Respect the rights of people who use substances
  - Acknowledgement of a continuum of substance use
  - Provision of non-judgmental low-threshold services
  - Meets people where they are

Extending OASAS' Reach

- Outpatient services outside clinic setting
- Outreach services to underserved population
  - Street outreach
  - Subway outreach
- Homeless Shelter Initiative



Understanding Harm Reduction

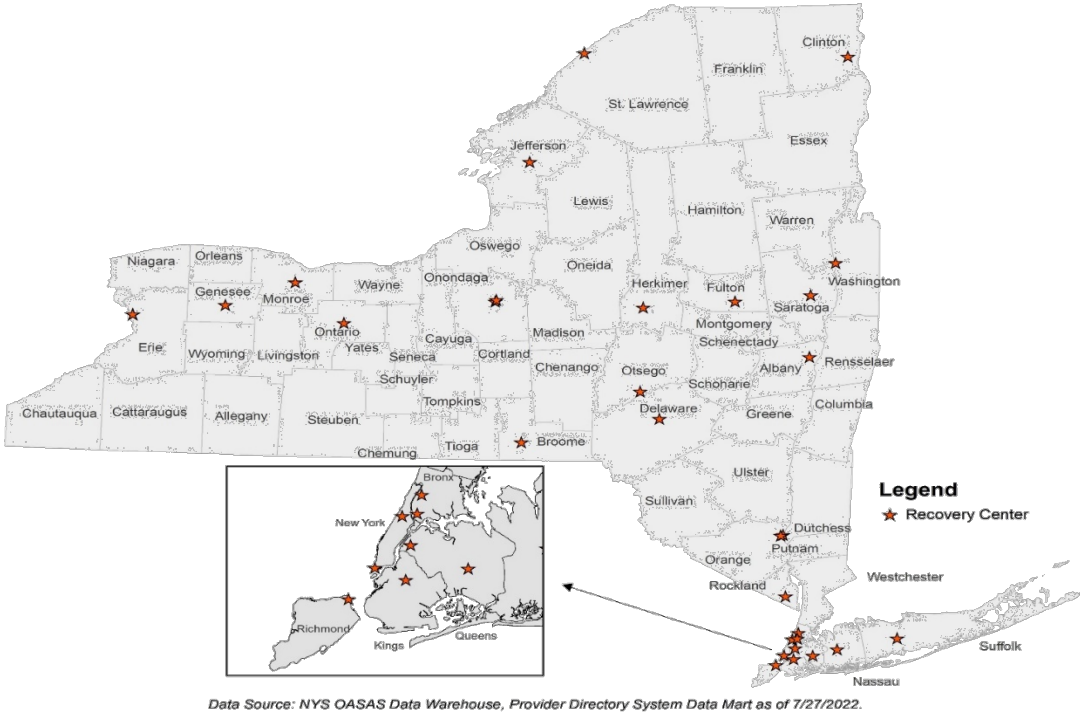
Table 2. Philosophical clashes between the harm reduction and medical models

	Harm reduction model	*Medical model*
Structural philosophy	Inclusive, community decisions, process	Hierarchical chain of command
Institutional legitimacy	New, always becoming, in process; controversial	Established early 20th century; acceptance in mainstream society
Theoretical framework for understanding drug use	Drug, set, setting	Pharmacology/disease model
System design	Low threshold for accessing care	Prescribed procedures for getting care; higher threshold
Provider perspective on approach to care	Actively questioning assumptions, avoiding judgmental stance (fluid)	Expert knowledge (discrete)
Provider role	Provide information, collaborative decision-making	Prescribe treatment; seek "compliance" and "adherence"
User role	Understand options, make choices, small changes, reduce harms	Accept and comply with treatment
Locus of control	User-centered	Physician-centered

