

Combating the Heroin and Opioid Crisis

Heroin and Opioid Task Force Progress Report

November 2019



Built to Lead

Heroin Task Force Members

Kathy Hochul	Lieutenant Governor, co-chair
Arlene González-Sánchez	NYS OASAS Commissioner, co-chair
Maria Vullo	Acting NYS DFS Superintendent
Dr. Howard Zucker	NYS DOH Commissioner
Joshua Vinciguerra	NYS DOH, Bureau of Narcotic Enforcement Director
Michael Green	NYS DCJS Executive Commissioner
Lt. Colonel Frank Kohler	Lead on Heroin/Opioids, NY State Police
Tino Hernandez	President, Samaritan Village
Daniel Raymond	Policy Director, Harm Reduction Coalition
Charles Brack	Peer/Family Support Specialist, United Healthcare
Patrice Wallace-Moore	CEO of Arms Acres
Michael McMahon	Richmond County District Attorney
Adrienne Abbate	Executive Director, SI partnership for Community Wellness
Kym Laube	Executive Director, Human Understanding & Growth Services
Dr. Jeffrey Reynolds	President and CEO of Family and Children's Association
Anne Constantino	CEO of Horizon Health Services
Cortney Lovell	Director, Wise Consulting
Susan Salomone	Executive Director of Drug Crisis in Our Backyard
Patrick Seche	Director of Services, Addiction Psychiatry, University of Rochester Medical Center
Jerald Woolfolk	VP for Student Affairs at SUNY Oswego
Tom O'Brien	Roxbury Schools Superintendent
Terrence Murphy	NYS Senate
Linda Rosenthal	NYS Assembly

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Dear Governor Cuomo,

In 2016, you charged us with leading the Governor's Heroin and Opioid Task Force and we presented you with a report and recommendations for state actions necessary to tackle the public health crisis of heroin and opioid addiction that was impacting New York State. Given the substantial work that has occurred in the intervening three years we felt it important to provide you with a progress report on the significant efforts and State action that has occurred to increase knowledge and access to services for individuals suffering from a substance use disorder.

In 2016, 3,069 New Yorkers died of an opioid overdose.¹ While the number of lives lost is clearly too high, we have begun to see less opioid overdose deaths in many parts of the state. However, our efforts need to continue to sustain and further the positive results and to see them spread to every part of New York.

The Heroin and Opioid Task Force not only focused our efforts, it also ignited our partners across the state to innovate. New York State has not only met, but far exceeded the activities outlined in the original 26 recommendations of the report as part of a comprehensive and multi-faceted effort to turn the tide on the heroin and opioid epidemic. This progress report enumerates the specific actions we as a State have taken across the four previously recognized issue areas of Prevention, Treatment, Recovery, and Enforcement, and incorporates related activities in two additional areas: Workforce Development and Justice Involved Populations.

We thank you for your continued leadership, focus and dedication to helping individuals and families that are impacted by the disease of addiction. While we understand that much progress has been made, we know that we need to continue our work as we combat addiction in New York.

Sincerely,

Kathy Hochul
Lieutenant Governor of the State of New York

Arlene González-Sánchez
Commissioner, Office of Addiction Services and Supports (OASAS)

Co-Chairs
New York Heroin and Opioids Task Force.

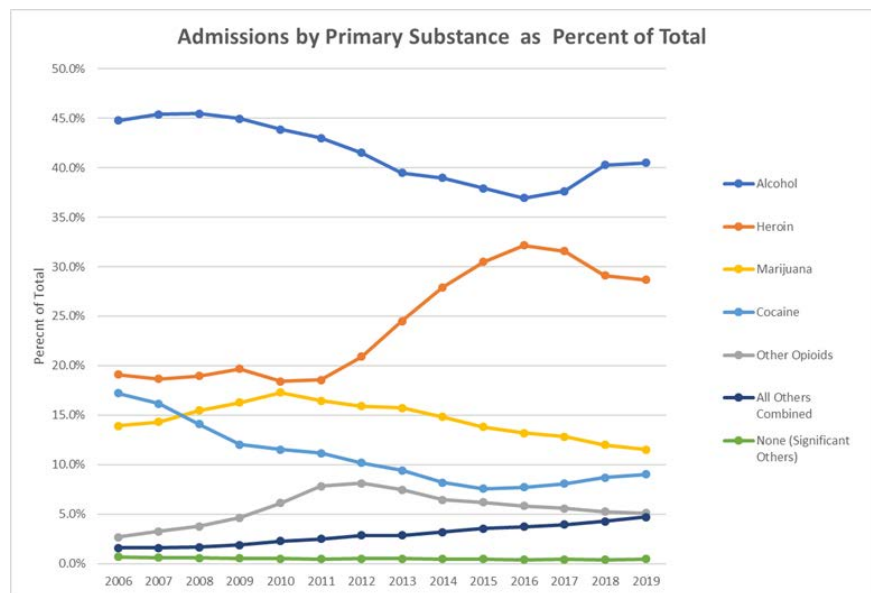
¹New York State Department of Health (2016). Opioid Overdose Deaths.

Executive Summary

Within weeks of the Task Force Report issuance, a package of legislation passed the Legislature with strong bipartisan support and was signed into law by Governor Cuomo on June 22, 2016.

While NYS has implemented the Task Force recommendations, the federal government has made new funding sources available that allowed states like New York to invest in new models of prevention, treatment and recovery services. The Opioid State Targeted Response (STR) grant provided two years of funding from 2017-2019 to focus on prevention, treatment and recovery services in high-need communities across the state. The State Opioid Response (SOR) grant provided an additional two years of funding from 2018-2020 to supplement and expand activities initiated under the STR grant. The funding supported New York's efforts to bring treatment services to unserved and underserved communities using peers, mobile treatment and telehealth. It also allowed us to increase targeted prevention services and recovery supports. As one example, New York had three recovery community centers in 2016 and used state resources to increase that number to 15; we will end 2019 with thirty such centers. Our efforts to increase the use of the three FDA-approved medications to treat opioid addiction (buprenorphine, methadone, and long-acting injectable naltrexone) as the first line of intervention have resulted in increased buprenorphine prescribing across all eligible provider systems in the state. Increased medication-assisted treatment (MAT) prescribing has resulted in an increase of nearly 47% in the number of patients receiving buprenorphine prescriptions for opioid use disorders between 2012 and 2018.

Today, approximately 900 OASAS providers serve more than 234,000 unique individuals through a continuum of bedded and outpatient services on an annual basis. Historically, alcohol has been the primary substance used by individuals in OASAS programs. In 2008, admissions for alcohol accounted for 45.4 percent of all treatment admissions, while opioids represented only 23.1 percent. In 2016, 39.9 percent of all admissions to treatment noted a primary substance of alcohol, while 34.5 percent identified opioids as the primary substance of use. In 2018, alcohol continued to be the substance of abuse most frequently identified, at 40.5, and opioids have decreased to 30.9% of all admissions. Thus, the OASAS treatment system was able to handle an increase in admissions for opioids from 2008-



2016, and we are now seeing a leveling off of admissions. OASAS has, and will continue, to invest in prevention, treatment, and recovery services for substance use disorder services.

OASAS has collaborated with both the Department of Health (DOH) and the Office of Mental Health (OMH) to expand access to addiction medication to treat opioid use disorder across the health care system. The expansion was intended to serve an individual in their healthcare location of choice, integrating their care and allowing for immediate access to services. Today, individuals can access buprenorphine in their primary care physician's office, a Federally Qualified Health Center (FQHC), an Obstetrician-Gynecologist's office, an emergency department, and a mental health clinic, among other locations. Expanding access into these settings has provided stabilization for thousands of New Yorkers. Likewise, OASAS has streamlined regulatory requirements and issued medical guidance supporting the rapid initiation of medication-assisted treatment such that many patients are able to access these lifesaving medications on the same day they enter a treatment program.

While New York has shown leadership and decisiveness in working to end this epidemic, we know that there remains more to do. Even as the numbers show a decrease in loss of life, we must continue our efforts so that we end the current epidemic and are prepared to address what may come in the future.

Prevention

A core component of any efforts to address the heroin and opioid epidemic is to prevent individuals from developing a substance use disorder in the first instance. A directive of the Task Force was to increase prevention services. In addition to effectuating the original prevention-based recommendations, New York has also focused heavily on expanding evidence-based methods to decrease the prevalence of addiction and increase social emotional skills among school-age children.

Consistent with the Task Force recommendations, New York has taken the following prevention related actions since the issuance of its report:

Recommendation One: Mandate ongoing education for prescribers on pain management, palliative care, and addiction.

As part of a robust package of legislative changes, New York focused on increasing prescriber education about the risks associated with prescription opioids. Previously, medical professionals had been provided and relied upon information which misrepresented the dangers associated with prescription opioids like oxycodone and hydrocodone. This information both downplayed the risks associated with prescribing the medication and overstated the efficacy for general and long-term use. This allowed 3,338,304,794 prescription pain pills to be supplied to New Yorkers from 2006-2012 according to recently released federal Drug Enforcement Agency (DEA) data.

To improve prescriber education, and cognizant of rising heroin and opioid overdoses, New York mandated that all medical professionals with a DEA license to prescribe to humans complete three hours of education on addiction, pain management, and palliative care starting July 1, 2017 and every three years thereafter.

New York State agencies, including the DOH Bureau of Narcotic Enforcement (BNE) and OASAS, provided education through:

- Various presentations around the state;
- Practitioner outreach through digital and regular mail;
- DOH-sponsored free online course work offered through the University of Buffalo;
- Collaboration with state medical societies who disseminated information to their members; and
- the BNE web page.²

Over 100,000 prescribers (77%) have attested to DOH that they have completed the required training.

² See. http://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/.

Recommendation Two: Limit first-time opiate prescriptions for acute pain from 30 days to no more than a 7-day supply.

New legislation which took effect on July 22, 2016 limited initial opioid prescriptions for acute pain to a 7-day supply except where the patient was suffering from chronic pain, cancer care, end of life care and palliative care. A prescriber can issue a refill or new prescription for additional opioids after a subsequent consultation. Any copay charged for an initial and subsequent prescription for the same medication that totals a 30-day supply cannot exceed the copay for a thirty-day supply. Leading up to the effective date, DOH provided education through presentations, practitioner emails, medical societies' communications with members, and the BNE web page.³

Among patients receiving opioids for the first time, such prescriptions for more than a 7-day supply decreased steadily after the mandate was enacted, from 34.7 % of opioid prescriptions in the second quarter of 2016 to 20.3 % in the fourth quarter of 2018. Opioid prescriptions were further reduced from 10.9 million in 2014 to 8 million in 2018 – a more than 25% reduction.

We supplemented these efforts in April 2018 by requiring that a practitioner prescribing opioids for pain that has lasted for more than three months or past the time of normal tissue healing include a written treatment plan as part of the patient's medical record.

Recommendation Three: Encourage the use of the Prescription Monitoring Program (PMP) in emergency departments.

Governor Cuomo has proposed eliminating the existing exemption that emergency departments (ED) have from the requirement to check the PMP before prescribing controlled substances, such proposal have thus far been unsuccessful. ED prescribers may still prescribe up to a 5-day supply of a controlled substance without first consulting the PMP registry. While we wait for legislative action, DOH has worked to increase voluntary ED usage of the PMP by adding mobile functionality for smart phones and tablets on June 5, 2017. There was a 151% increase in smart phone/tablet usage of PMP in 60 days following rollout.

Recommendation Four: Improve data and reporting on naloxone dispensing and overdose reversals.

DOH, in collaboration with the New York City Department of Health and Mental Hygiene (NYCDOHMH), oversees all Opioid Overdose Prevention Programs (OOPPs) in the state. DOH collects information on naloxone administration in a variety of settings:

- DOH has transitioned all naloxone administration reporting by registered community

³ See. http://www.health.ny.gov/professionals/narcotic/laws_and_regulations/#seven_day.

opioid overdose prevention programs to the online NYS Opioid Overdose Prevention Program System.

