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# 2014 Interim Report



NEW YORK STATE  
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES  
*Addiction Services for Prevention, Treatment, Recovery*

## **Chapter 1: Background and Context**

OASAS developed the *2014 Interim Report* in accordance with Section 5.07 of Mental Hygiene Law. Although planning documents are produced and released on regular cycles, as set by Mental Hygiene Law, OASAS views planning as a year-round process that informs policy, budgeting, and the development and delivery of services at the state, local, and provider levels.

OASAS oversees one of the largest addictions service systems in the nation, which includes a full array of services to address prevention, treatment, and recovery. While the OASAS system of care continues to provide quality, individualized services that are responsive to the needs of the community, the agency recognizes the transformational changes that are occurring in the health care system. OASAS simultaneously works to improve agency operations while partnering with other state agencies to address the addiction prevention, treatment, and recovery needs of New Yorkers. This inter-agency collaboration is exemplified in the partnership with the Department of Health (DOH) and Office of Mental Health (OMH) to ensure that appropriate behavioral and physical health care is available to New Yorkers. Through enhanced oversight and monitoring, technical assistance, credentialing, and ensuring provider compliance with regulatory standards, OASAS is providing significant support to the addictions system in this time of transition.

The following principles underlie all agency activities:

- Addiction is a chronic, treatable illness that requires lifelong attention for sustained recovery, similar to diabetes and heart disease. Successful treatment approaches are modeled on person-centered care and include new addiction medications, which combined with behavioral health approaches improve outcomes for patients;
- Prevention and treatment programs are being directed to use evidence-based strategies, which yield measurable results and successful outcomes;
- Recovery is a lifelong process that includes healthy lifestyle choices, housing, employment, and support from a recovery movement.

## **Chapter 2: System Improvement/Transformation**

With the implementation of the Affordable Care Act, Medicaid Redesign, and the integration of behavioral health into the larger health care system, OASAS is working with state and local partners to implement a more coordinated system of care that addresses the behavioral and physical health care needs of individuals with substance use disorders. This collaborative approach among state agencies increases the ability to prevent and treat substance use disorders in our communities. Encouraging the use of evidence-based practices in the prevention and treatment systems is another way that OASAS supports efforts to increase the effectiveness of services. The following are examples of OASAS initiatives to improve and transform the addictions services system.

## **Behavioral Health Services**

OASAS continues to collaborate with DOH and OMH to implement behavioral health managed care in response to the recommendations of the Medicaid Redesign Team's Behavioral Health Subcommittee. To manage this transition, the State is following a two-phase implementation plan.

In Phase 1, OASAS and OMH contracted with Behavioral Health Organizations (BHOs) to manage high cost fee-for-service behavioral health services for individuals with substance use and mental health disorders. BHOs also collected information on the use of inpatient care and patient engagement post discharge. The activities conducted during Phase 1 informed the State on what was needed to make the transition to managed care for these special populations and readied the substance use disorder and mental health service systems for the shift from fee-for-service to a care management environment.

In Phase 2, the State is integrating all behavioral health and physical health services under the management of risk bearing qualified Mainstream Managed Care Plans and Health and Recovery Plans (HARPs). In December 2013, OASAS, OMH, and DOH released a Request for Information (RFI) regarding "New York's Request for Qualifications (RFQ) for Behavioral Health Benefit Administration: Managed Care Organizations and Health and Recovery Plans." The RFI solicited input concerning New York State's draft proposal to manage Medicaid substance use and mental health benefits. Stakeholder feedback helped inform revisions to the final RFQ and guided the State in providing Plan and Provider readiness assistance.

The RFQ, released in March 2014, established qualifications for plans to manage services independently or in partnership with a delegated Behavioral Health management entity. This document also detailed the qualification parameters for HARPs for individuals with higher levels of substance use disorder and mental health treatment and support needs.

Based on the current implementation plan, behavioral health services will be in place:

- April 1, 2015 for Adult Behavioral Health in NYC;
- October 1, 2015 for Adult Behavioral Health in the Rest of State;
- January 1, 2016 for Children's Behavioral Health Statewide.

## **Addressing Heroin and Other Opioid Use**

In June 2014, Governor Cuomo signed legislation designed to combat the growing heroin and opioid epidemic in communities across the State. The legislation includes new programs and insurance reforms to improve treatment options for individuals suffering from heroin and opioid addiction; measures to strengthen penalties and put in place additional tools for law enforcement to crack down on the distribution of illegal drugs; support for enhanced public awareness campaigns to prevent drug abuse; and provisions to ensure the proper and safe use of naloxone.

A multi-agency Opioid Steering Committee, under the leadership of Governor Cuomo's Deputy Secretary for Health with the Deputy Secretaries for Public Safety and Human Services, has been

overseeing the planning and implementation of the range of heroin and prescription drug abuse initiative activities authorized in the legislation. The Opioid Steering Committee workgroups are addressing the following:

- Naloxone (Narcan) training and access;
- Data and metrics;
- Prevention/treatment/education;
- Public safety/enforcement.