Source: Heller D, et. al., Public Health Rep. 2004

Recovery

Recovery Centers

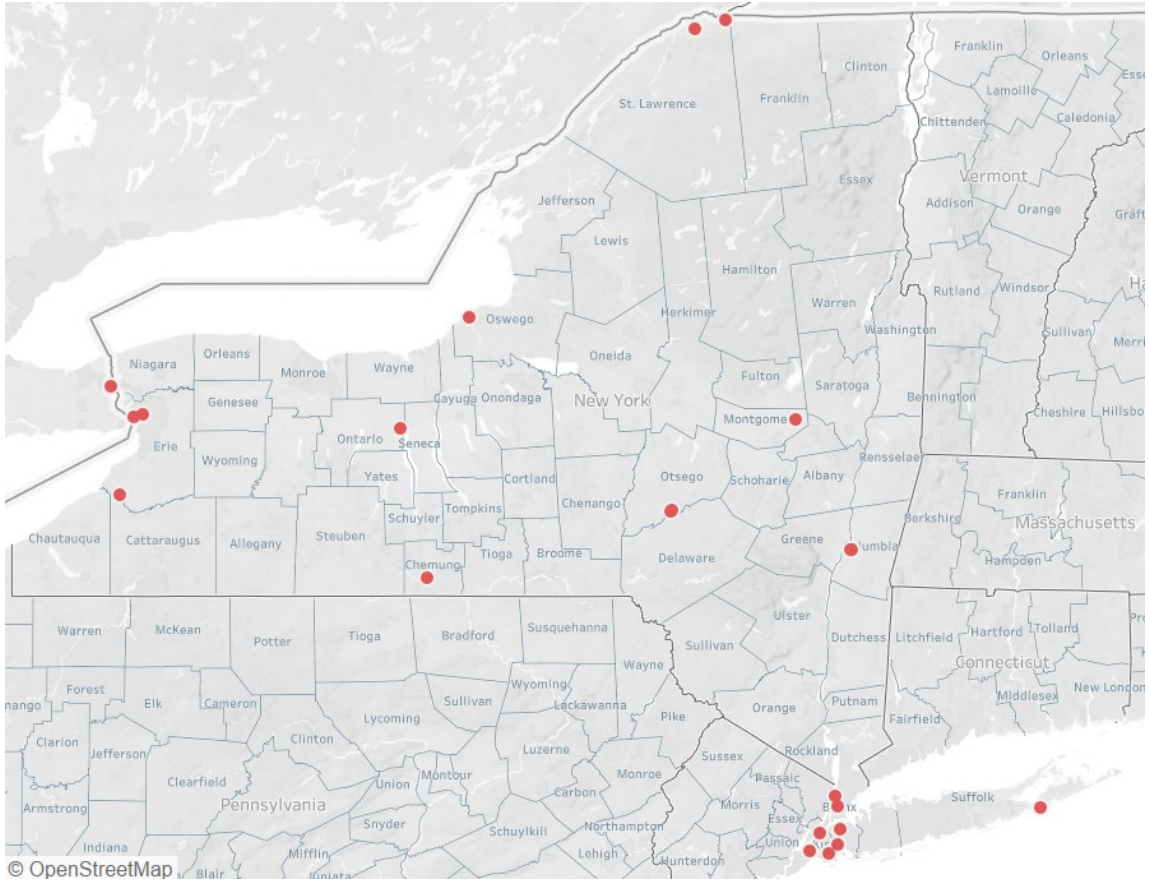


Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

- Promote long-term recovery through skill building, recreation, wellness education, employment readiness, civic restoration opportunities, and other social activities.

- Opportunities for individuals and families to connect with peers who are going through similar challenges so that they can benefit from shared experiences and a commitment to common goals for recovery.