- Currently, individuals receiving naloxone kits through these programs report naloxone administration to their OOPP or submit an anonymous paper form to the DOH. A parallel approach is being developed that would allow individuals in the community to report their naloxone administrations online as well.
- For administrations of naloxone by law enforcement personnel, a paper-based system is still in use; however, various on-line approaches are being explored, including possible use of the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA)-developed ODMAP platform.
- Approximately 90% of naloxone administrations by EMS personnel are electronically submitted to DOH as electronic Patient Care Reports (e-PCRs).
- Naloxone furnishing by registered programs to trained responders is reported to DOH through the NYS OOPP System. This reporting is mandated under 10 NYCRR 80.138.
- Naloxone dispensing by pharmacies with standing orders for this medication is collected on a quarterly basis.
- Community, law enforcement and EMS naloxone administration reporting on the county level is now conveniently summarized on a quarterly basis and is available online at:
https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/policies_and_procedures.pdf
- Quarterly report issued by Public Health Information Group (PHIG) and Annual Report issued through PHIG with EMS naloxone encounter data showing counties of concern; identified gaps in data submission addressed through outreach and engagement with EMS Agencies and Regional Program Agencies; training of EMTs, Regional Program Agencies and EMS agencies on quality documentation and NYS Data Utilization (<https://www.health.ny.gov/statistics/opioid/>). To facilitate improved naloxone administration reporting by registered opioid overdose prevention programs, a significantly revised guidance document has been developed: *Putting the Pieces Together: A Guide for New York State's Registered Opioid Overdose Prevention Programs*.⁴

Furthermore, OASAS has encouraged all addiction treatment programs to register with DOH as OOPPs, thereby using the central DOH data system to report on naloxone training delivered, naloxone kits distributed, and any reports of administration. OASAS has required the Centers of Treatment Innovation (COTI) providers (to be discussed later in this report) to register as OOPPs.

⁴ See. https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/policies_and_procedures.pdf

Finally, as part of the Opioid STR grant, OASAS provided substantial outreach in targeted counties across the state and has provided 449 trainings, distributing 8,595 naloxone kits over the two-year grant period.

Finally, we have expanded access to opioid overdose prevention medication, requiring enhanced insurance coverage for this medication when prescribed to someone covered by an insurance policy in 2016. This provision was expanded in 2019 to require coverage without prior authorization to naloxone when prescribed or dispensed to an individual covered under the policy.

The cumulative impact of these efforts is that 330,099 kits were distributed statewide from 2016-2018 and there were 11,619 reports of naloxone administration from fire fighters, law enforcement and community programs for those three years.

Recommendation Five: Require that pharmacists provide important information to consumers when dispensing opioids.

Also included in the 2016 legislative package, New York required pharmacists to provide educational materials to consumers that are prescribed a controlled substance. An information sheet⁵ developed by BNE and OASAS outlines the dangers of misuse and the potential for addiction to prescribed controlled substances, available treatment resources and information on how to safely dispose of discontinued, expired or unwanted medications.⁶ NYS is educating every patient who receives a controlled substance prescription, so the approximately 23 million controlled substance prescriptions issued each year should be accompanied by this consumer information.

A pharmacy may also provide additional safe disposal information, which may include programs the pharmacy is operating or participating in. In June 2018, New York passed a law requiring drug manufacturers to individually or collectively provide a drug take-back collection system statewide, in a way that ensures access in both rural and underserved communities.⁷ At the time of this report, DOH is working on implementing this law.

Recommendation Six: Expand consumer access to medications that are difficult to crush or dissolve and are designed to prevent abuse.

Misuse and abuse of prescription opioid pain medications was reported by 11.5 million Americans ages 12 and above in a 2016 National Survey on Drug Use and Health (NSDUH). The Task Force recommended increasing access to abuse deterrent formulations of prescribed opioid medications as a preventative measure. While not appropriate for every patient, these formulations can be helpful when clinically indicated. Traditionally, abuse deterrent

⁵ See. <https://www.health.ny.gov/publications/12022.pdf>

⁶ See. <http://www.health.ny.gov/publications/12022.pdf>

⁷ See. NYS Public Health Law Article 2-B

formulations of medications can be more expensive than non-abuse deterrent formulations.

The New York State Department of Financial Services (DFS) recognized that price can impact if and how a medication is covered on an insurer's prescription drug formulary. In recently issued guidance, DFS advised insurers that prescription drug formulary tiers cannot be determined solely based on cost, but must instead use an evidence-based process that analyzes the safety and effectiveness of a drug or device. This effort is expected to expand access to abuse deterrent formulations for those that need it.⁸

Recommendation Seven: Improve use and reporting of data in State response to heroin and opioid crisis to better target resources and increase efficacy.

New York state agencies have collaborated to develop an Opioid Data Dashboard that centralizes information that may inform our progress and target resources at areas of the state most impacted by the epidemic. Data elements include opioid overdose rates, hospitalization and emergency department visits, OASAS admission data and data from the PMP. The state agencies continue to examine innovative ways of utilizing these data elements to target service access in the most meaningful and effective manner.

Quarterly reports issued by the DOH Public Health Information Group (PHIG) and Annual Reports issued through PHIG with EMS naloxone encounter data showed counties of concern; identified gaps in data submission addressed through outreach and engagement with EMS Agencies and Regional Program Agencies; and training of EMTs, Regional Program Agencies and EMS agencies on quality documentation and NYS Data Utilization⁹

Community, law enforcement and EMS naloxone administration reporting on the county level is now conveniently summarized on a quarterly basis and is available online.¹⁰

NYS has collaborated with communities across the state to support local development and implementation of tools to increase access to treatment for individuals with an addiction. The Staten Island Performing Provider System, in collaboration with New York State, has developed the Staten Island Drug Prevention Portal as part of a community wide effort to track the opioid epidemic and expand access to services.¹¹

Recommendation Eight: Expand and target awareness campaigns.

As a result of the recommendations made by the Task Force, OASAS focused on developing new outreach and awareness campaigns. When developing these campaigns, we recognized that

⁸ See. https://www.dfs.ny.gov/insurance/circltr/2018/cl2018_12.htm

⁹ See. <https://www.health.ny.gov/statistics/opioid/>

¹⁰ See. <https://www.health.ny.gov/statistics/opioid/>

¹¹ See. <http://sidrugprevention.nyc/>

addiction does not discriminate and impacts different regions, families and age groups differently. OASAS updated the webpage CombatHeroin.ny.gov to CombatAddiction.ny.gov to direct people suffering from any addictive disorder to more information, including finding a treatment program in New York State.

Campaigns were, and continue to be, developed to reach all New Yorkers and the medium used is dependent upon on the message, goal and the intended audience. Mediums include TV; radio; digital advertising; print; billboards; bulletins located at shopping malls, mass transit, movie theaters, race car tracks, and other out of home locations. To assess the impact of the awareness campaigns, we track the number of visits to the OASAS website, the digital reach and the “impressions” (the number of times an ad is served or delivered). Since 2016, OASAS awareness campaigns have received nearly 1.3 billion impressions, and total number of visits to the OASAS website from Digital reach exceeds 500,000.

Additionally, materials are made available for providers, healthcare professionals, educators and other stakeholders. A collection of OASAS developed awareness campaigns are included in Appendix A. More notable campaigns include the “Know the Facts” campaign that was designed to educate, inform and clarify many of the misconceptions about addiction, while the “Warning Signs of an Overdose” campaign sought to educate people about the most notable signs of overdose, good Samaritan laws and actions to take if you suspect an overdose.

Awareness efforts also focused on specific populations such as Latino and Native American communities and pregnant women. These efforts include a series of informational television shows titled “Nueva Esperanza Nueva Vida” that aired on Spanish-language channels and a multi-faceted (print, social media, radio, tv) campaign titled “You Are Not Alone” that was developed in collaboration with our Native American communities around the state. OASAS and DOH collaborated on the development of a campaign targeting both patients and medical professionals messaging that medication-assisted treatment is the standard of care for pregnant women.

Additionally, educational materials were developed and distributed to medical providers and patients emphasizing the importance of accessing treatment, including medication-assisted treatment, while pregnant.

In September 2017, OASAS released the documentary “Reversing the Stigma” in which New Yorkers in recovery shared their experiences and lessons learned, to help others understand that change is possible, and recovery is real. The film also featured NYS leadership discussing changes underway to address addiction. The film launched during recovery month at different premiere events and has been shown across NYS.

“Reversing the Stigma” also ran on public broadcast stations and network TV along with multiple community events and continues to be viewed and shared. In 2019, OASAS was honored that “Reversing the Stigma” was nominated by the National Academy of Television Arts

and Sciences, New York Chapter for an Emmy Award. The “Reversing the Stigma” documentary continues to inspire, motivate and educate individuals.

Recommendation Nine: Support regional coalitions and partnerships.

The Regional Addiction Resource Centers (RARC) were created in part to establish a capacity to coordinate community resources to increase cross-sector collaboration on substance use prevention, treatment and recovery. They raise awareness of current substance abuse issues and link community members to services within their region through a community action partnership, community awareness activities, a resource list, media messaging and a speaker’s bureau. There are 10 RARCs, one in each of the state’s Economic Development Zones. The RARCs provide services and resources that are culturally and linguistically appropriate for the populations within their region. For the 2018-2019 Fiscal Year, the RARCs conducted over 120 community awareness events, 20 focus groups and 30 outreach efforts to high risk populations, reaching 32,170 individuals statewide.

Additional Initiatives:

An original overarching focus of the Task Force report was the need to ensure that individuals obtained valuable skills through prevention services to decrease the prevalence of substance use disorder. Through cross agency collaboration, community partnerships and investing in evidence-based programming, New York has taken decisive action.

Staten Island: Following a 2018 State of the State directive, a Prevention Education Task Force was established in Staten Island in collaboration with local government, education representatives, prevention providers and OASAS. A dedicated funding source of \$1 million over the course of two years was committed to expand evidence-based prevention programming in K-12 schools on Staten Island. The Task Force chose to implement the PAX Good Behavior Game in grades K-2 in eleven Staten Island schools. This evidence-based programming was implemented beginning in the 2019 school year in approximately 134 classrooms, reaching approximately 2,200 students.

The NYS Blueprint for Prevention in Schools: In his 2019 State of the State message, Governor Cuomo directed OASAS to collaborate with DOH, OMH and New York State Education Department (NYSED) to develop a blueprint for prevention in schools. The initiative is an opportunity to inventory the array of programming in the schools to support and improve the mental, emotional, behavioral (MEB) health of students. In addressing the prevention of substance use disorder (SUD) and opioid use disorder (OUD), mental health (MH)/suicide, tobacco/vaping use and overall student wellness, schools are implementing varied programs to address risk and protective factors. OASAS, DOH, OMH and NYSED each have programs to address MEB in schools across the state. This effort will look to address silos across systems and to better integrate the efforts of each agency. The workgroup will also explore opportunities for school districts to incorporate the MEB health prevention in the overall school environment through coordinated

curriculum and guidance on integration of programming. The workgroup will work to ensure that there is no wrong door for a student to get needed prevention services and look towards providing a warm hand-off to appropriate services.

Implementation of Section 3038 of the State Education Law: This law requires that school districts identify a designee (who must be a school district employee) as a point person for information related to substance use prevention, treatment, and recovery. In March 2019, all district superintendents received notification from NYSED about this law through a memo that can be accessed online.¹² Relevant information about resources are to be made available to students, teachers/staff, parents, and community members accessing the school environment on the OASAS website.¹³ The guidance for schools that accompanies Law 3038 emphasizes the need for collaboration with OASAS providers.¹⁴

PAX Good Behavior Game: PAX Good Behavior Game (GBG) is an OASAS-approved Evidence-Based Program (EBP) that equips students with the skills needed for self-regulation. With greater self-regulation students display less aggression and off-task behavior, both of which are risk factors for adolescent and adult substance use. Self-regulation and prosocial behaviors lead to better academic, behavioral and lifetime outcomes. In 2019, OASAS issued a Request for Applications (RFA) to fund the PAX Good Behavior Game (GBG) initiative with schools and prevention providers in an estimated 349 classrooms in 37 schools reaching upwards of 7,678 students across the state.

The PAX GBG project will track classroom behavior and program fidelity in participating schools. Each school will also provide data such as disciplinary referrals, nurses' visits, and attendance rates to measure changes potentially related to the implementation of the Good Behavior Game. Prevention provider "coaches" will support teachers' implementation of the practice in individual classrooms in the 2019-2020 school year.

Community Prevention Coalition Collaborative (CPCC): To expand the development of community prevention coalitions in localities served by the Governor's Empire State Poverty Reduction Initiative (ESPRI). The goal of the project is to support the expansion of environmental prevention strategies in communities within identified high risk factor communities. The project's focus is to expand prevention planning and prevention programming to address SUD health disparities with a specific focus on Opioid Use Disorder (OUD). The project will provide funding to existing Community Prevention Coalitions to support these strategies in health disparate communities in regions identified with high poverty. The OASAS Prevention Resource Centers (PRC) will work with the community coalition to develop a health disparities statement and to implement an action plan. The plan will include the three facets of the strategic prevention framework: policy change; enforcement and social marketing. Through the SOR grant, OASAS is

¹² See. <http://www.p12.nysed.gov/ssd/documents/EdLaw3038final.pdf>.