OASAS coordinates the prevention/treatment/education workgroup. As part of implementing the Heroin/Opioid prevention agenda, OASAS developed a multifaceted media campaign targeting youth, parents, healthcare providers, and the general public. OASAS held listening forums to ensure that the message was developed with input from parents who have lost children due to an overdose, young people in recovery, college students, families not affected by substance use disorders, and prevention and treatment providers. In addition to television, radio and social media, this campaign includes a new website that is easy to navigate and contains information about the warning signs of heroin addiction, a listing of treatment providers, prevention guidance for parents about talking to their children and information for viewers who want to get involved in the community. The site also contains resources for healthcare professionals.

OASAS' prevention and treatment network will utilize all of the tools developed for community outreach to raise awareness. The agency is working collaboratively with SUNY and CUNY to train and educate college personnel to administer the anti-overdose medication, Naloxone. Through collaboration with the State Education Department, OASAS is providing resources to update the statewide health curriculum used in schools.

To address safe prescription disposal, OASAS collaborated with DOH, Department of Environmental Conservation, and New York State Police in the National Prescription Drug Take Back Day. This program allows people to safely dispose of unwanted or unused prescription drugs at local community drop-off sites. During the April and October 2013 Drug Take Back days, New York collected 48.5 tons of unused or expired prescription medications from 293 collection sites, which were then disposed of safely.

OASAS has treatment capacity available to serve individuals addicted to heroin or prescription opioids. There are 70 crisis, 61 inpatient, 110 opioid treatment, 486 outpatient, and 235 intensive residential treatment programs. These programs serve nearly 97,000 individuals on any given day. To ensure the treatment system has sufficient residential treatment capacity, in 2013, OASAS approved the development of two new 25 bed facilities, one on Long Island and the second in Western New York, to serve 18-24 year-olds in particular.

OASAS mandated by regulation that all Medical Directors in its treatment system must be authorized to prescribe buprenorphine. Buprenorphine is an appropriate medication assisted treatment for some individuals who are dependent on opioids, such as heroin and prescription drugs. Physicians must have a federal waiver to prescribe buprenorphine for the treatment of opioid addiction. Statewide, there are 1,713 physicians and 110 opioid treatment programs with the federal waiver to prescribe buprenorphine.

## **Opioid Overdose Reversals**

New York State continues to experience significant levels of opioid use, which increases the chances of accidental overdose. To address this problem, the New York State Overdose Prevention Program was established by legislation in 2006. The initiative is funded through DOH's AIDS Institute and provides training in the use of Narcan, an opioid reversal treatment, and free overdose prevention kits. Narcan can reverse the effects of an opioid overdose and save lives. Between July 1, 2013 and June 30, 2014, DOH, the AIDS Institute, and OASAS provided overdose prevention training to over 2,800 individuals, including clinical staff, patients, families, police, sheriffs, physicians, school nurses, and EMTs.

A statewide training effort on administering Narcan sponsored by OASAS, DOH, and the Division of Criminal Justice Services (DCJS) began in April 2014. The goal is to train over 5,000 first responding police officers outside of New York City in the use of Narcan by the end of the year. The New York City Police Department is training every patrol officer in the use of Narcan.

OASAS increased the number of treatment programs that provide Narcan training to patients and members of the community. OASAS state-operated Addiction Treatment Centers (ATCs) provide monthly opioid overdose prevention trainings for patients and family members. On August 31, 2013, all ATCs held public training opportunities to mark International Overdose Prevention Day. Approximately 100 program staff and members of the community learned this life-saving technique as a result of the ATC training sessions on that date. During the past year, ATCs have trained nearly 3,000 of their patients.

## **Screening, Brief Intervention and Referral to Treatment**

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identify risky alcohol and substance use and reduce dependence. Identifying patients who use alcohol and drugs at high risk levels and then offering a brief intervention or treatment can help prevent or mitigate health consequences, disease, accidents, and injuries.

OASAS received grant funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to support two SBIRT projects. Under the first project, SBIRT was incorporated into seven New York City Sexually Transmitted Disease (STD) clinics and two hospital emergency departments in Jefferson County. Services provided included 76,556 pre-screens, 16,408 full screens, 10,873 brief interventions, and 986 referrals to extended brief intervention or specialty substance use disorder treatment.

Based on the success of this project, SAMHSA awarded New York State a five-year, \$10 million SBIRT Cooperative Agreement to serve individuals on Long Island and Staten Island who were affected by Hurricane Sandy through a partnership among OASAS, the National Center on Addiction and Substance Abuse at Columbia University (CASA Columbia), and the North Shore-Long Island Jewish Hospital System.