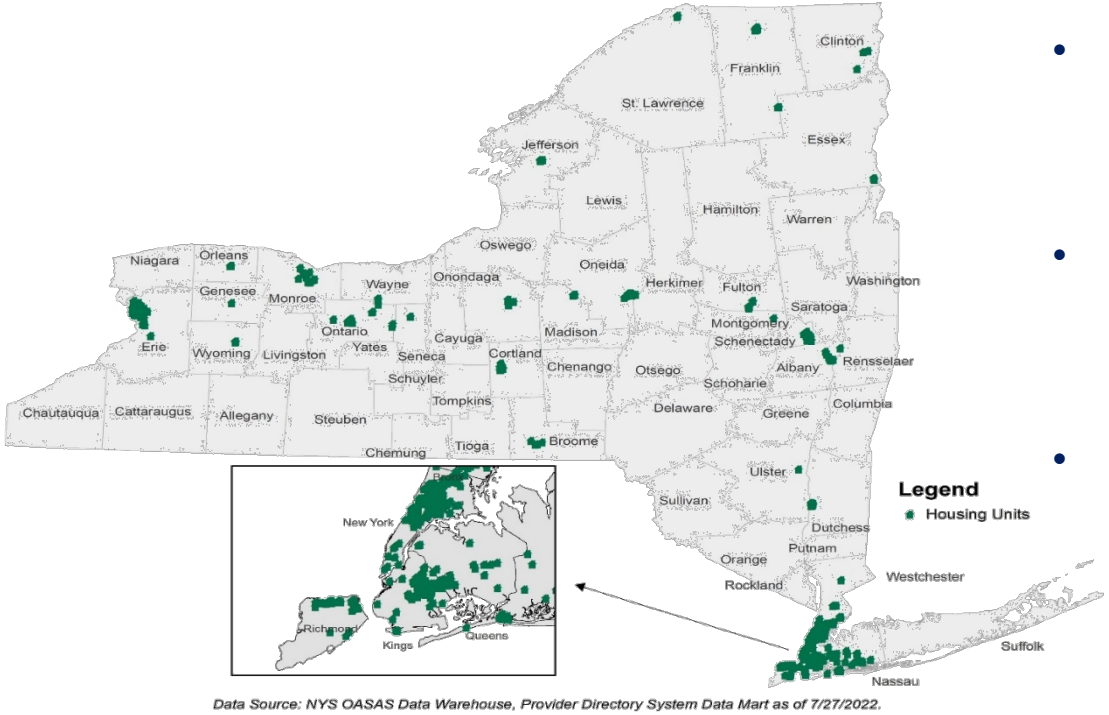
Youth Clubhouses



- Drop-in recovery spaces for youth (ages 12-17) and young adults (ages 18-25) that provide developmentally-appropriate, non-clinical support services
- 22 locations statewide, the first of which were funded in 2015

NEW YORK STATE | Office of Addiction Services and Supports

Housing Supports



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

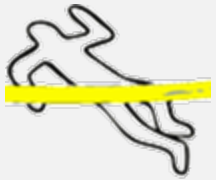
- Manage ~ 2,800 apartment units of Permanent Supportive Housing with total funding of over $30 million.
- Leverage an additional $2.1 million of funding for Case Management services linked to HUD contracted housing.
- Housing in over 50% of NYS counties.

Substance Use and Consequences

New York- Selected Causes of Death 2021

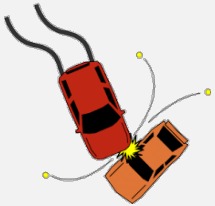


New York State
Number of Deaths by Selected Causes
Calendar Year 2021



918

Homicides[1]



1,068

Motor Vehicle Crashes[2]