¹³ See. <https://combataddiction.ny.gov/schools>

¹⁴ See. <http://www.p12.nysed.gov/ssd/documents/Ed%20Material%20Law%20Guidance%20final.pdf>.

funding prevention coalitions in eight communities to address the prevention of OUD and SUD on a local level.

Treatment

During the Task Force forums, stakeholders consistently identified insurance barriers that blocked access to treatment. Not only were some individuals prevented from accessing any treatment, they often experienced long delays waiting for insurers to approve access to the treatment.

New York took the initial Task Force recommendations and the barriers identified by the community as a directive to ensure immediate access to treatment for any individual seeking care as a crucial component for achieving recovery and ending the epidemic. Through statutory and regulatory changes, and investment in new, innovative programming, New York has transformed both the way in which services are accessed and delivered to New Yorkers and how they are paid by insurance. Immediate access to treatment is now the law in New York State.

Recommendation Ten: Require all treatment providers and insurance companies to use an objective, state-approved criteria to determine insurance coverage for necessary inpatient treatment.

In 2014, New York began the process of simplifying communication about medical necessity between an insurer and a provider by requiring both to use medical necessity criteria that had been reviewed and approved by OASAS. As part of that approval process, it became apparent that medical necessity criteria used by insurers needed to be streamlined to ensure providers and insurers had a common understanding, used the same terminology, and applied criteria consistently. Aligned with this Task Force recommendation, and the experience of New York after the passage of the 2014 law, insurers were required to use an objective, state-designated level of care tool to make initial and continuing coverage determinations for all substance use disorder treatment effective January 1, 2017. At this time, the State has approved the use of the Level of Care for Alcohol and Drug Treatment Referral (LOCADTR 3.0), a web-based tool developed by OASAS in partnership with the National Center on Addiction and Substance Abuse (CASA Columbia).

Since January 1, 2017, the OASAS LOCADTR 3.0 tool has been used to make level of care determinations for 1,013,206 adults by insurers and providers for initial and continued care determinations.

Recommendation Eleven: Remove barriers to treatment by eliminating prior insurance approvals for inpatient treatment as long as it is necessary.

For individuals accessing bedded treatment, New York law prevents an insurer from conducting prior authorization for in-network, medically necessary bedded services. Bedded services include detoxification, inpatient rehabilitation and residential treatment. Insurers are also prevented from conducting any utilization review for the first 14 days of treatment as long as the provider uses the

OASAS-designated tool to determine the appropriate level of care, and provides notice to the insurer of the client's admission and initial treatment plan within 48 hours of such admission to the program. OASAS developed a model notification that providers use to notify insurers of the admission. Once admitted, the provider must regularly assess the patient's need to continue in that level of care. To assist providers with making this assessment, OASAS developed the LOCADTR Continuing Care module, which was launched in 2018 as an efficient and effective tool to assess the patient's continued needs. Providers may periodically consult with the insurer to document that the provider is using the same OASAS-designated level of care tool as the insurer to confirm medical necessity for that level of care.

While insurers are permitted to conduct retrospective review if an insurer determines that care was not medically necessary, the patient is held harmless financially and cannot be required to pay the provider for care.

In 2019, New York approved an extension of the no prior authorization or concurrent review protections to 28 days of bedded care, which takes effect on January 1, 2020. The provider must consult with the insurer on or before the 14th day and provide both the patient and the insurer with discharge information.

This law applies to individuals covered under NYS-issued commercial insurance plans and Medicaid Managed Care plans. The result is open access to needed treatment when the patient is ready and without burdensome delays and interference during a crucial time in treatment.

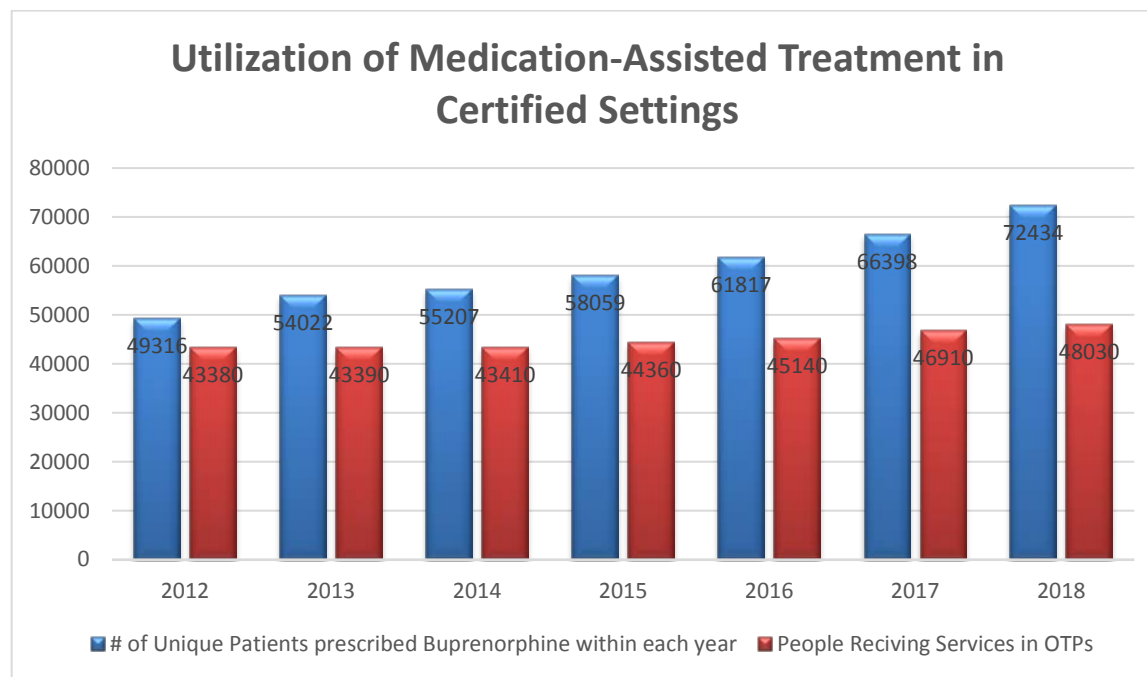
Recommendation Twelve: Increase access to critical medications to manage substance abuse and withdrawal by eliminating prior authorization by insurance companies to such medications.

Changes to the Insurance Law in 2016 prohibits public and commercial insurers from requiring prior approval for addiction medications. Commercial insurers cannot require prior authorization for a 5-day emergency supply of covered prescription medications for treatment of a substance use disorder. Any copay charged for an initial and subsequent prescription for the same medication that totals a 30-day supply cannot exceed the copay for a thirty-day supply. Additional changes enacted in 2019 expanded this coverage to prevent prior authorization for all substance use disorder medications on an insurer's drug formulary beginning on January 1, 2020. This will remove barriers to medication access by allowing for immediate access to all addiction medications included on a plan's drug formulary.

For Medicaid Managed care and Fee-For-Service, coverage requirements were changed to prevent prior authorization for the preferred formulary version of buprenorphine or injectable naltrexone, provided the prescription is issued consistent with FDA guidelines

As a result of these efforts, over the past seven years, New York has consistently seen an increase in patients utilizing medication-assisted treatment (MAT). Starting in 2012, 49,316 unique patients

were prescribed at least one prescription of buprenorphine, a clinically recognized medication for treatment of an opioid use disorder. The number of unique patients increased to 72,434 by 2018. During the same time period, OASAS saw an increase in individuals served in OASAS-certified opioid treatment programs from 43,380 to 48,030 patients.



Recommendation Thirteen: Require State-certified treatment providers and agencies to educate individuals and families about treatment options and their rights to appeal denials of insurance coverage.

In addition to creating multiple informational pamphlets, to assist individuals and families with understanding their coverage and accessing services using their insurance benefits, New York has created an independent entity to assist individuals and families in accessing substance use disorder and mental health services through their insurance benefits. The New York State Behavioral Health Ombudsman program or Community Health Access to Addiction & Mental Healthcare Project (CHAMP) helps individuals with mental health and substance use conditions access their insurance benefits in a variety of settings. Through a “hub-and-spoke” model, individuals from counties throughout New York state have been able to access their insurance benefits and be linked to care. A helpline was established for consumers to call for assistance and is based at Community Services Society (CSS) which serves as the hub, while the spokes consist of 5 Community Based Organizations (CBOs) which include: (Adirondack Health Institute; Community Health Action of Staten Island, Family And Children’s Association of Long Island; Save the Michaels of the World, and Family Counseling Services of Cortland County) and 4 Specialist agencies (Legal Action Center, Medicare Rights Center, the New York State Council for Community Behavioral Healthcare, and the Legal Aid Society). The CBOs and the Specialists also provide outreach and

presentations to help New Yorkers understand their rights and get access to their insurance benefits. CHAMP helps individuals successfully access every level of the behavioral health care system, including insurance enrollments through the CSS Navigators; insurance plan navigation and disputes; pharmacy troubleshooting for prescription and formulary issues; hospital and provider billing issues; as well as assisting providers with helping their clients secure prior approval, formulary exception and insurance approvals and coverage.

CHAMP provides clients with a spectrum of resources, from basic information about how to get care up to assistance with addressing denials they've been issued for requested care. Many CHAMP clients are "underinsured" and experience affordability issues and need help with information about their coverage, assistance with applications for insurance, have enrollment issues, need assistance filing internal and external appeals, make complaints, access authorization for their care; and need advocacy with their insurance plan.

Since its implementation in August 2018, CHAMP has handled 1,067 cases with clients from 49 of the 62 New York counties.

Recommendation Fourteen: Increase the length of time for involuntary commitment of an addicted person from 48 to 72 hours.

Recognizing that substances can impact a person's ability to recognize unsafe choice when intoxicated, we enacted a law which allows a person to be held involuntarily for a limited period while a person is intoxicated. This law recognizes the inherently voluntary nature of treatment while balancing the need to provide care for those who are severely intoxicated. It also recognizes the risks posed by forcing an individual that is not yet willing to engage in treatment to abstain from use for a period causing decreased tolerance that puts that person at increased risk for overdose upon release. OASAS has focused our efforts on better outreach and engagement and family involvement as methods to convince those in need to voluntarily seek help.

Recommendation Fifteen: Issue guidance to educate consumers about insurer obligations regarding equal coverage of substance use disorder treatments and provide an avenue to report potential violations.

As the State developed resources for individuals and their families to understand the federal Mental Health Parity and Addiction Equity Act (MHPAEA), it became apparent that the most valuable resource would be an advocate to support families and individuals with understanding and accessing their insurance benefits. This led to the development of a new independent substance use disorder and mental health ombudsman program to assist consumers with health insurance coverage and access complaints for behavioral health services. As noted above, this includes access to Community Health Access to Addiction & Mental Healthcare Project (CHAMP) which ensures that individuals get the care that they need, including receiving services and care; options to access care; resolution for coverage issues; access to in-network providers;

prevention from discontinuance of insurance benefits; and addressing requested amount of care.

Recommendation Sixteen: Increase the number of treatment beds across New York.

OASAS has undertaken substantial efforts to increase rapid access to all addiction treatment services across the state.

OASAS has added a variety of new bedded programs providing inpatient rehabilitation, detoxification and residential addiction services, providing an additional 493 beds across the state since 2016. These beds were added to an OASAS bedded treatment system with a current capacity of 11,482.

In addition, twenty new outpatient programs have been sited across the state and an additional thirteen opioid treatment programs, providing 1,824 slots, have been added to the treatment system, expanding the availability of all forms of medication-assisted treatment on an outpatient basis to thousands of New Yorkers.

Recommendation Seventeen: Increase the number of Family Support Navigators across the state to help connect patients and families with appropriate treatment options.

OASAS funded the development of a family support navigator program to help people and their families better understand the progression of addiction, provide guidance on how to navigate insurance issues and to offer information on how to access addiction treatment services. Since 201, OASAS has funded 19 family support navigators¹⁵. Family support navigators assisted nearly 4,000 families during the 2018-19 fiscal year.

Recommendation Eighteen: Provide discharge planning for patients from emergency departments to connect to potential treatment options.

