



NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery
Andrew M. Cuomo, Governor Arlene González-Sánchez, Commissioner

OASAS Communicator

Dear Friends,

On behalf of Governor Cuomo, I want to wish you all a healthy and happy 2013. Last year was an extraordinary year faced with new opportunities and challenges for our field. I want to express my sincerest appreciation and gratitude to all our staff, providers, state legislators, and community organizations who support and assist us in providing the best quality of integrated care to all New Yorkers. I look forward to working with all of you in the New Year.

Sincerely,

Arlene González-Sánchez
OASAS Commissioner



Governor
Andrew M. Cuomo



Commissioner Arlene
González-Sánchez

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Commissioner Sánchez Receives U.S. Congressional Award

On December 8, 2012, Commissioner González-Sánchez was honored with the US Congressional Award by Congressman Edolphus Towns at the *Concerned Women of Brooklyn, Inc.'s 33rd Annual Recognition Celebration* in Ridgewood, New York. The event marked 33 years of women of varied backgrounds coming together to look at issues facing families throughout the New York City community.



This year's honorees were people who exemplified a positive attitude despite their dire circumstances. They are "overcomers" who have achieved against the odds, not only for themselves but for their families, friends and extended communities. The Commissioner stated "I am

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OASAS Mission:
*To improve the lives
of all New Yorkers
by leading a premier
system of Prevention,
Treatment, Recovery.*

extremely proud to be chosen as one of the individuals to receive this recognition and to share the podium with the other honorees representing the health, education



and religion fields." She acknowledged and thanked our partners in the field of addiction who were present for their encouragement and for ensuring that all New Yorkers receive the gold standard of care in prevention, treatment and recovery.

Congressman Towns had a summary of the Commissioner's biography entered into the Congressional Record on November 15, 2012. To view the [Congressional Record](#) for Commissioner González-Sánchez biography, visit *The Library of Congress* [website](#).

Governor Cuomo Announces Appointments to Commissions to Improve New York State's Emergency Preparedness and Response Capabilities

Governor Andrew M. Cuomo recently announced appointments to three commissions - NYS 2100, NYS Respond, and NYS Ready - charged with undertaking a comprehensive review and making specific recommendations to overhaul and improve New York State's emergency preparedness and response capabilities, as well as examining how to improve the strength and resilience of the state's infrastructure to better withstand major weather incidents.

We would like to congratulate Tino Hernandez, President & Chief Executive Officer of Samaritan Village, Inc., an OASAS provider who was appointed to the Governor's newly created NYS Respond Commission.

Mr. Hernandez, who was appointed President and Chief Executive Officer of Samaritan Village, Inc. in 2008, is responsible for the administration of one of the largest non-profit providers of community-based substance abuse treatment services in New York State. He leads Samaritan's efforts to deliver quality services to underserved populations including addicted men and women, clients with co-occurring mental health disorders, veterans suffering from Post Traumatic Stress disorders and offenders.

To read the full [press release](#), visit the Governor's website.

Governor's Advisory Council Meeting

On December 5, 2012, the Governor's Advisory Council on Alcoholism

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program area experts.

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*Thanks to everyone for their
contributions to this
newsletter.*

If you would like to submit

and Substance Abuse Services met via video-conference at the OASAS offices in Albany and New York City. The Council meets on a quarterly basis and is charged with assisting the OASAS Commissioner in the establishment of statewide goals and objectives; reviewing applications of incorporation; reviewing authorizations for the establishment or construction of a facility; making recommendations regarding the enhancement of services; and reviewing all proposed rules and regulations. During this, the final meeting of the Council for 2012, Executive Deputy Commissioner Sean M. Byrne presented the OASAS Report which provided updates related to Super Storm Sandy and the Justice Center. Other topics discussed included: Veterans Services, Vocational Rehabilitation Services and the OASAS 2012 Dashboard. The Council will meet again in February for the first session of 2013.