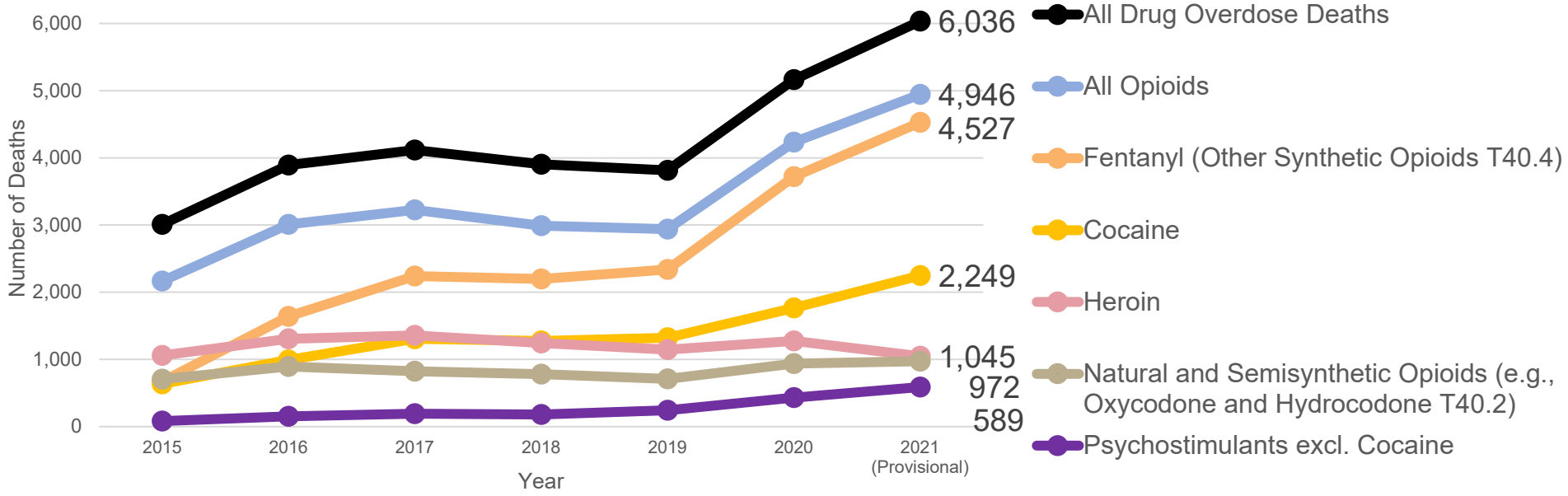
6,036

Drug Overdoses[3]

[1] Provisional Mortality on CDC WONDER Online Database
[2] Institute for Traffic Safety Management and Research (ITSMR) https://www.itsmr.org/sas-guest-portal/
[3] Provisional Mortality on CDC WONDER Online Database