A common issue that was, and continues to be, raised is the importance of engaging with individuals when they come to a hospital emergency department after an overdose or other medical issue. When a person with a substance use disorder is discharged without help to address their addiction, we are missing a significant opportunity to engage them that can, and does, result in fatal consequences. Equally important is ensuring that individuals leave the emergency department with a meaningful connection to services. In 2016, we set the standard for hospitals to have processes in place to identify, assess and refer patients with a substance use disorder.

In 2018, DOH issued guidance on the responsibilities of hospitals under the public health law¹⁶ and the implementing regulations to “develop, maintain and disseminate written policies and

¹⁵ See. <https://www.oasas.ny.gov/recovery/regional-services>

¹⁶ See. NYS Public Health Law § 2803-u

procedures for the identification, assessment and referral of individuals with documented substance use disorder (SUD) or who appear to have or be at risk for SUD.” The law and the implementing regulations require hospitals to implement these policies and train staff who provide direct patient care to inform individuals with a documented SUD or who appear to have or be at risk for SUD of the availability of treatment services. The DOH Dear Administrator Letter has a list of resources that hospitals can use, including an informational pamphlet developed by OASAS.

The requirements of this law were strengthened further in 2019 to ensure individuals seeking emergency care receive medication-assisted treatment directly or by referral as appropriate. Consistent with an evidence based standard, this law requires hospitals to make MAT (Buprenorphine) available in Emergency Departments.

Also, in 2019, DOH, in collaboration with OASAS, issued a survey to all hospitals to collect information about activities and protocols for OUD screening, ED treatment and post-ED prescribing and referral practices. The survey will collect information on barriers to OUD screening, buprenorphine induction in the ED, and post-discharge linkage to treatment and care. The results of this survey will help to identify opportunities for the State to improve the availability of these services.

Hospital detoxification waiver:

OASAS and DOH issued guidance to hospitals through the hospital detoxification waiver initiative allowing interested hospitals to request and receive authority to provide detoxification services to individuals within a general hospital without additional OASAS certification as a detox program. This effort was designed to ensure those in need, especially in geographic regions where the treatment continuum is less robust, would not be turned away from the hospital simply because the hospital lacked OASAS detox certification.

Regional Emergency Department Efforts:

Before New York mandated hospital emergency departments respond to the opioid epidemic in a more meaningful way, regional efforts were already underway to change the way in which hospital emergency departments responded to a patient with an opioid overdose or opioid related hospitalization. Targeted efforts with large hospital systems began transforming their responses, including:

Northwell Health and the Staten Island Performing Provider System (SI PPS) – Staten Island:

Northwell Health and the Staten Island Performing Provider System partnered with local providers to develop a protocol for initiating buprenorphine in the emergency department and either linking the patient with a peer on-site or with a community-based provider for post-discharge care.

OASAS Emergency Department and Provider Collaboration Initiative:

Through a Request for Applications (RFA), OASAS is funding five separate initiatives where emergency departments partnered with OASAS-certified treatment programs to develop protocols for buprenorphine initiation in the emergency room and linkage to care with the collaborating treatment program post-discharge.

Upstate Medical Center Bridge Clinic:

Upstate Medical Center initiated a first of its kind Bridge Clinic out the emergency department where prescribing professionals provide buprenorphine initiation and a peer navigator works with the patient to provide linkage with a community-based provider for ongoing care post-discharge.

Buffalo Matters:

This program was developed to ensure individuals presenting to the emergency department in Western New York (WNY) receive access to Buprenorphine to provide seamless access to patient-centered MAT. Once initiated onto buprenorphine, the program utilizes a secure electronic referral system providing linkage to community-based MAT providers upon discharge. In collaboration with the WNY regional pharmacy association (PAWNY), patients may also receive a voucher for use at twenty-one pharmacies to obtain medication, ensuring that an individual's financial status is not a barrier for obtaining buprenorphine after discharge from the ED. All patients are discharged with a naloxone kit.

DOH is also exploring regulatory and logistical options to leverage HIPAA-compliant telemedicine for expansion of ED-based MAT initiation. This will entail use of videoconferencing and integration with electronic health records as well as the State's prescription monitoring program. All possible relationships between EDs and treatment providers are being strategically promoted so that there is reliable capacity for MAT referrals from the ED. DOH and OASAS continue to support the above models and to work with various county and region focused efforts to expand buprenorphine access in emergency departments, including increasing screening in hospitals and clinics to identify individuals with OUD. Since September 2018, the Buffalo Matters model has been replicated throughout NYS in an additional 6 counties with 17 hospitals providing services; and over 200 trained providers and 47 clinics engaged to provide follow-up care.

Recommendation Nineteen: Expand access to overdose-reversal medication.

Expand Good Samaritan protections: In response to concerns that licensed professionals could potentially be subject to disciplinary action if they administered naloxone to a person experiencing an overdose, New York modified Education Law to grant an exemption from professional

misconduct to any person licensed under Title VIII of the Education Law and who would otherwise be prohibited from administering Naloxone in the event of an emergency.

Increase access through insurance: Insurance law provisions were changed in 2016 to require commercial insurance coverage for naloxone when prescribed to any person covered by the policy. This language was expanded in 2019 to require coverage for naloxone prescribed or dispensed to an individual covered under the policy. This expansion will take effect starting January 1, 2020.

Access in OASAS settings: OASAS has also updated regulatory requirements to require all certified and funded programs to maintain naloxone on site in an easily accessible area and to ensure that all trained staff are easily identified in the event naloxone administration is required. Furthermore, all OASAS programs are required to provide a naloxone kit or prescription to patients and their family members upon discharge from a program or as otherwise required during treatment. In addition, OASAS COTI street outreach teams have been trained to perform immediate naloxone training and to provide the kits for individuals who are actively using substances.

As discussed earlier in this report, the cumulative impact of these efforts is that 330,099 kits have been distributed statewide from 2016-2018 and there have been 11,619 reports of naloxone administration from fire fighters, law enforcement and community programs for those three years.

Additional Treatment Expansion Activities

OASAS, in collaboration with other state agencies, responded to the epidemic by implementing innovative programming aimed at increasing access for communities across the state. We recognize that there is no one size fits all approach to combatting addiction and therefore multi-faceted and evidence-based solutions have been designed to expand access to services while targeting regions and populations that are unserved or underserved.

Service Expansion: OASAS has focused significant efforts on expanding service access in three meaningful ways: Implementing the Center of Treatment Innovation initiative, developing open access centers and reforming the OASAS regulatory structure to allow for immediate access to care and MAT with minimal administrative or regulatory burdens.

Centers of Treatment Innovation: OASAS utilized federal funding to develop and implement the Center of Treatment Innovation, or COTI, model. Initially started in sixteen counties, OASAS is implementing a plan to make COTI coverage available across the state.

The COTI concept takes outpatient clinic services outside the four walls of their facility and into high-need communities using peer engagement, mobile clinic and transportation services and use of telehealth. COTI services are offered in a variety of non-traditional settings such as emergency departments, libraries, residences, shelters and other spaces in the community – providing a linkage

to care for individuals that may not otherwise engage with the OASAS treatment system. Since implementation of the COTI program in 2017, there have been more than 11,000 interactions with individuals in the community by the COTI teams¹⁷.

In addition, newly developed data collection mechanisms were developed to analyze pre-admission, overdose, and other related trends. Of the more than 11,000 engagements, there were 8,007 preadmission engagements where individuals were willing to consent to data collection measures. Of those, a total of 4,356 individuals were admitted to an OASAS-certified treatment program.

Open Access Centers: OASAS began the process of developing regional open access centers across the state with the ability to serve an individual 24 hours a day, 7 days a week. The variety of services ranges from engagement and navigation for entering the treatment system to access to naloxone training to immediate assessment and warm handoff to a treatment program. OASAS continues to collaborate with providers to implement these services statewide.

OASAS Policy and Regulatory Reforms: Since the Task Force convening, OASAS has undertaken a substantial overhaul of its regulatory framework to ensure the appropriate use of person-centered and gender-neutral language, to remove all references to abstinence being the only goal of treatment and to streamline regulatory requirements to provide efficiency in the provision of services. Some of the more notable changes include:

Part 800: Part 800 includes general provisions that are applicable to all OASAS-certified programs. A new subsection was added regarding access to MAT, requiring that all doctors, physician assistants and nurse practitioners employed in OASAS programs become authorized to prescribe buprenorphine. All programs are required to make MAT available and not condition admission on use of any medication and that all programs make available all forms of MAT to clients in their programs. Updates also mandate that all programs maintain a naloxone kit onsite in their emergency medical kit.

Part 815: Part 815 defines patient's rights within OASAS-certified treatment programs. Updates include reference to provision of naloxone to patients and their family, ensures access to medication as needed and clarifies that use of toxicology screens should be in accordance with clinical judgment.

Part 822: In addition to conforming to the amendments outlined in above, updates include clarifying that previously optional services such as provision of medication-assisted treatment and peer support services are in fact required of each outpatient program certified by OASAS.

Part 830: Part 830 includes provisions that allow for use of tele-practice in the delivery of

¹⁷ COTI providers can be found at: <https://www.oasas.ny.gov/recovery/regional-services>

addiction treatment services. OASAS routinely works with other state agencies to align requirements around the provision of telehealth services across the healthcare system.

All OASAS regulations are available on the OASAS website for further review.¹⁸

Additionally, OASAS has issued substantial guidance for providers on the provision of MAT, facilitating rapid access to MAT, and the provision of peer support services. OASAS has also funded a Project Extension Community Health Outcomes model across the state to engage with practitioners that care for justice involved, pregnant and parenting women and individuals post overdose from the emergency department to increase understanding and decrease stigma around the disease addiction.

FQHC MAT access expansion: OASAS has increased access to MAT through Federally Qualified Health Centers (FQHCs) that partner with OASAS clinics at 12 sites across the state to share knowledge, better integrate care and improve access to medication and psychosocial treatment.

Expanded Insurance Access: New York took steps in 2016 and again in 2019 to ensure that individuals seeking care were able to rapidly obtain treatment, regardless of the level of care. Beyond the changes noted above for bedded treatment, we also extended access to needed outpatient services. Our first step was to remove insurance barriers such as prior authorization or concurrent review for the first two weeks of outpatient treatment, allowing individuals to receive up to 14 visits before insurers could conduct utilization review. This 14-visit safe harbor was extended to 28 days in 2019.

More recent changes the insurance law address another significant barrier for patients – excessive copayments. Many individuals need to attend outpatient treatment multiple times per week and a high copayment can effectively price them out of receiving necessary care. Recent changes will limit co-payments for outpatient substance use disorder services to that of a doctor's office visit and will limit such copayments to one per day.

DFS has also issued multiple guidance documents for insurers, called Circular Letters, to utilize in management the substance use disorder benefits. Guidance includes:

- Insurance Circular Letter No. 13 (2018) which explained to insurers the requirements of Chapter 57 of the Laws of 2018 which prohibited prior authorization and limited concurrent review of outpatient substance use disorder (SUD) treatment and encouraged issuers to eliminate preauthorization requirements for all outpatient SUD treatment, including medication-assisted treatment dispensed by pharmacies.
- Insurance Circular Letter No. 16 (2017) advising insurers on coverage of naloxone consistent with the Affordable Care act, MHPAEA, and mindful of the increasing epidemic.

¹⁸ To view all regulations, visit: <https://www.oasas.ny.gov/regulations>

- Insurance Circular Letter No. 14 (2017) which defined utilization review (“UR”) requirements enacted pursuant to Chapter 71 of the Laws of 2016, including prohibiting prior authorization and limiting concurrent review or bedded treatment of substance use disorder (“SUD”), coverage of medication-assisted treatment, non-opioid treatment alternatives to pain management, and coverage of opioid treatment programs under insurance policies or contracts delivered or issued for delivery in New York State.

Mental Health Parity and Addiction Equity Act Education and Enforcement: We have also taken a strong stance on Parity compliance. Newly enacted legislation requires Plans to provide Parity Compliance information to the DFS. Plans must report on utilization review activities, cost sharing, in-network vs. out-of-network claims payment, benefit limits, and provider counts for behavioral health and medical surgical services.

As more people seek care, they need to have an accurate understanding of the providers in their insurance network. If someone urgently needs care but the network has no practitioners that are accepting new patients, they are effectively blocked from accessing care. To combat this Plans will also be required to post more detailed information about their networks so existing and future consumers have a clear picture of the provider network, and if providers in the network are accepting new patients.