Executive Deputy Commissioner Sean M. Byrne Provides Remarks at NYU Silver School of Social Work Conference

On December 5, 2012, OASAS Executive Deputy Commissioner Sean M. Byrne provided remarks on behalf of Commissioner Arlene González-Sánchez at the "*Preparing for a Changing Primary and Behavioral Healthcare System: Cultivating Knowledge and Skills to Meet the Challenge*" Conference held in New York City at the NYU Silver School of Social Work. The conference was attended by social workers; professional and peer counselors; educators; researchers; professional staff; and agency, organization and policy leaders. It provided the participants the opportunity to increase the awareness of the challenges and opportunities associated with creating an integrated system of care that has implications for workforce development; the engagement and involvement of peers and family members; the use of information and data to promote quality and business efficiencies; the adoption of evidence-based practices; and the changing roles of primary and behavioral healthcare providers.

As part of the opening panel, Executive Deputy Commissioner Byrne presented alongside Adam Karpati, Executive Deputy Commissioner of the New York City Department of Health and Mental Hygiene and Robert Myers, Senior Deputy Commissioner from the New York State Office of Mental Health. During his presentation, he covered topics on Care Management for All versus Fee-for-Services; Behavioral Health Organizations (BHOs); Health Homes; and Innovative Prevention, Intervention, and Treatment, Recovery strategies on the horizon; just to name a few.

This all-day conference included numerous presenters and panelists who discussed the challenges and opportunities associated with: creating an integrated system of care that has implications for workforce development; the engagement and involvement of peers and family members; the use of information and data to promote quality and business efficiencies; the adoption of evidence-based practices, and the

an article or have a story idea for an upcoming newsletter issue, please send them to:

Communicator@oasas.ny.gov

changing roles of primary and behavioral healthcare providers.

Statewide Medicaid Redesign Team (MRT) Permanent Supportive Housing (PSH) Initiative

OASAS has released an RFP for \$4.0 million that will support at least 280 units of permanent supportive housing targeted for individuals with addiction problems who are high frequency, high cost Medicaid consumers in New York State. This initiative is a result of the Medicaid Re-Design Team's mission to recommend changes that would reduce the dramatic growth in Medicaid spending in New York while maintaining or improving health outcomes for Medicaid beneficiaries. The Medicaid Re-Design Team identified increasing the availability of affordable and supportive housing for high-need Medicaid beneficiaries who are homeless, precariously housed or living in institutional settings as a significant opportunity for reducing Medicaid cost growth.

Eligible applicants: OASAS-certified voluntary agencies that operate OASAS-certified chemical dependence outpatient and/or residential services, as well as providers who operate programs under Part 816, Part 818, and Part 822-5 in New York State and who demonstrate successful experience in: (1) working with high frequency, high cost Medicaid consumers, and (2) managing permanent supportive housing programs.

Closing Date for Submission of Questions: 12:00 p.m. on December 26, 2012.

Bidders Conference:

- December 27, 2012 from 11:00 AM to 1:00 PM at OASAS' offices at 1450 Western Avenue, Albany, NY 12203, in the 4th Floor Conference Room. Attendance is not mandatory.
- December 28, 2012 from 11:00 AM to 1:00 PM at OASAS' offices at 501 Seventh Avenue, New York, NY 10018, in the 8th Floor Conference Room. Attendance is not mandatory.

Application Deadline: 5:00 p.m. on January 30, 2013. For more information, visit the OASAS [website](#).

O-STARS

The OASAS mission is to improve the lives of all New Yorkers by leading a premier system of addiction services through prevention, treatment and recovery. If you know an exceptional individual who works or volunteers in the field of addictions and consistently performs at an outstanding level and makes a difference in the lives of New Yorkers, we want to hear from you. For consideration as an O-STAR, please e-mail no more than two to three short paragraphs about the individual with a picture (in .jpg format) along with your contact information to communicator@oasas.ny.gov. Self nominations are also accepted.

There are days when we work alongside of our colleagues and we call ourselves "a team". Then there are days when we as a team are tested and we know we are a "real team!" This is the situation that occurred at South Beach ATC when Hurricane Sandy came barreling through on October 29, 2012.