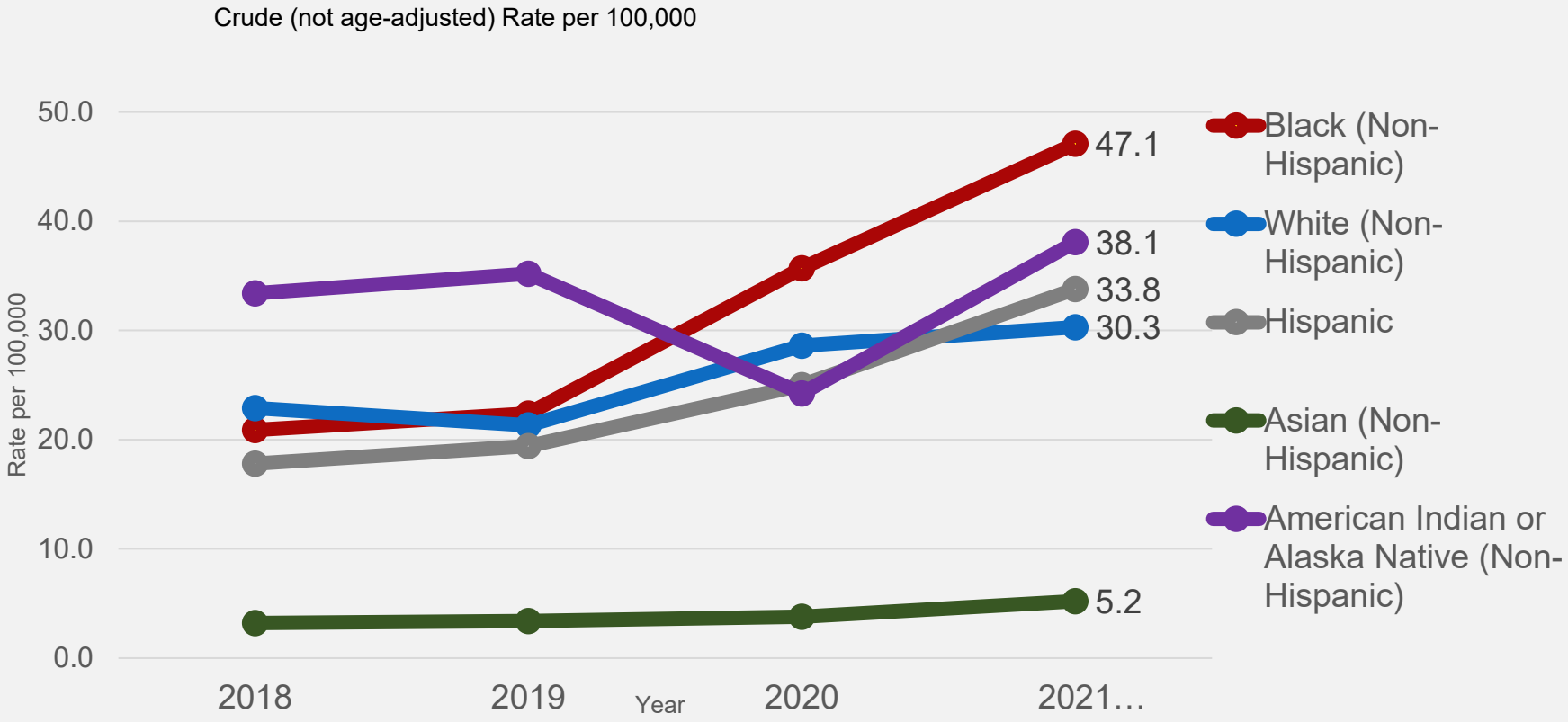
Overdose Deaths* in New York

*Not mutually exclusive (more than one substance can be present at death)



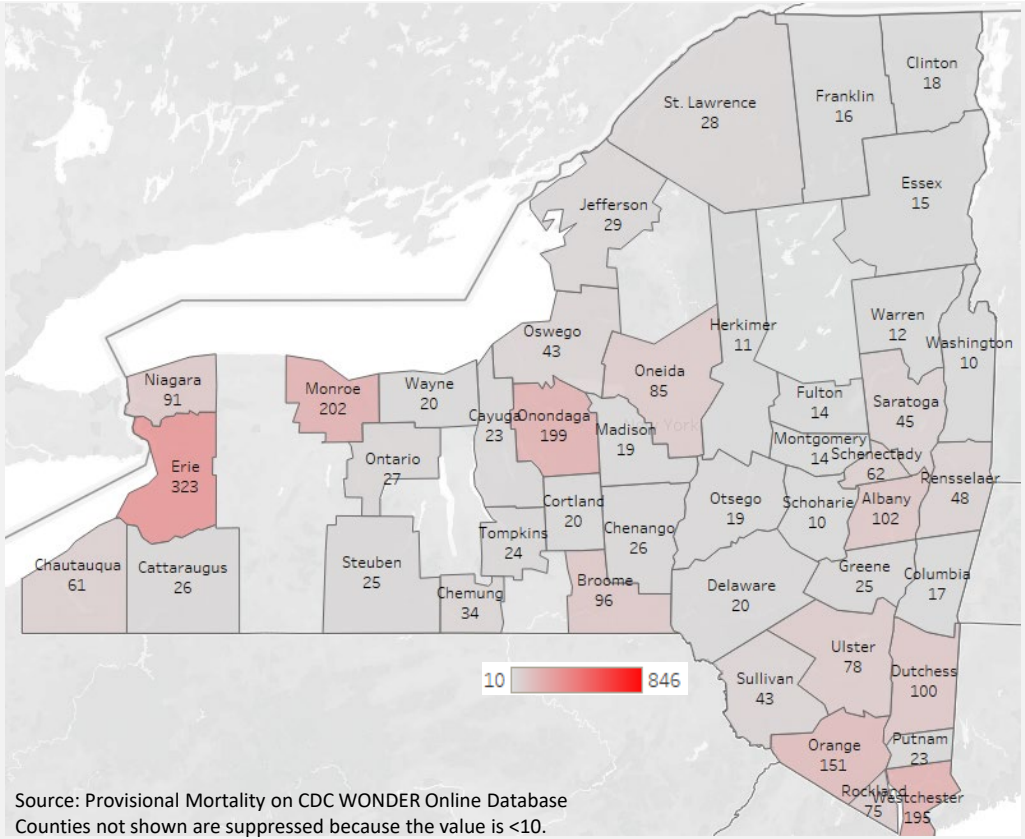
Source: Mortality Data on CDC WONDER Online Database