As an additional oversight mechanism, the State will assess out of network utilization as an indicator of network adequacy of insurers. If out of network utilization is high, the State can require plans to contract with more providers.

Both DOH and DFS will also be hiring additional staff to support the ongoing monitoring consistent with state and federal parity standards.

Predatory Marketing: An unfortunate consequence of the epidemic is the rise in out of state programs that may prey on individuals and families struggling in desperate situations with their loved ones. These programs are often ineffective and rely upon misleading marketing, through false advertisements on television or the internet, call centers that send callers to the highest bidder, and predatory marketers. Patient brokering or selling patients with out of network insurance to the program that pays the most money, has led to increased healthcare costs, overutilization of toxicology testing and sometimes fatal consequences.

New York, in response, has made it clear that patient brokers are not welcome in our state. Our efforts allow insurers to limit their network of providers to OASAS licensed, certified or otherwise authorized in-state providers. For out of state providers, networks can be limited to those who are accredited and licensed/certified by the situs state.

Coverage under the Medicaid program was also modified to prevent predatory marketers from preying on court ordered individuals by limiting the network to OASAS licensed, certified or

otherwise authorized facilities.

Shatterproof: NYS is participating in a pilot program with Shatterproof, a national non-profit organization dedicated to ending the devastation addiction causes families. The pilot program known as ATLAS, is geared towards creating an addiction treatment locator, analysis, and standards tool to help people find high-quality addiction treatment and help providers navigate to better quality care. The goal is to develop standardized information about services available at all types of treatment facilities and how these offerings align with what science shows leads to the best patient outcomes. This system will drive improvement among treatment facilities by increasing accountability and transparency, as well as supporting providers in their own quality improvement efforts. It will also supply states with the information necessary to recognize gaps and target technical assistance resources or change policy, and give payers the opportunity to incentivize high quality.

Improved Services for Special Populations:

Pregnant and Parenting Women

OASAS has been working with the NYS Office of Children and Family Services (OCFS) and DOH on the implementation of the changes in the Child Abuse Prevention and Treatment Act (CAPTA) that occurred as a result of the 2016 Comprehensive Addiction and Recovery Act. OASAS issued a Local Services Bulletin (LSB) in 2019 that instructs our providers who are working with pregnant women to coordinate with pre-natal providers and others to ensure that a “Plan of Safe Care” is developed that explains what to expect if the infant is born substance exposed and what supports are needed to support the mother.

OASAS has also been working with the American College of Obstetricians and Gynecologists (ACOG) Chapter 2 and DOH on the NYS Perinatal Collaborative, examining maternal and birth outcomes across the state. The current project, NAS- OUD Quality Collaborative, is piloting the development and implementation of best practices which promote better birth outcomes for the infant and parent in 13 birthing hospitals across the State. ACOG has also been working on a training curriculum that is based on the ACOG Clinical Practice Bundle that promotes best practices, including the use of medication-assisted treatment, for women with an OUD.

Recovery

Recommendation Twenty: Support the creation of new Recovery Community Outreach Centers to promote long-term recovery across the State.

OASAS funded Recovery Centers provide health, wellness and other critical supports to people and families who are recovering from a substance use disorder or are seeking recovery services for a family member or friend. They provide a community-based, non-clinical setting that is safe, welcoming and alcohol/drug-free for any member of the community. The centers promote long-term recovery through skill-building, recreation, employment readiness and the opportunity to connect with peers who are going through similar challenges.

Over the past three years, OASAS has continued the state's efforts to increase its inventory of Recovery Community Outreach Centers 10-fold from 3 Recovery Community Outreach Centers (RCOC) to 30 funded centers. The centers were funded in line with the vision of building a statewide infrastructure, developing RCOC's throughout the state to represent the diverse geographic locations and needs of the state. Each RCOC provides a safe, drug free environment for those seeking an atmosphere of recovery.

The services provided by each center are tailored by each community and include at minimum per required workplan: "Recovery Enhancement Skill Building", "Collateral or Family Support", "Recovery and Peer Support", "Mutual Aid Support Groups", "Education and Training" and "Health and wellness". These categories result in a wide range of services from Financial and computer literacy and Parenting, to Fitness Reiki and Yoga. Services are mandated to be available on evenings and weekends.

The centers have served or been visited by approximately 170,000 individuals since the recommendation by the Task Force in 2016.

Recommendation Twenty-One: Invest in additional Youth Clubhouses to promote long-term recovery for young adults.

Youth Clubhouses offer services and supports to help young people progress in their recovery. Built on a core of peer-driven supports and services that encourage and promote a substance-free lifestyle, the clubhouse model provides a restorative environment for young people whose lives have been disrupted because of their addiction and who would like the support of others in recovery. Since 2016, 14 new clubhouses have been established for a total of 21 clubhouses statewide, including on clubhouse established on a Native American territory. Clubhouses statewide have engaged with 89,496 youth and family members since 2017.

Recommendation Twenty-Two: Provide a wraparound program for post-treatment services to individuals in recovery.

OASAS has funded five hospital diversion programs and eight wraparound service providers through December 2019. The Hospital diversion program provided services within the community for individuals that formerly would have received services in higher/more costly levels of care. Wraparound services were provided for nine-months post treatment discharge.

To support wraparound services going forward, OASAS obtained federal approval from CMS to reimburse for outpatient clinic services provided in the community and allowed for access to home and community-based services for those who are eligible which eliminated the need for continued wraparound service programs. All outpatient providers may now also provide pre-admission services and bill for recovery support services as long as indicated as per the client's individualized recovery /treatment plan. We have also made peer services a mandatory component of outpatient services.

Recommendation Twenty-Three: Invest in transitional and supportive housing to provide stable housing options that support long-term recovery.

New York has led the nation in affordable housing preservation and construction. Beginning in 2016, New York State advanced Governor Cuomo's \$20 billion comprehensive five-year plan for affordable and supportive housing to ensure New Yorkers have access to safe and secure housing. Under New York State's Homelessness Action Plan, titled the Empire State Supportive Housing Initiative (ESSHI), this investment is expected to develop 6,000 (1,200 units per year over 5 years) new supportive housing units/resources and services to address vulnerable populations experiencing homelessness, with 5,000 of those proposed supportive housing units being sited in New York City and 1,000 in the Rest of State.

OASAS is one of eight (8) New York state agencies participating in the Empire State Supportive Housing Initiative Interagency Workgroup, with OMH as the lead procurement agency. The ESSHI Interagency Workgroup is responsible for developing procurements and awarding ESSHI conditional awards funding the operations/supportive services linked to the housing projects.

From 2016 through 2018, New York has completed three-rounds of ESSHI procurements. During the first round of ESSHI funding in 2016, OASAS as the contracting agency received 5 projects totaling 53 ESSHI units of housing, of which 21 housing units were dedicated to people with SUD.

In 2017, as part of the second year's procurement development, OASAS committed one-million dollars of funding for pre-development costs to successful applicants that were proposing to house homeless persons with SUD to increase ESSHI services for this specific population. To enable

those outcomes, the Housing Bureau Director attended/presented at several NYS Local Government Unit (LGU) committee meetings, as well as NYS Regional Planning Consortia (RPCs). As a result of that effort, OASAS providers received another 8 permanent awards with a commitment for 55 ESSHI units of housing, of which 21 were dedicated to people with SUD.

During the 3rd year, OASAS continued to commit pre-development funding to successful SUD ESSHI applicants, which resulted in receiving as the contracting agency 27 conditional awards with a commitment for 1,396 units of housing, of which 539 were dedicated to people with SUD - a significant increase from the prior year's awards.

OASAS anticipates that it will continue its commitment to provide pre-development funding to successful SUD ESSHI applicants during the 2019 procurement process.

Successful applicants can request up to \$25,000 per housing unit. The total proposed amount of ESSHI funding for providers contracting with OASAS, over the three rounds of awards beginning in 2016, is approximately \$18.3 million. The Housing Bureau through ESSHI funding opportunities will have contracted and funded housing services in approximately 10 to 12 counties OASAS did not previously serve.

The ESSHI housing units supplement the existing OASAS housing portfolio of more than 2,700 housing units statewide.

OASAS also supports the development of regional responses to the need for transitional and supportive housing opportunities. Transitional housing is a temporary, supportive environment that is intended to bridge the gap from homelessness/unstable housing to permanent housing. Transitional housing may also offer supportive programming such as life skills, education and training.

Local communities have been creative in developing transitional housing opportunities that respond to their specific needs such as the development of transitional housing by Christopher's Reason on Staten Island and the MHAB Life Skills Campus in Plattsburgh. These community-based recovery housing models have developed in response to the intense need for transitional housing programs to support individuals as they reacclimate into their community from homelessness, residential treatment or criminal justice settings. OASAS will continue to support development of these innovative regional responses to addressing the housing need.

Additional Recovery Activities:

Words Matter: Recognizing that terminology has consequences, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was updated to remove the term "abuse" from the name for substance use disorders. OASAS, as an agency, has removed stigmatizing language from our regulations in the most recent round of updates. But the term "abuse" was still present in our current state agency name and is found repeatedly within the Mental Hygiene law. In the 2019

Legislative session, the Governor signed Chapter 281 into law to align NYS law with our agency's mission and truly show that our services are a continuum to assist people on their journey toward health and well-being. This proposal modified mental hygiene law to remove stigmatizing language and changed the OASAS name to the Office of Addiction Services And Supports.

Enforcement

Recommendation Twenty-Four: Expand Prescription Monitoring Program (PMP) data sharing with other states to cut down on cross-state “doctor shopping.”

Continuing implementation/expansion of programs created by the Prescription Drug Reform Act/I-STOP legislation.¹⁹ NYS connects with 29 states plus Washington, D.C., Puerto Rico and the Military Health System.

A significant reduction occurred in the number of patients who received opioid prescriptions from five or more prescribers, at five or more pharmacies in a six-month period (“doctor shoppers”) between 2012 (27.0 per 100,000 population) and 2017 (1.4 per 100,000 population). Total doctor-shopping incidents are down over 98% since August 27, 2013.

DOH’s BNE has expanded PMP data sharing and developed a series of webinars for practitioners and their designees on how to use the PMP.

Recommendation Twenty-Five: Add fentanyl to the New York controlled substances schedule.

According to a report from the CDC’s National Center for Health Statistics, the number of drug overdose deaths from synthetic opioids, such as fentanyl, more than doubled between 2016 and 2017 in the United States. Overdose deaths from synthetic opioids have increased by 135 percent in New York State in just one year.

Since 2016, fentanyl analogs became and remain the primary driver of opioid overdose deaths in New York State. In 2018, there were 14 distinct types of fentanyl analogs seized by the NYPD, with six that had not been seen before. In the first quarter of 2019, 12 distinct types of fentanyl analogs were identified, including one never seen before in New York. A July 2019 NYC grand jury report recommends “the legislature make all fentanyl analogs a proscribed Schedule I drug under the New York State Public Health Law.”²⁰

When Governor Cuomo signed the 2018-19 budget, two fentanyl analogs were added to New York’s controlled substances schedule, but many more remain to be added. To bring awareness to the deadly impact of fentanyl, OASAS has done substantial education and issued guidance and public awareness campaigns including, among others, “Hidden Fentanyl Kills.”²¹

We cannot overstate the impact fentanyl has had on our efforts to reduce opioid overdose deaths. In recently released 2018 data, the NYC Department of Health highlights that fentanyl was detected in 60%

¹⁹ For additional information, see: https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/.

²⁰ (Page 14):<http://www.snpnyc.org/wp-content/uploads/2019/07/SNP-GRAND-JURY-REPORT-FENTANYL-ANALOGS.pdf>

²¹ See. <https://oasas.ny.gov/fentanyl-kills>.

of all overdose deaths. For the second year in a row, fentanyl was the most common substance identified in NYC overdose deaths.