Under the direction of the OASAS Executive Team and with cooperation from OMH, the decision was made to evacuate the facility just minutes before Mayor Bloomberg announced a mandatory



South Beach ATC Staff

evacuation for people in the South Beach area of Staten Island. The South Beach staff, lead by Beth Carlson, evacuated 26 patients to Kingsboro Psychiatric Center on Sunday October 28 in preparation for the potential impact of Hurricane Sandy. Three of our South Beach staff - Peter Pappakostal, RN; and Renata Ziskin, RN; and Tara Ferraioli, SW; remained at the evacuation site with our patients, throughout the entire evacuation.

Hurricane Sandy was everything the National Weather Center said she could be. South Beach Psychiatric Center was uninhabitable as a result of the damage to the facility and grounds. Our patients were safe however, several of our South Beach staff experienced personal losses to their vehicles, homes, friends and families.

Once the storm passed and we realized returning to the South Beach facility would not be possible until repairs could be made, South Beach staff safely transferred 22 patients to other downstate ATCs on October 31. We thank our colleagues at Kingsboro, C. K. Post, Bronx and Creedmoor, for going the extra mile to work with our patients who needed to be triaged out.

Hurricane Sandy made much of Staten Island uninhabitable. All the coastal areas suffered severe flooding. Much of the rest of Staten Island was damaged by wind. Power was out, bridges were closed and mass transit was suspended. The Ferry did not run for days. Lines for gas were four hours long and often became violent, requiring police presence.

Fortunately, all our staff survived the storm. Some of them lost friends and neighbors. Two staff lost their cars during the storm and several

people had some home and roof damage. However, our hearts go out to Leslie Granowski who unfortunately, lost everything she owned due to the flooding.

South Beach staff who were able to report to work, accepted a temporary assignments at other ATCs near their homes. Administrative staff returned to the facility on November 12 to complete necessary tasks and prepare for the re-opening of the facility. The remainder of the staff had the option of returning on November 19. Many staff took advantage of working with the Crisis Response Team to debrief, address personal issues and the trauma that occurred as a result of the storm's tremendous impact. During this challenging time, staff were visited by OASAS Commissioner Arlene Sanchez-Gonzalez and OASAS Associate Commissioner Steve Hanson to encourage and support their recovery efforts.

On November 26, staff began to admit patients again and South Beach ATC is up and running again. Not only did South Beach staff survive the storm, but they became a stronger and more connected team at South Beach ATC! All members of the staff are to be commended on a job well done and for their dedication to providing exemplary services!

A special thanks and sincere gratitude to Kingsboro Psychiatric Center staff and to our sister ATC staff at CK Post, Creedmoor and the Bronx for their collaborative, dedication and support to provide and ensure uninterrupted services to South Beach clients.

OASAS Medical Corner

Dr. Steven Kipnis, OASAS Medical Director

The OASAS Medical Corner is an ongoing part of each edition of the Communicator newsletter. It is intended to provide timely information regarding educational events, new research and/or updates that can lead to better performance by the field. Addiction Medicine is a dynamic and relatively new specialty and this column will help to filter some of this information.

Change in Buprenorphine Rules

SAMHSA issued a Federal rule to allow patients being treated through an Opioid Treatment Program (OTP) to receive take-home supplies of Buprenorphine from an OTP in a more flexible manner. The regulation takes effect on January 7, 2013.

- Under the rule change, OTPs will be permitted to dispense Buprenorphine to eligible patients without having to adhere to previous length of time in treatment requirements. Currently, OTPs require a person to be in treatment a certain amount of time before being given a multiple days' supply of medicine to take home.

- The change in the rule will not affect requirements for dispensing methadone-the other opioid agonist treatment medication used by OTPs. SAMHSA based the change in the restrictions for dispensing Buprenorphine on several factors. These include differences in the abuse potential between methadone and Buprenorphine, as well as the actual abuse and mortality rates (Buprenorphine is lower in each instance).