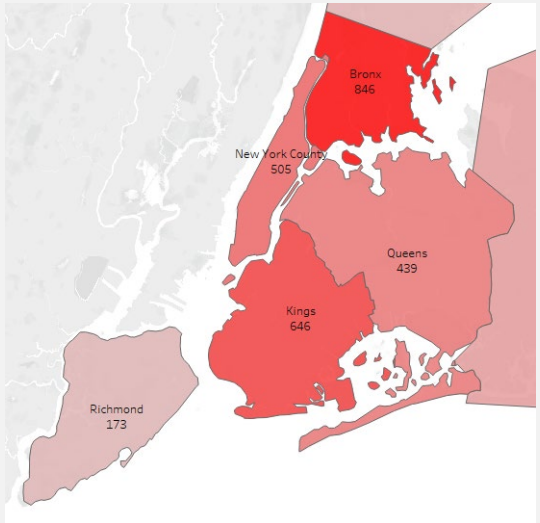
All Overdose Deaths by Race/Ethnicity (Rate)- NY



Source: Provisional Mortality on CDC WONDER Online Database

All Overdose Deaths- NY by County, Provisional 2021 (Number)

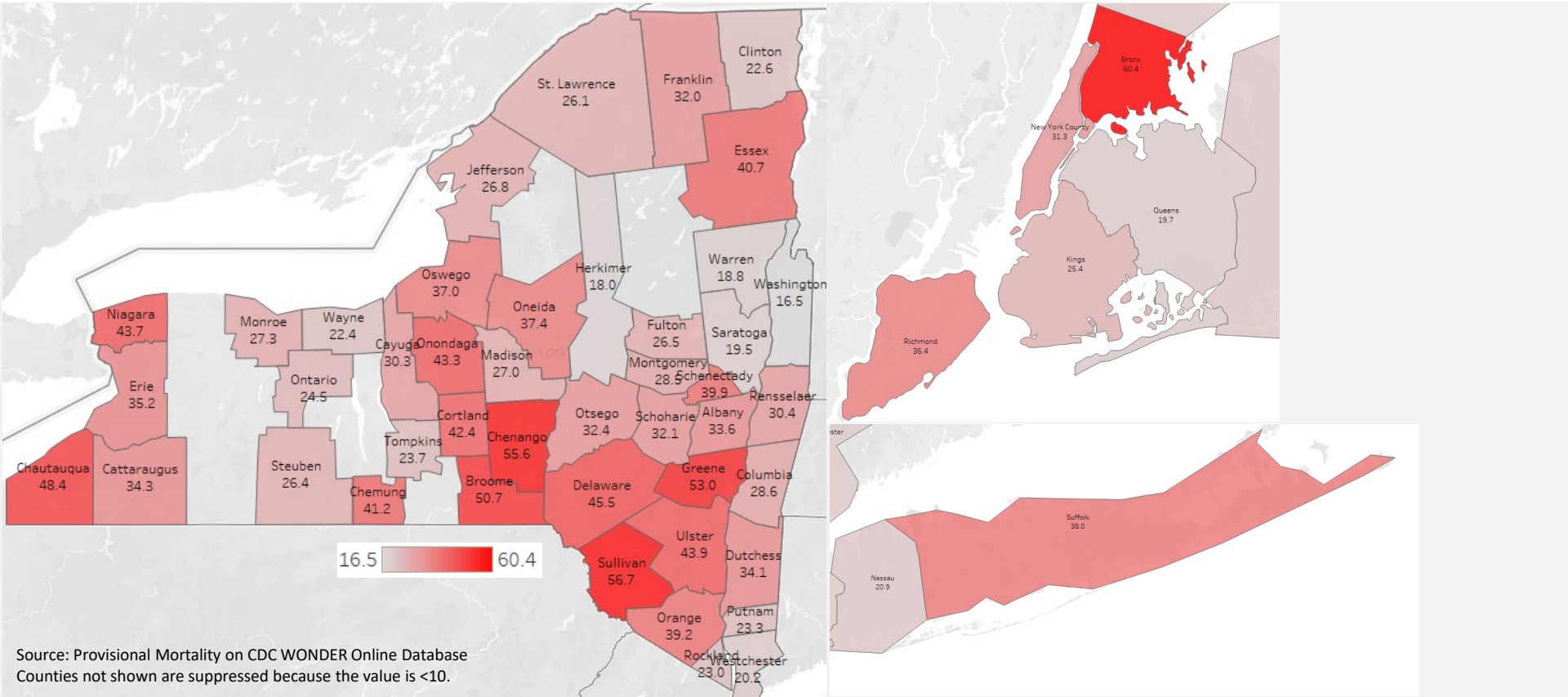






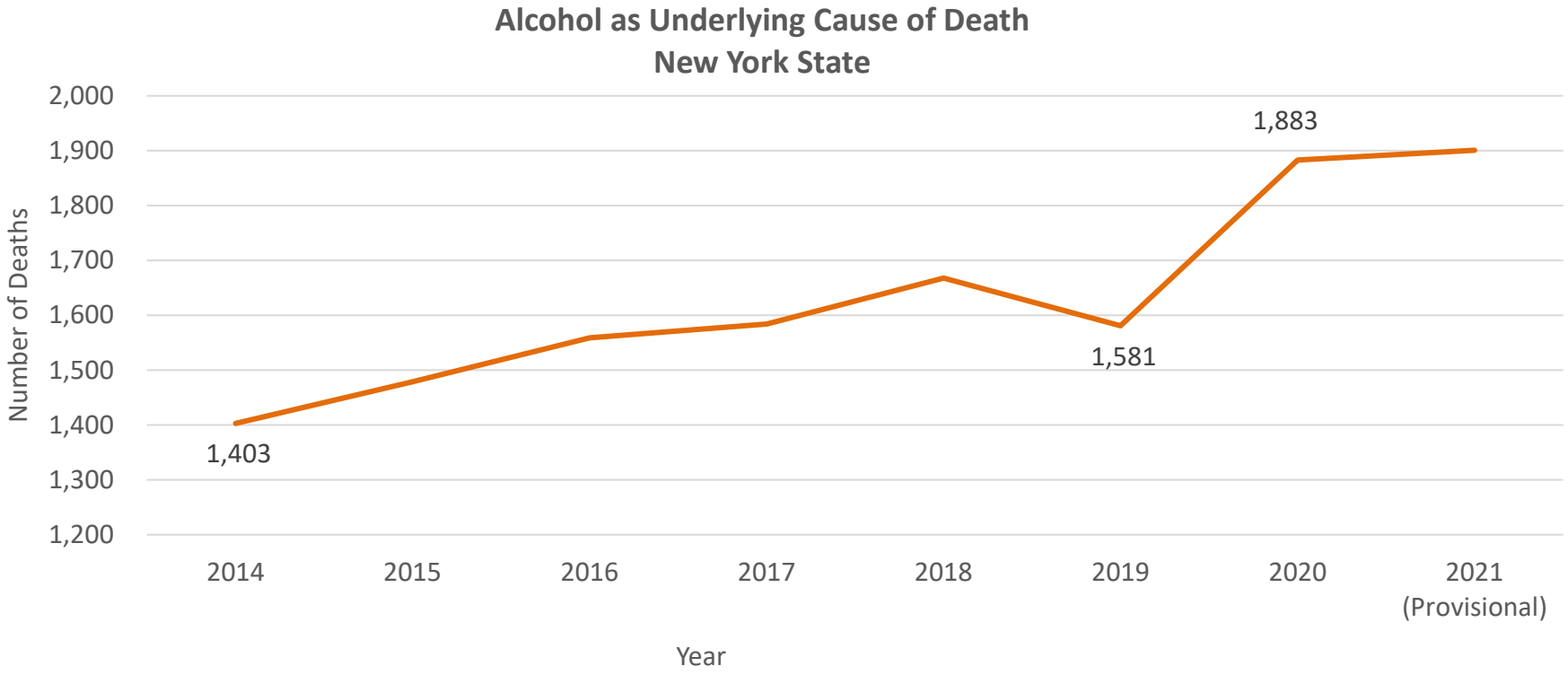
Source: Provisional Mortality on CDC WONDER Online Database
Counties not shown are suppressed because the value is <10.