Additional Enforcement Actions:

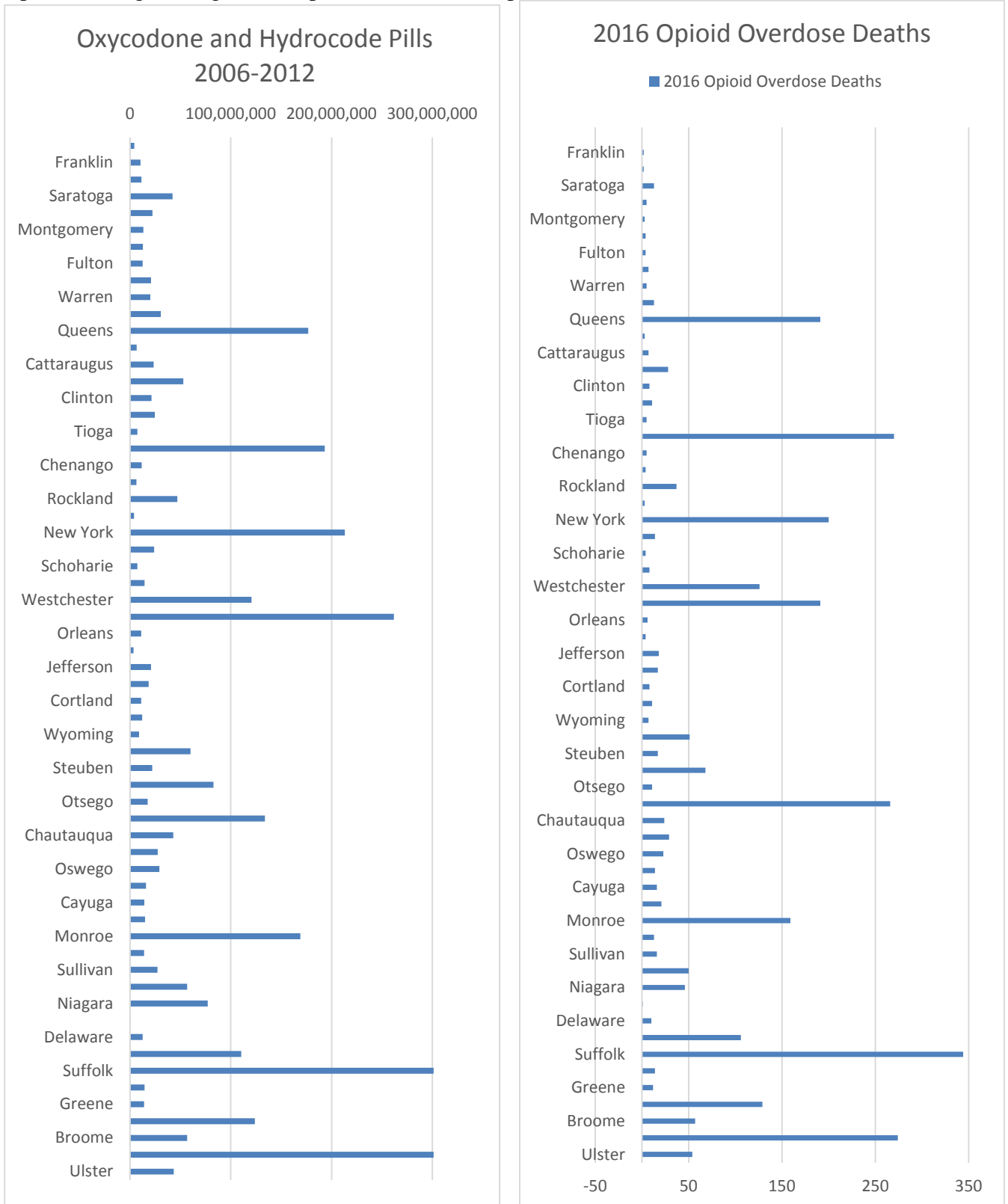
As stated previously, from 2006 to 2012, New Yorkers received 3,338,304,794 prescription pain pills. Fourteen million pills were distributed to individuals living in Long Beach (Long Island) alone. New York State's population during the same period increased from 19.35 million to 19.57 million. From 2006 to 2012, our state received enough addictive opioid medication to allow every New York State resident to receive twelve pills.

As the country delves deeper into the cause of the epidemic, to find a path forward, New York has sought accountability from the corporations that used aggressive marketing and shipments of pharmaceuticals with reckless disregard to the devastating impact it would have in our communities.

One mechanism for accountability is to take legal action against manufacturers and distributors. On March 28, 2019, the State of New York sued manufacturers and distributors of opioids and members of the Sackler family, who control opioid manufacturer Purdue Pharma. The lawsuit asserts that the way manufacturers denied and deliberately concealed from the public the highly addictive nature of opioids and made false claims regarding the efficacy of their opioid products, using front groups and co-opted doctors in sophisticated marketing campaigns, drove up the number of opioid prescriptions written in New York by 900 percent from 2000 to 2011. The drug distributor defendants, for their part, rushed to fill massive orders for opioids, including from "pill mill" pharmacies, and turned a blind eye to warning signs of suspicious orders that they failed to report to regulatory agencies. In time, New Yorkers who had become addicted to the defendants' prescription opioids turned to a cheaper alternative, heroin. Indeed, as many as 80% of all heroin users first became dependent on opioids as a result of a "legitimate" prescription for the defendants' products. The results for New York have been nothing short of devastating, with overdose deaths from heroin and opioids exceeding 3000 a year in 2016 and 2017, and with massive costs incurred by the state to fund services such as drug treatment, other healthcare costs, and law enforcement. The State's lawsuit seeks, among other remedies, damages for the expenses it has incurred as a result of the crisis created by the defendants' misconduct and calls for defendants to be ordered to pay for strategies to be implemented by the state to abate the crisis.

New York has also taken steps to ensure the pharmaceutical industry pays for the impact from the opioids they sell in this state. These payments do not apply to buprenorphine or methadone, and excludes those medications sold to programs licensed or certified by OASAS or OMH.

The following charts show the frightening correlation between the rate of distribution of prescription opioids in targeted regions compared to the rate of opioid-related overdose deaths in those same regions.²²



²² "DEA Database: Where the Pain Pills Went." The Washington Post, 16 July 2019,

Workforce Development and Support

As New York has responded to the opioid epidemic by building a system of rapidly accessible treatment, we have faced substantial obstacles in finding qualified healthcare professionals to work in treatment programs around the state. Workforce shortages across the public health sector present barriers to efficient and effective availability of services.

Creation of a Peer-based workforce:

OASAS has allocated \$250K each year in scholarship funding to CRPA applicants to cover the cost of their education, application and exam fees. To date, more than 1,200 scholarships have been awarded.

CRPA-P Implementation: To encourage the implementation of peer services in OASAS-certified outpatient clinics, as of June 1, 2016, OASAS approved a Certified Recovery Peer Advocate- Provisional (CRPA-P) certification that is accepted for payment for peer services in reimbursable Medicaid Ambulatory Patient Group (APG) and Home and Community Based Services (HCBS) settings. Since then, a total of 620 CRPA-P certifications have been awarded along with 673 full CRPAs for a total of 1,293 CRPAs and CRPA-Ps qualified to work and be reimbursed in OASAS settings as of August 2019.

Peer workforce expansion: CUNY/SUNY Community College CRPA Curriculum: New York Alliance for Careers in Healthcare (NYACH), OASAS, the City University of New York system, NYC DOHMH, with input from NYC-based, OASAS-certified treatment providers, peers and other stakeholders, worked with Queensborough Community College to develop an 80-hour Certified Recovery Peer Advocate (CRPA) curriculum which began in January 2017. It was later expanded to two other CUNY campuses, Bronx and Staten Island Community Colleges. Approximately 80 new CRPAs were trained in the new curriculum.

On December 8, 2018 NYACH held a behavioral health conference in NYC to expand the capacity of treatment providers to hire and integrate peers. Additionally, on March 26-28, 2019, a train the trainer presentation of the CRPA curriculum was held in conjunction with the Westchester Medical Center Performing Provider System (PPS) Center for Regional Healthcare Innovation to expand the program to predominantly Mid-Hudson community colleges and community-based treatment providers. Implementation of the curriculum at Suffolk, Ulster and Westchester, Community Colleges occurred during the Fall 2019 semester.

SUD Counselor Scope of Practice: On July 1, 2018, an SUD Counselor Scope of Practice was implemented for all counseling staff working for OASAS-certified treatment providers. The new Scope of Practice ensured all counseling staff had foundational training in addiction and, specifically, medication-assisted treatment, ethics and confidentiality. It also ensured only those with credentials or licenses in addiction or related counseling fields could perform clinical services independently. It also

required intensive supervision from advanced level clinical supervisors who had fulfilled 30 hours of clinical supervision training for all counselors.

Rural Workforce Forums: During the Fall 2017 to Winter 2018 period, OASAS convened 8 rural workforce forums with over 100 participants to connect OASAS-certified prevention, treatment and recovery providers with their local OASAS-approved Education and Training Providers (college- and community-based) and other local workforce stakeholders, such as Regional Career Centers, Workforce Investment Boards and Boards of Cooperative Educational Services (BOCES). The goal was to connect treatment providers with the educational resources and workforce funding for shortage occupations such as the addiction counselor and CRPA.

Recovery Tax Credits: On July 23, 2019, OASAS released a Recovery Tax Credit RFA which provided the opportunity for employers who pay corporate taxes to apply for a \$2,000 tax credit for each employee that they hire who is in recovery from an SUD during the period April 2019 – January 1, 2020. To be eligible for the tax credit, they must be employed in 2020. Up to \$2 million in tax credits are available for tax year 2019 for employers who pay NYS corporate taxes.

Addiction Professional Scholarship Awards 19-20: \$300,000 was awarded in the last state budget to create a scholarship program for addiction professionals. This will be offered to prevention, treatment and recovery staff who are seeking addiction credentials and/ or licensed masters level counselor status. Scholarships will be distributed in all 10 economic development zones in NYS.

Opioid Overdose Guidance Documents: Two guidance documents were created. The first one, “Clinical Response Following Opioid Overdose: A Guide for Managers”, was created to address the workforce impact when a service recipient experiences an overdose. Addiction professionals were experiencing various levels of vicarious traumatization due to the increased number of overdoses and deaths of service recipients. This document assists addiction professionals and agency administrators by providing guidance related to developing concrete policies and protocols to implement for all staff when this occurs. The second document, “Overdose Prevention and Response in Behavioral Health Settings”, was developed to assist agencies in preventing and addressing opioid overdose from the time a service recipient enters a program through their continuing care services and discharge plan. An online “Learning Thursday” was also presented as an introduction to and synopsis of these documents.

Overdose and Suicide Loss in the Behavioral Health Workforce: This curriculum was developed in conjunction with the Office of Mental Health to address responses to both opioid overdoses and suicides that may occur while an individual is receiving prevention, treatment and recovery services in an OASAS program. It is a train the trainer model, so capacity to disseminate the curriculum statewide is developed as an outcome of this initiative. The direct delivery trainings are occurring statewide now. Those that complete the training will then complete a train the trainer session to be able to offer this training in their community.

Justice Involved Populations

Pre- and Post-Arrest Diversion Programs

New York has also supported the development and implementation of local pre- and post-arrest diversion programs around the state. Local communities, including police and sheriff departments, district attorneys, and community-based providers, among others, have developed diversion programs for individuals that would not otherwise qualify for participation in the historical Drug Court model. Such programs include: the Heroin and Overdose Prevention Education (HOPE) Program in Richmond County, a pre-arrest diversion program whereby individuals are allowed to voluntarily engage with a local addiction treatment and/or harm reduction program over a period of time after which their desk appearance ticket is dismissed without ever engaging with the Court system; and the Overdose Avoidance and Recovery Diversion Program (OAR) rolling out across New York City, a post-arrest diversion program offered in the courtroom where an individual may voluntarily engage in treatment services and charges are dismissed when the individual is deemed to no longer be at risk of overdose. Communities across the state are adopting these and similar programs designed based on the needs of their community to offer treatment alternatives to individuals who would otherwise be engaging with the criminal justice system. This is a systematic move towards incorporating a public health approach into community policing when working with offenders with a substance use disorder.

Local Reentry Initiatives and MAT in State and Local Correctional Settings

Beginning in 2017, OASAS undertook a large-scale initiative with local and state correctional settings across the state. OASAS providers partnered with local and state correctional settings to implement treatment transition for individuals with Opioid Use Disorder reentering their communities in 20 local correctional facilities and three state facilities. Almost 2,000 individuals in local correctional facilities received substance use disorder counseling and education on medication-assisted treatment (MAT) options and were offered long-acting injectable naltrexone. Of these, 1,356 received a person-centered plan for linkage to treatment upon leaving the facility with 667 (49%) being admitted to treatment post-release. Over 600 individuals in State correctional facilities received substance use disorder counseling and education on MAT. Of these, 259 (41%) consented to naltrexone and 145 received the injection (36 were not yet close enough to release date to receive the injection). All who received the injection were provided a person-centered care plan.