New Interim CDC Guidelines for Vaccine Storage and Handling

With the goal of improving the way providers store and handle vaccines nationwide, several important changes have been made to previous recommendations issued by CDC, including:

1. Use of a biosafe glycol-encased probe or a similar temperature buffered probe rather than measurement of ambient air temperatures, and;
2. Use of digital data loggers with detachable probes that record and store temperature information at frequent programmable intervals for 24 hour temperature monitoring rather than non-continuous temperature monitoring, and;
3. Use of stand-alone refrigerator and stand-alone freezer units suitable for vaccine storage rather than combination (refrigerator+freezer) or other units not designed for storing fragile biologics, such as vaccines, and;
4. Discontinuing use of dorm-style or bar-style refrigerator/freezers for ANY vaccine storage, even temporary storage, and;
5. Weekly review of vaccine expiration dates and rotation of vaccine stock.

OASAS ATC Spotlight

[South Beach ATC \(SBATC\)](#) is located on the campus of South Beach



Psychiatric Center (SBPC) in the South Beach section of Staten Island, New York. SBATC is a tobacco free 30-bed in-patient addiction treatment program that is licensed and operated by the New York State Office of Alcohol and Substance Abuse Services (OASAS).

SBATC became operational on January 2, 1975. We currently serve the residents of western Brooklyn, Staten Island and Manhattan. As part of the state's safety net system, SBATC is expected to serve New York's most difficult and under treated population. While SBATC specializes in treating addictive disorders, on admission their patients in nearly all cases report significant additional concerns such as:

- 73 percent of our patients report previous treatment for psychiatric illness;
- 76 percent require treatment for medical problems;
- 95 percent are unemployed;
- 63 percent report no source of income;
- 94 percent have a prior treatment history for addictive disorders;
- 22 percent report current criminal justice involvement;
- 45 percent of our patients are parents; 91 percent of those that are parents do not live with their children; and
- 60 percent are homeless at the time of admission.

SBATC program is patient-centered and is structured on a variable length model; individual treatment goals determine the actual length of a client's stay. The multidisciplinary staff consists of 25.5 extraordinarily dedicated men and women who, on a consistent basis, go above and beyond to serve our population. SBATC has faced major challenges (apart from everyday programmatic issues) in the past year. In June, SBATC was advised that they needed to relocate the entire facility from Building 1 to Building 3 - and they had to do so by the end of August. Just as we had unpacked, Hurricane Sandy forced the evacuation of our facility for the month of November. SBATC began re-admitting patients on November 26. All staff involved handled these challenges with grace and professionalism.

SBATC has specialized programs for patients with co-occurring disorders and gender specific groups. While, they have always had a very successful Women's program, their new quarters, has enabled them to make their woman's program separate and distinct from the men's program. SBATC also offers onsite HIV testing and Hepatitis vaccination and are in the process of becoming certified to train their patients, their families and their staff for overdose reversal.

Since SBATC is such a small facility, their staff is like a family. It is not unusual for staff members to join in when the patients play Taboo or when they have Karaoke on Friday afternoons. SBATC has also discovered that music is a great stress reliever. No team meeting goes by without some singing (and occasionally dancing); however, they have a multi-disciplinary treatment team dedicated to providing quality care and assisting their patients in meeting their recovery goals.

Patient Advocacy FAQs

Mike Yorio, Patient Advocacy Supervisor

The Patient Advocacy FAQs will be included in each edition of the newsletter. In addition to addressing patient complaints, OASAS Patient Advocacy advises provider staff on matters related to patient rights and treatment standards. For immediate assistance, patients may call 1-800-553-5790 and staff may call 646-728-4520. Here is a sample of questions addressed by PA recently.

L.G. called: "As director of admissions at a Methadone program, I often interview applicants who are addicted to prescribed medicines for long-term pain management. Some of these applicants believe Methadone is a better pain-management medicine. Others believe that Methadone can be taken in addition to their pain-management medicine. And still others want to stop taking all medicines eventually and believe Methadone is the best short-term treatment to achieve a drug-free and pain-free condition. Should I admit pain-management applicants to my Methadone program?"