All Overdose Deaths- NY by County, Provisional 2021 (Rate per 100,000)



Source: Provisional Mortality on CDC WONDER Online Database
Counties not shown are suppressed because the value is <10.

Alcohol Mortality



Racism and Inequities

Depictions of OUD Differ by Race/Ethnicity



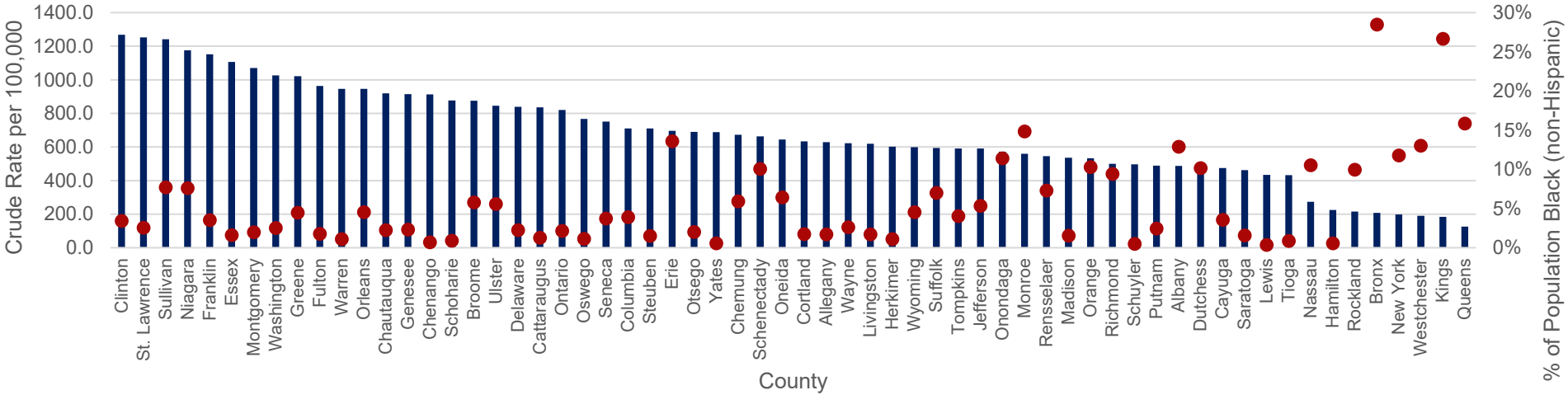


Difference in Narratives

Criminal justice issue	Public health issue
Incarceration	Treatment
Moral failing	Medical condition
War on drugs	Gentler/kinder approach

Rolling Stone 2018; STAT 2016

Patients Receiving Buprenorphine for OUD, 2020



- Patients who received at least one buprenorphine prescription for opioid use disorder, crude rate per 100,000 population, 2020
- % of Population Black (non-Hispanic)

Sources: NYS Prescription Monitoring Program Data as of June 2021; 2020 U.S. Census

The Path Forward

Signs of Progress

- **Criminal Justice Reform**
  - Move to treat instead of incarcerate
  - Treatment, including MAT/MOUD behind the Walls
- **New Focus on Harm Reduction**
  - Innovative Programming to ‘meet people where they are’
  - Federal recognition
- **Legislative Priority**
  - Historic levels of funding - state and federal
  - Legislative initiatives-removing barriers, expanding access

Priorities Moving Forward

- **Data-Driven Approach**
  - Strengthen data, evaluation, research
  - Incorporate evidence-based interventions

- **Harm Reduction**
  - Federal government now funding harm reduction
  - Harm Reduction Division
  - Infusing into existing programs and developing innovative programming

- **Justice, Equity, Diversity, Inclusion (JEDI) Office**
  - Regulations and policies
  - Data elements, collection, and analyses
  - Funding and procurement
  - Composition of advisory committees

Summary

- Highest number of overdose deaths ever
  - Increase in stimulants and Black individuals
- Evidence-based strategies save lives
  - Medication treatment – buprenorphine, methadone, naltrexone
- Harm reduction approach is essential
- Must approach policies and care with an equity lens