In 2012, the Center for Substance Abuse Treatment (CSAT) approved technical assistance for OASAS to develop a plan to implement SBIRT in school-based health centers. The SBIRT demonstration project was designed for identification and intervention with youth at risk for substance abuse and carried out in collaboration with Basset Healthcare Network in the Cooperstown area, Rochester General Health System, and the University of Rochester. By the end of March 2014, 160 youth had received services

### **Strategic Prevention Framework State Incentive Grant (SPF SIG)**

Eleven communities are building a sustainable prevention infrastructure and implementing the federal Strategic Prevention Framework (SPF) (<http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf>) with support from Center for Substance Abuse Prevention (CSAP) grants. Community coalitions have implemented evidence-based environmental strategies to change the attitudes, behaviors, and norms surrounding underage drinking in a community. For example, coalitions provided responsible beverage server training to groups that apply for permits to sell alcohol at an event. In addition, as a result of this grant, two of the coalitions were instrumental in getting Social Host ordinances passed in Sullivan and Seneca counties.

## **Chapter 3: System Monitoring and Support**

OASAS funds, certifies, and regulates chemical dependence treatment, prevention, recovery, and gambling services. Statewide, OASAS certifies, inspects, and monitors over 900 chemical dependence treatment programs. OASAS is also providing technical assistance and support to enable treatment providers to successfully transition to a managed and integrated care environment.

### **Enhanced Oversight and Monitoring**

OASAS' Enhanced Oversight and Monitoring Initiative continues to improve programmatic and fiscal accountability, as well as proactively oversee patient quality of care.

Utilizing a risk assessment process, OASAS tracks a variety of factors (e.g., patient complaints, patient death reports, incident reports, client- and program-level data, chronic compliance concerns) to determine “early warning” signs for programs and/or program categories that may require more focused follow-up. Interdisciplinary *Focused Review Teams* mobilize quickly and conduct unannounced visits to ensure that providers are operating in a manner that is safe for patients and adheres to key policy, procedure, and personnel requirements. Based on the nature of the findings, the Enhanced Oversight Team (EOT) recommends a variety of remedial actions in consultation with the Commissioner. These have included: ceasing admissions; operating certificate revocation; issuance of conditional operating certificates; directed immediate corrective action with intensive reporting and confirmation; fines for significant regulatory violations; and referral or coordination with other control agencies. As a result, providers have taken swift and decisive action to address violations and improve the quality of patient care.

## **Technical Assistance**

Programs who get a minimal or noncompliant rating as a result of an OASAS recertification review receive a Conditional Operating Certificate renewal, and risk penalties and/or license revocation if improvements are not made. These programs are eligible to receive technical assistance from OASAS. The vast majority of programs that receive technical assistance services are able to demonstrate sufficient improvement to be recertified.

OASAS is realigning the focus of its technical assistance efforts. While regulatory compliance will remain essential for programs, it is equally important that each program evaluate its clinical and business practices in order to thrive in the new managed and integrated service delivery system. The new Provider Assistance function will focus on helping the treatment system adapt to the rapidly changing environment, re-think service delivery, align with the new service networks, adapt to managed care, and assess business and clinical practices for success.

## **Compliance Rating for Outpatient Programs**

Treatment programs continue to manage the implementation of the Part 822 regulations (822-4 outpatient and 822-5 opioid treatment programs), which integrate outpatient clinic and opioid treatment services. OASAS assesses providers' progress in adapting to this single outpatient regulatory structure through recertification reviews. As of December 31, 2013, 87% of outpatient and 89% of opioid treatment programs achieved substantial or partial compliance with the Part 822 regulations.

## **Focus on Integrated Treatment**

To improve the competencies of SUD and Mental Health practitioners in treating co-occurring disorders, OASAS and OMH jointly developed an *Integrated Mental Health and Addiction Treatment Training Certificate* in conjunction with the developers of the Focus on Integrated Treatment (FIT) curriculum, Center for Practice Innovations (CPI). Practitioners completing all 35 of the basic, intermediate, and advanced competency modules online receive this certificate. To date, 328 certificates have been issued to staff in either OASAS or dually certified OASAS/OMH programs.

## **Comprehensive Emergency Management Plan**

OASAS and its network of treatment programs must be prepared for a wide variety of emergencies, including natural disasters. Hurricane Sandy served as a reminder that programs need to be prepared to deal with power outages, closings, displaced patients, and other consequences of an emergency. The federal disaster response area for Hurricane Sandy included New York City, Long Island, and the surrounding communities, which comprise more than two-thirds of OASAS' treatment programs. More than 24,000 New Yorkers in 112 programs had their substance abuse treatment interrupted by this storm. Power outages and other factors rendered 104 of the 112 programs inoperable for days. The remaining eight programs suffered significant damage and were closed for a period of several weeks to a few months. Although OASAS and the affected treatment programs responded well to the adverse effects of the storm,

the agency revised, updated, and tested the Comprehensive Emergency Management Plan for the Addiction System, which applies to all OASAS facilities and its network of not-for-profit programs.

OASAS established new agreements with State agencies to better respond to and support programs and patients in the wake of a disaster. OASAS is part of the Disaster Preparedness Commission and works closely with the State Emergency Management Office and the State Emergency Operations Center. In addition, OASAS is participating in the e-FINDS patient tracking system and coordinating with local governments to develop emergency preparedness protocols. A training concept plan is being developed to further improve emergency management and response.