Dear L.G.: "The short answer is 'no,' you should not admit to your Methadone program an applicant who is currently being treated for long-term pain management. And the reason is simple: the two treatments are different. The focus of pain management is to control intractable pain so that a person can continue their lifestyle, while the focus of Methadone treatment is to control narcotic addiction so that a person can change their lifestyle. Confusion often stems from the fact that Methadone is an effective medicine for both. However, the way Methadone works for each condition is very different. For chronic intractable pain, pain-management specialists prescribe Methadone in small doses, to be taken several times each day. Whereas, for narcotic addiction, doctors trained in addiction medicine prescribe Methadone in one steady dose, to be taken only once a day. Also, ongoing social counseling and other services, which may or may not be available to pain patients, are required in a Methadone program. In general, many difficulties are likely to arise if these two different medical treatments are offered to the same person. Of course, individual exceptions exist and some pain-management patients can be treated successfully in a Methadone program. For regulatory guidance in this area, you may review OASAS Regulation Sections 815.9 and 822-5.4(m) and (n)."

J.B. called: "As the site supervisor in a Methadone program, I always complete a full admission procedure for patients who return to the program after a successful discharge, or after a hospital stay, or coming from Rikers Island after an arrest, especially since the K.E.E.P program has ended. However, I've come to realize that completing the full admission procedure may not be necessary in all these circumstances. Can I eliminate or shorten the full admission process?"

Dear J.B.: "Yes. You can, and you should, shorten or eliminate the full admission process for persons in those situations. Completing the full process, with all accompanying medical and lab tests, is generally not necessary for many returning patients. In fact, the full process is also not necessary for patients being transferred into the program, whether permanently or temporarily. OASAS regulations allow departure from

required admission procedures for many different returning patients. [See Section 822-5.4(d) for successfully discharged patients; (s) for re-admissions within 3 months of discharge; (t) for hospitalized patients; (v) for arrested patients; and (w) and (x) for transferring patients]."

J.S. called: "As the administrator in a Methadone program, I had considerable difficulty helping my staff manage walk-in patients from other programs after Hurricane Sandy. Many did not have program identification. For others, my staff was unable to verify doses. The strain was palpable, especially since many staff had their own lives severely disrupted by the storm. Does OASAS offer any guidance in these circumstances?"

Dear J.S.: "First, I need not repeat the havoc caused by Hurricane Sandy to life and property. You and your staff, and the staffs of all other Methadone programs in New York City and the surrounding counties, are to be commended for heroic efforts to continue delivering effective services under very trying circumstances. OASAS, and patients, do appreciate what you've done. Unfortunately, such situations have occurred before, and will occur again, and 'yes,' OASAS offers guidance such situations --- 'Emergency Guidelines for OTPs' is sent annually to all Methadone programs [along with the official holiday list] and immediately prior to any anticipated emergency, such as severe weather. You may also obtain a copy by calling: 646-728-4583.

J.R. writes: "Is it okay for a program to have different sliding scales for different patients: one for working patients and one for those receiving social security?"

Dear J.R.: "Although some programs have special categories for needy patients, I am not aware of any program that uses different scales for different people. Unfortunately, treatment is not free. All patients are expected to be responsible and pay for treatment, either out-of-pocket or through insurance coverage, as the situation warrants. While programs not funded by OASAS have a bit more leeway with patient fees, programs funded by OASAS must use a sliding scale to determine a fee for working patients and for those not covered by insurance. Sliding scales are often based on total family income, with accommodations for total family expenses. Programs are not allowed to collect fees from any person covered by Medicaid. Non-working or non-insured patients should apply for Medicaid, as many patients may be eligible for coverage, which could pay for treatment. If the social security or other applicable benefits cover your treatment, you should not be asked to pay any fee, or at most, a partial fee if coverage is partial. Finally, please know that many programs have a staff person dedicated to address fees and insurance-coverage issues. If your program has such a person, by all means, speak to that person and fully explain your situation so that a fair fee-assessment can be made.

MSW called: "I work in an outpatient program. Recently, a former patient, who is now in jail, requested a partial copy of their treatment record. After an exchange of correspondence, the patient complied with the program's procedure for requesting

records. However, I never processed a request for a partial record and never from someone in jail. Can I send a partial record to a person in jail?"