OASAS and DOCCS began a long-standing relationship of offering supportive services at a variety of state facilities, including Edgecombe, Hale Creek, and Bedford Hills; and they have continued to expand upon their partnership, first with the naltrexone initiative outlined above and more recently by partnering with OASAS-certified Opioid Treatment Programs (OTPs) to maintain access to methadone for individuals incarcerated at six correctional facilities across the state, including Bedford Hills, Queensboro, Elmira, Wallkill, Cayuga and Mohawk.

An additional \$3.75 million was made available in the 2018-19 Executive Budget to support expansion of

addiction services in local correctional settings around the state. During the 2019-20 budget, the Assembly added an additional \$1 million to support the provision of addiction medications in these facilities.

OASAS is also working with the Office for Court Administration to establish 13 new Opioid Courts across the state. These courts seek to identify individuals with OUD as quickly as possible and assist in accessing treatment. OASAS is funding a clinician and peer in each of the 13 courts, allowing for immediate assessment, referral to treatment as well as peer support.

CONCLUSION

As the report illustrates, progress is being made. However, progress is not consistent in every part of the state and our continued efforts are essential to making progress in every part of New York State.

The chart below highlights some counties where progress is being made according to the most recent DOH County Opioid Quarterly Report, Published in July of 2019:

County	2017 Opioid Overdoses	2018 Opioid Overdoses	Percentage Reduction
Broome	52	25	51%
Cayuga	20	11	45%
Chautauqua	30	15	50%
Columbia	19	6	68%
Cortland	14	4	71%
Erie	246	149	39%
Jefferson	14	9	35%
Nassau	193	110	43%
Schenectady	31	22	29%
Steuben	14	5	64%
Suffolk	425	283	33%
Tompkins	18	11	38%
Queens	378	315	15%

We would like to highlight a few areas where we believe further assistance is necessary for NYS to continue towards our goal of ending opioid overdoses and overdose deaths:

FEDERAL OPIOID FUNDING MUST BE CONTINUED:

NYS has used this funding to great effect. The best example is the Centers of Treatment Innovation (COTI) model where, in the first year of the Opioid State Targeted Response (STR) grant, we implemented the model in the 16 highest need counties (Cayuga, Erie, Greene, Jefferson, Madison, Montgomery, Niagara, Onondaga, Ontario, Oswego, Saratoga, Sullivan, Tioga, Tompkins, Ulster, and Yates). A review of the DOH data shows that opioid overdose deaths declined by 11.6% in those counties and increased by 10.2% in non-COTI counties. These numbers highlight why we are implementing the COTI model statewide. However, the model takes time to become financially sustainable, and continued federal funding is essential for the model to take hold statewide.

THE NYS SUD INSURANCE ACCESS MODEL SHOULD BE ENACTED FEDERALLY AND BY OTHER STATES:

The comprehensive insurance law reforms we have enacted in NYS have resulted in increased access to treatment and have positively impacted opioid overdoses and overdose deaths. New Yorkers are now able to access treatment immediately without interference from insurers and are able to reach a point of stability before insurers get involved. However, our model only applies to insurance policies written in NYS, which excludes approximately 50% of New Yorkers from such protections as their insurance policies are written in another state and subject to that state's laws, or their insurance policy is protected by the federal Employee Retirement Income Security Act of 1974 (ERISA). The NYS model has increased access without significantly increasing the costs of insurance. Making treatment available when a person is ready and allowing it to continue for as long as needed makes sense from both a human and financial perspective. Other states and the federal government should follow our approach and enact the NYS model.

FEDERAL RULES RESTRICTING ACCESS TO MEDICATION-ASSISTED TREATMENT (MAT) NEED TO BE REMOVED OR RELAXED:

The use of MAT is the standard of practice/first line of intervention in treating Opioid Use Disorder (OUD). Two of the MAT medications (methadone, buprenorphine) are controlled substances and access to both for the treatment of OUD is restricted by the federal government.

While both methadone and buprenorphine may be prescribed for the treatment of pain without any requirements other than the prescriber has a state and DEA license to prescribe controlled substances. However, when that prescriber wishes to use either of these medications for the treatment of OUD, in the case of methadone, they must work in a federally and state licensed Opioid Treatment Program and their patient must enroll in that program and, with regard to buprenorphine, they must receive a waiver from the federal government and are limited in the number of patients they can assist. As noted in this report, we have been able to significantly increase buprenorphine prescribing in NYS (54.6 % since 2012). The federal restrictions are a significant obstacle in our efforts to increase its use even more.

It is very difficult and time consuming to site an Opioid Treatment Program and, in many communities, the opening of such a program is not feasible given the cost of operating the program compared to the population in need within given communities.

We encourage the federal government to consider removing these barriers or consider relaxing the barriers by: (1) allowing Opioid Treatment Programs to provide methadone through of mobile treatment vehicles/programs and (2) eliminate the patient limits for prescribing buprenorphine.

WE MUST ADD ALL FORMS OF ILLICIT FENTANYL TO THE NYS SCHEDULE OF CONTROLLED SUBSTANCES:

As illustrated in the recently released 2018 data from the NYC Department of Health, fentanyl was detected in 60% of all overdose deaths. For the second year in a row, fentanyl was the most common substance identified in NYC overdose deaths. Illicit fentanyl is now present in most overdoses statewide.

Failure to enable NYS law enforcement to go after those who sell these substances will continue to hamper our efforts to reduce opioid overdoses and overdose deaths.

We are encouraged by the work that has resulted from the Task Force activities and we will continue to monitor our collective progress as we strive to end the heroin and opioid epidemic.

APPENDIX A: Public Awareness Campaigns



As a result of the recommendations made by the Heroin Task Force in 2016, OASAS focused on new campaigns highlighting: addiction does not discriminate and can impact different regions, families and age groups. OASAS also updated the webpage to direct people for more information, including finding a treatment program across NYS. Changing the URL from CombatHeroin.ny.gov to CombatAddiction.ny.gov created a broader focus to engage more New Yorkers.

Campaigns are developed to reach all New Yorkers and the media varies depending on the message, goal and budget. We consider all mediums and make selections based on the best opportunity to reach the target audience.

We create a variety of campaigns using TV, radio, digital advertising, print, billboards, bulletins, shopping malls, mass transit, movie theaters, race car tracks, and other out of home opportunities. Our goal is to be informative with relevant information and reach as many people as possible. We track the number of visits to the OASAS website, the digital reach and the impressions which is an industry term representing the number of times an ad is served or delivered.

During this four-year fiscal period, the impressions from the media campaigns was: 1,261,515,532

Total Clicks to the website from Digital reach increased to 502,208

Additionally, materials were made available for providers, healthcare professionals, educators and other stakeholders.

The following pages provide a summary of the public awareness campaigns with the most current listed at the beginning.

Fiscal Year 2019/2020

Know The Facts Campaign

In 2019, OASAS launched a new approach to build an identifiable brand for OASAS. This new campaign is multifaceted and was designed to educate, inform and clarify many of the misconceptions about addiction.

Utilizing NYS OASAS color guidelines, the creative imagery of the campaign allowed for a variety of messages and will enable additional informational messages under the OASAS umbrella building on a cohesive brand image.



Warning Signs of an Overdose

Knowing the Signs of An Overdose can save a life.

Launch Dates:

- 6/17/2019 – 9/19/2019 : Bus shelters, laundromats, hair/nail salons, barber shops, subway, SI Ferry
- 7/8/2019 – 9/12/2019 : Digital streaming/social/search



<https://youtu.be/ZZRyHfX-VaE> English
<https://youtu.be/NFL8BeoI6S0> Spanish

2-SIDED CARD

**SUSPECT AN
OVERDOSE?**


CALL 911
New York's Good Samaritan Law protects everyone – the person seeking help and the caller. You will not be prosecuted.


Learning to recognize the signs of overdose can help save a life.
If you fear an overdose,
do not be afraid.
Call 911 and get help.


 **Office of Alcoholism and
Substance Abuse Services**


FOR HELP & INFORMATION
CombatAddiction.ny.gov
CALL 1.877.8.HOPENY
TEXT HOPENY to 467369


**KNOW THE
WARNING SIGNS:**



**SMALL,
CONSTRICTED
'PINPOINT PUPILS'**


**FALLING ASLEEP
OR LOSS OF
CONSCIOUSNESS**


**CHOKING OR
GURGLING SOUNDS**


LIMP BODY


**SHALLOW
BREATHING OR
NO BREATHING**


**PALE, BLUE, OR
COLD SKIN**

New York State
is your
home base for
addiction recovery.

Prevention, treatment, and recovery services.

CombatAddiction.ny.gov



Office of Alcoholism and
Substance Abuse Services

Help a friend.
Help a family
member.

Help yourself.

Prevention, treatment, and recovery services.

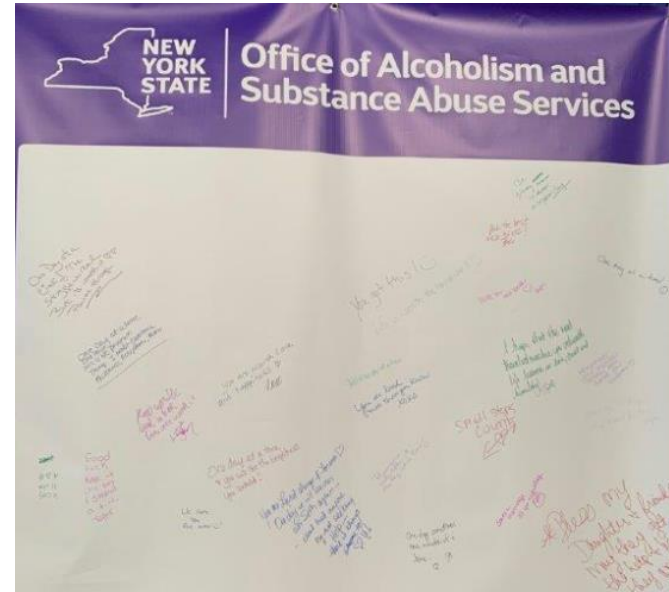
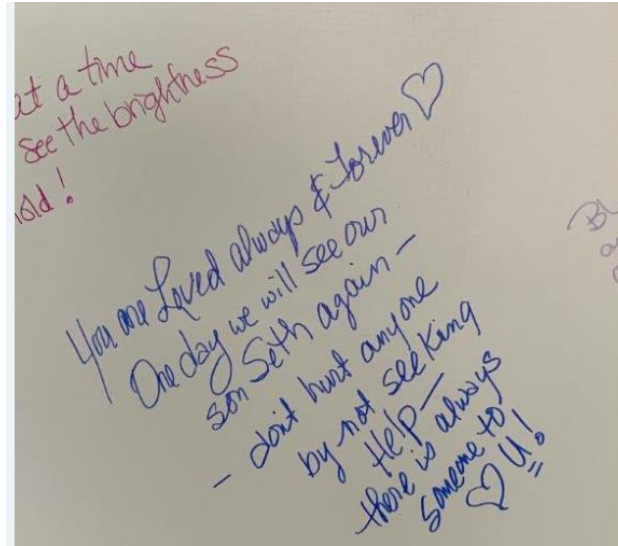
CombatAddiction.ny.gov



Office of Alcoholism and
Substance Abuse Services

2019 NYS Fair

Message of Hope banner enables the exhibit to be interactive with visitors signing messages of hope, inspiration and memories of loved ones passed.



Two-sided Business card in dual language with NYS Hopeline information – easy to distribute and save.

Help a friend. Help a family member. Help yourself.
Prevention, treatment, and recovery services

Ayude a un amigo. Ayude a un miembro de su familia.
Ayúdese usted mismo.
Prevención, tratamiento, y servicios de recuperación

Para ayuda e information visite
OASAS.ny.gov

For help & Information
OASAS.ny.gov

Call: 1-877-846-7369 (1-877-8-HOPENY)
Text: 467369 (HOPENY)
24 hours a day, 365 days a year
All calls are toll-free, anonymous and confidential.