Dear MSW: "Yes to both. You can send a partial record, and you can send to a jail. With proper consent, New York State law and OASAS regulations [Section 815.4(k)] entitle patients to a copy of their records. Often, people requesting copies do not need a whole record, therefore, requests for only certain portions or pages of a record are perfectly appropriate. In addition, persons requesting records can pick them up in person, arrange for a family member to pick up, or arrange to have the records sent to any address listed in the request, even a jail. By the way, programs can charge a reasonable fee to copy a patient's record and must complete record requests within 15 calendar days.

A.J. called: "I go to an outpatient program. Recently, just before my group started, the supervisor asked if staff could search all the patients. I was really caught by surprise, as I have never been asked this question at an outpatient program. Like everyone else, I allowed the search, really, because I was too afraid to say no. Is it legal for an outpatient program to search patients, and what would happen if I said no?"

Dear A.J.: "Your question caught me off guard too! In general, only residential programs search patients, essentially, to protect all patients against contraband. I'm unaware of any outpatient program searching patients. Therefore, I contacted your program and spoke with the supervisor. He explained that several patients complained of other patients exchanging prescribed medicines in the program and in the parking lot outside the program. Since staff are cautioned against taking action with a specific patient based simply on a report from other patients, the supervisor felt he had to do something to protect the program and to protect other patients. Therefore, he made a one-time request of patients that day to empty their pockets voluntarily. No staff touched any patient and there would have been no adverse consequences if any patient refused to empty their pockets. With that explanation and under that circumstance, I had no issue with the outpatient program conducting the search. Incidentally, program requirements regarding patient searches and patient consents can be found in OASAS regulations under Section 815.10.

If you have a question that you would like to see addressed in the Patient Advocacy FAQs column, please send it to MikeYorio@oasas.ny.gov.

Outreach Training Institute Post-Hurricane Sandy Workshop

In response to the recent natural disaster in the New York region that left many people homeless, displaced, and without the basic necessities of life, Outreach



Training Institute is offering a workshop to help professionals maintain their own wellness while providing service to others.

The workshop, which is offered in late December and January, is **free** and will provide 3 OASAS-approved CASAC training hours. Additionally, there are full scholarships still available this year for CASAC training at OTI. The scholarships, offered under a Workforce Retraining grant, are for interested applicants who are currently working in the healthcare field, or have in the past.

For more information on the free workshop and the Department of Health scholarship, visit the Outreach Training Institute [website](#).

New York State Clinical Records Initiative (NYSCRI) Form Set Updated

NYSCRI is pleased to announce, as of Monday, December 17, 2012, the Form Set has been updated and is ready for use for non-state operated outpatient Office of Mental Health (OMH) and Office of Alcoholism and Substance Abuse Services (OASAS) providers. This version reflects the hard work and countless hours of effort by a statewide Review and Implementation Team (RIT) - more than 45 providers, OMH and OASAS agency staff working in partnership with our Consultant MTM Services.

Building upon the remarkable work completed by providers and family members/service recipients on Long Island which produced the original forms, the RIT has updated the forms based on a review of regulatory/accrediting requirements and changes, user feedback and additional clinical input.

Screening, Brief Intervention, and Referral to Treatment - SBIRT- Who Are We Missing?

A question that has often crossed my mind, while working in the substance abuse field for over thirty years, is "What if we could have identified the problems sooner and found a way to intervene with the father, mother, son, or daughter; could we have saved his or her marriage, career, family or life?" I did not have an answer until about eight years ago when I first became involved with a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) called Screening, Brief Intervention, and Referral to Treatment - SBIRT. The approach was different from my formal clinical education and practice, but it fit well with my broad services research experience. SAMSHA's SBIRT program is a paradigm shift from the

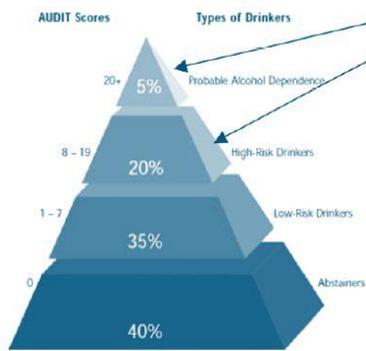


traditional Substance Use Disorders (SUD) model of treating those with diagnoses, usually with an acute care model, and providing prevention strategies to those who have not ever used tobacco, alcohol, or other substances. This model left out a very large group of people who use substances at risky levels but for whom use or misuse has not yet caused serious problems."

SBIRT is a comprehensive, integrated public health approach for providing early identification and intervention for people with risky alcohol and drug use and referral to more intensive treatment for those with SUDs. SBIRT has been around for over twenty five years and an ever growing body of evidence supports its efficacy for reducing tobacco and alcohol use. Current research shows that SBIRT is also effective in reducing illicit drug use.

SBIRT targets those who are drinking at harmful or hazardous levels but do not have an SUD diagnosis. The pyramid below shows the percentage of the U.S. population which fall into each category of alcohol use.

The Drinkers' Pyramid



Who are targets for SBIRT?

Note: Represents the general US adult population. The % of high-risk drinkers is likely to be much higher in certain settings such as emergency or trauma departments.

The terms "hazardous drinking" and "harmful drinking" refer to drinking amounts that increase the risk of causing serious problems and amounts that actually cause serious problems, respectively. These risky behaviors and problems include motor vehicle crashes, physical health and/or mental health problems, violence, injuries, unsafe sex, and serious issues involving work, school, family, social relationships, and finances. If we only continue to treat those with SUD diagnoses, we will continue to miss the majority of people with risky alcohol use. In the table above, The NIAAA guidelines for moderate drinking specify the upper limits of low-risk drinking. Risky drinking levels are presented in the table below:

How Much is Too Much?	Drinks Per Occasion	Drinks Per Week
Men	More than 4	More than 14
Women	More than 3	More than 7
Age 65+	More than 3	More than 7

However, there are people who should not drink alcohol at all: individuals in recovery from or who have ever been diagnosed with

alcoholism or addiction; children and adolescents; women trying to get pregnant or are pregnant; people who operate machinery and are required to drive, to name a few. Other screening tools available to help identify misuse of other substances include the Drug Abuse Screening Tool (DAST), Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), and the Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT) for adolescents. SBIRT's core elements provide a model for and guide clinical practice: 1) Universal Screening in non-treatment settings identifies the level of use, problems experienced as a consequence of this use, and indicates the needed level of intervention for patients unaware of their risky use and not seeking treatment; 2) A five to ten minute Brief Intervention raises awareness and motivates the patient toward acknowledging the problem and making changes. These sessions are patient-centered with shared decision making for which motivation to change must come from the patient, and the counselor must ask permission before providing clear, respectful advice without judgment or blame; 3) Brief Treatment uses cognitive behavioral techniques with those patients who acknowledge their risky behavior(s) and seek help; and 4) Referrals to Treatment are for patients with more serious SUD problems. SBIRT is relatively easy to learn for various providers, it can be integrated into current practice, and evaluations from SAMHSA cohorts demonstrate cost savings in potential health care utilization, automobile accidents, work absences, and criminal justice involvement.

The goal of this approach is to spread SBIRT services throughout the entire health care system. SAMHSA's grantees are part of the expansion of SBIRT services into other venues: hospital trauma units, primary care offices, school-based health centers, community health centers, and FQHCs. In New York, SAMSHA awarded the Office of Alcoholism and Substance Abuse Services (OASAS) an \$8.3 million grant for five years (2011 to 2016) to implement SBIRT. The NYSBIRT project has sites in six of New York City's STD clinics and two sites in Watertown that target the active military, veterans, and their families in two hospital emergency departments. SBIRT programs and models provide the mechanism to identify patients who are unaware of their problematic use and not seeking out treatment, intervene early, increase problem awareness, prevent disability and premature death, and reduce cost to individuals, families, and their communities.

1Source: Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B. and Monteiro, M.G. AUDIT The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care. Second Edition. World Health Organization, Geneva, 2001.2. Heather, N. Treatment

Shirley DeStafeno is the Project Manager of the New York Screening, Brief Intervention and Referral to Treatment (NYSBIRT) grant for NYS Office of Alcoholism and Substance Abuse Services (OASAS). She has been a Project Manager and Evaluator for several federally-funded grants for over twenty years, with prior experience in clinical services and management information systems.

2012 National Recovery Month Recap of New York State Events

The 5th Annual NY Recovery Rally - Albany, NY

In celebration of National Recovery Month, FOR-NY held its 5th annual New York Celebrates Recovery Rally and Recovery Fine Arts Festival on Sunday, September 23, 2012, at Albany's Corning Preserve. This forum offered families, friends, youths and adults affected by substance use disorders and concerned citizens, an opportunity to be seen, heard and counted together.



FOR-NY has a strong history of mobilizing the recovery committees across the state and they

do it with dignity, culture sensitivity and compassion. We have tremendous admiration for Laura Elliott-Engel, President of FOR-NY, the members of the board, and all the staff for their hard work and perseverance. It was an honor to present FOR-NY with the Governor's [Recovery Month Proclamation](#).

In addition, artwork submitted for the festival was on display at the New York State Empire State Plaza from mid-August through September. Award winners were prominently displayed at the Rally Celebration on September 23. All of the 2012 art submissions were amazing and it was a very tough decision for the Commissioner. The recipient of the Commissioner's Choice Award was Ulyana Zvonik for "A Gift For All."



For more information about the Recovery Rally the Fine Arts Festival, visit the [FOR-NY website](#).

OASAS Receives Empire 2.0 Showcase Agency of the Year Award



The New York State Office of Information Technology Services and the New York State Senate, in collaboration with the Center for Technology in Government, held [Capitol Camp 2012](#), November 15-16, in Albany.

This fourth annual "Unconference" and "Hackathon" brought government technology stakeholders together from the public and private sectors to discuss how technology can foster a more transparent, efficient, and participatory government for all New York State citizens.

As part of this event, the OASAS Communications Bureau, consisting of Jannette Rondo, Dora Ricci and Elizabeth Dunn, received recognition on behalf of OASAS for creating and managing the content on a [Hurricane Sandy webpage](#) published on the OASAS website to communicate about the hurricane efforts. Additionally, [Facebook](#) and [Twitter](#) were used to share information about the services available to those in need.

During the *4th Annual Capitol Camp Technology Forum*, several state agencies such as Department of Transportation (DOT), Department of Labor (DOL), Department of Health (DOH) and the Division of Homeland Security (DHSES) were also recognized for using these tools to help keep the public informed. The Capitol Camp brought together government technology stakeholders from the public and private sectors to discuss how technology can foster a more transparent, efficient and participatory government for all New York State citizens.

OASAS Communications Bureau Fall Intern

The OASAS Communications Department was pleased to have worked with Dominique Harrison who was an intern selected from [The New York Leaders: Student Intern Program](#). This first ever statewide Student Intern Program, created by Governor Cuomo, was designed to renew the connection between the public and the state and ensure that state government is diverse, talented, and prepared to lead for decades to come.



As an intern, Dominique did an excellent job in showing initiative, professionalism and a "can-do" attitude in all of the responsibilities that were presented to her. She completed numerous assignments with excellence. Her duties included the November and December issues of

the [OASAS Communicator Newsletter](#); assisting with the preliminary planning of the upcoming Alcoholism and Substance Abuse Providers, Inc. (ASAP) Conference; helping to manage the Communications Bureau mailbox; participating on a quality assurance call with the [NYS HOPEline](#) to ensure that the system was working properly; as well as numerous other day-to-day tasks. In light of her dedication and diligence, the communications bureau presented her with an *OASAS Making A Difference Award*.

Dominique is a recent graduate from SUNY Albany with a BS Degree in Communications. We wish Dominique much success in her future professional endeavors! We congratulate and thank her for her contributions to NYS OASAS, State Government and those we serve!

To learn more about the new *New York Leaders: Student Intern Program*, visit nysinternships.com/nnyl/intern.cfm.

For questions and/or comments about this newsletter, please send them to communicator@oasas.ny.gov.