Llame al: 1-877-846-7369 (1-877-8-HOPENY)
Texto al: 467369 (HOPENY)
24 horas al día, 354 días al año
Todas las llamadas son gratis, anónimas y confidenciales



Oficina de Servicios contra el
Alcoholismo y el Abuso de Sustancias



Office of Alcoholism and
Substance Abuse Services

Make a Plan-Prevention

to help kids get out of a difficult situation

Make a Plan (Prom/Graduation/Summer)

Launch Dates:

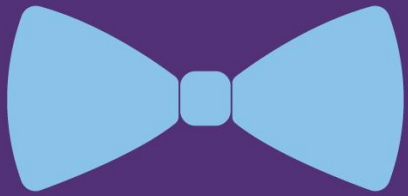
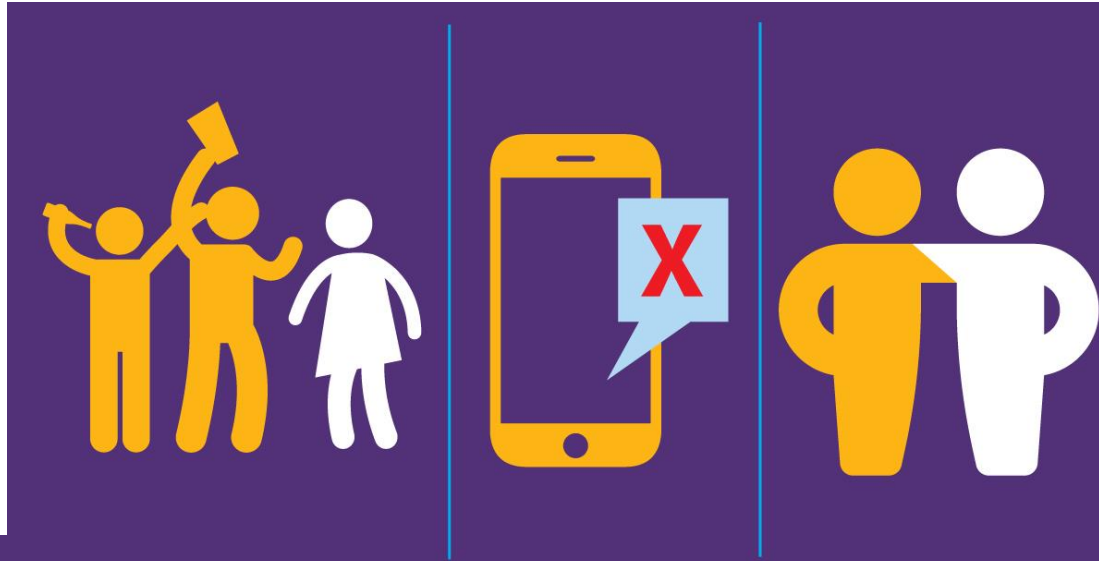
- 5/3/2019 – 6/30/2019: Radio, Digital, Mass transit

Make a Plan (Summer/Fall/Anytime)

- 7/22/2019 – 9/16/2019: Radio, Digital, Mass transit, Rack cards

Images

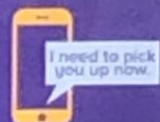
(building off the Know The Facts branding)



Make a plan to help
teens & young adults
escape peer pressure.




Develop a plan for your teen / young adult
to text you a code so that if they're in a bind,
they have a safe escape.



If you receive the code, you'll call and tell
them that they need to leave immediately.
(Their excuse to get away).
Let's keep our kids safe.

CombatAddiction.ny.gov

 Office of Alcoholism and
Substance Abuse Services

EMERGENCY
EXIT →

Make a plan to help
teens & young adults
escape peer pressure.



Develop a plan for your teen / young adult
to text you a code so that if they're in a bind,
they have a safe escape.



If you receive the code, you'll call and tell
them that they need to leave immediately.
(Their excuse to get away).
Let's keep our kids safe.

CombatAddiction.ny.gov

 Office of Alcoholism and
Substance Abuse Services

Todos sabemos que la presión de usar drogas o alcohol es un gran riesgo para nuestros hijos.



Juntos pueden crear una clave en un mensaje de texto que le indique que su hijo está en una situación difícil y necesita que usted lo rescate.



Una clave que le provoque llamarlo con una emergencia que requiera recogerlo.



Cuidemos nuestros jóvenes.

Para ayuda e información visite

CombatAddiction.ny.gov

Lláme al: 1-877-846-7369 (1-877-8-HOPENY)

Texto al: 467369 (HOPENY)

24 horas al día, 365 días al año



Oficina de Servicios contra el Alcoholismo y el Abuso de Sustancias

Make a plan together to help teens & young adults escape sticky social situations.

When peer pressure sets in, this is the way out.



Make a plan for your teen and young adult to text a special code so that if they're in a bind, they have a safe escape.



If you receive the special code, you then will call and tell them that you need to pick them up or they need to come home immediately. This will be their excuse to swiftly leave the situation.



Keep our young people safe.

For help & information

CombatAddiction.ny.gov

Call: 1-877-846-7369 (1-877-8-HOPENY)

Text: 467369 (HOPENY)

24 hours a day, 365 days a year

All calls are toll-free, anonymous and confidential.



Office of Alcoholism and Substance Abuse Services

Minor League Baseball 2019

Syracuse Mets

Brooklyn Cyclones



Staten Island Yankees



Digital Scoreboard Signage

Buffalo Bisons



Concourse Signage



Digital Scoreboard Signage (during live read)

Rochester Red Wings



Long Island Ducks



Digital Scoreboard Signage

Racecar Speedways

Help is here.
CombatAddiction.ny.gov



**Addiction
ends here.**
CombatAddiction.ny.gov



**In the race
against addiction,
winning
is possible.**

**Prevention, treatment and
recovery are here.**

CombatAddiction.ny.gov



**Resources for addiction
recovery are all over New York.**



Help a friend. Help a family member. Help yourself.

CombatAddiction.ny.gov



Fiscal Year 2018/19



Know The Facts

Launch Dates:

- 2/4/2019 – 3/11/2019: Radio, Digital, Billboards/bulletins
- 6/10/19 – 9/16/19: Billboards/Bulletins, Racecar speedways, Baseball Stadiums, Mass transit



Champlain Center Sky Banner



Bus Shelter



Albany Digital Bulletin



Albany Amtrak





SI Ferry Interiors



Subway Interiors

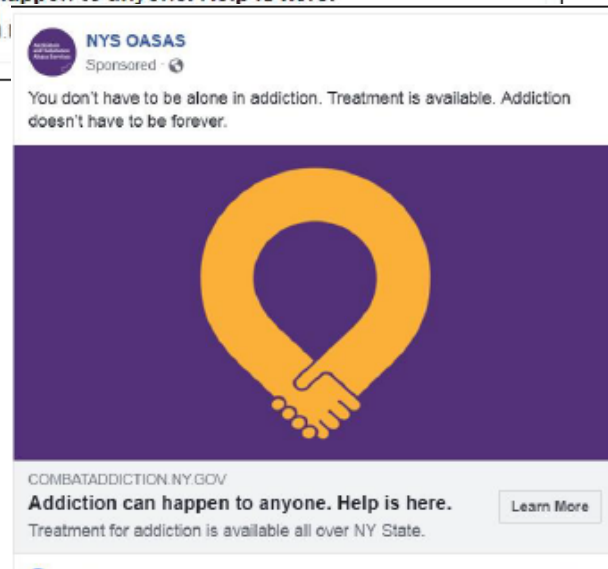
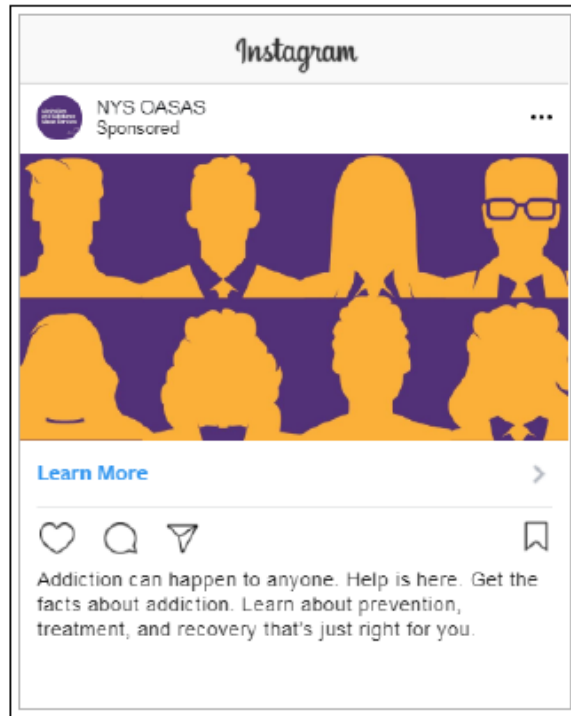


LIRR Interiors

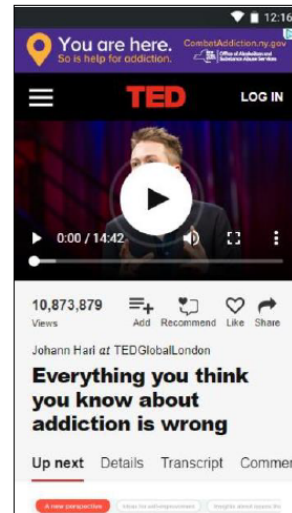
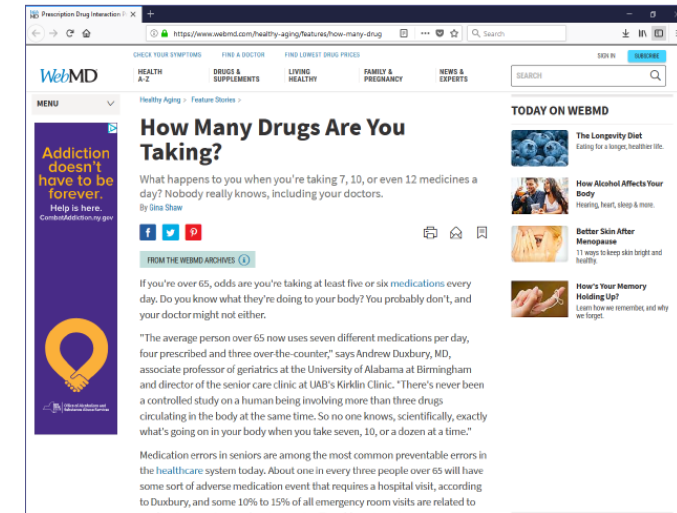


SI Mall Sky Banner

Social Media – Reach/Awareness Ads Creative Examples



Banner Ads – Creative Examples



Know the Facts

CombatAddiction.ny.gov

You are here.
So is help for addiction.
Help is available regardless of ability to pay.
CombatAddiction.ny.gov



Office of Alcoholism and Substance Abuse Services



Get the facts about
addiction treatment that's
just right for you.
CombatAddiction.ny.gov



Office of Alcoholism and Substance Abuse Services

Struggling with addiction
shouldn't have to mean
struggling with payment
for treatment.

Help is available regardless of ability to pay.

1-888-614-5400



Office of Alcoholism and Substance Abuse Services
CombatAddiction.ny.gov

Struggling with addiction
shouldn't have to mean
struggling with your
insurance company.

Help is available regardless of ability to pay.

1-888-614-5400

Office of Alcoholism and Substance Abuse Services
CombatAddiction.ny.gov



For more than
23 million people,
addiction recovery
is a way of life.

It can be for you, too.

CombatAddiction.ny.gov



Office of Alcoholism and Substance Abuse Services

Millions of people
who were
hopelessly addicted
are now recovering.

You can, too.

CombatAddiction.ny.gov



Office of Alcoholism and Substance Abuse Services

Addiction is a brain disease
and needs to be managed like
any other chronic disease.

Help is here.

CombatAddiction.ny.gov



Office of Alcoholism and Substance Abuse Services

Addiction
treatment
is available,
even if a facility
doesn't have an
opening today—
there are many
options in NY.

1-888-614-5400

CombatAddiction.ny.gov

Office of Alcoholism and Substance Abuse Services

With medication and counseling, as appropriate,
pregnancy and addiction
recovery go hand in hand.

CombatAddiction.ny.gov



Office of Alcoholism and Substance Abuse Services

Pregnant?
Living with addiction?
There are safe treatment options.

Tell to your obstetrician provider about treatment
and medication that can support a healthy
pregnancy, while seeking treatment for addiction.

CombatAddiction.ny.gov

Office of Alcoholism and Substance Abuse Services



Addiction doesn't
have to be forever.

Help is here.

CombatAddiction.ny.gov



Office of Alcoholism and Substance Abuse Services



Office of Alcoholism and
Substance Abuse Services



Usted se encuentra aquí.
Como también la ayuda para adicciones.
CombatAddiction.ny.gov



Office of Alcoholism and
Substance Abuse Services



For more than 23 million people, addiction recovery is a way of life. It can be for you, too.

CombatAddiction.ny.gov



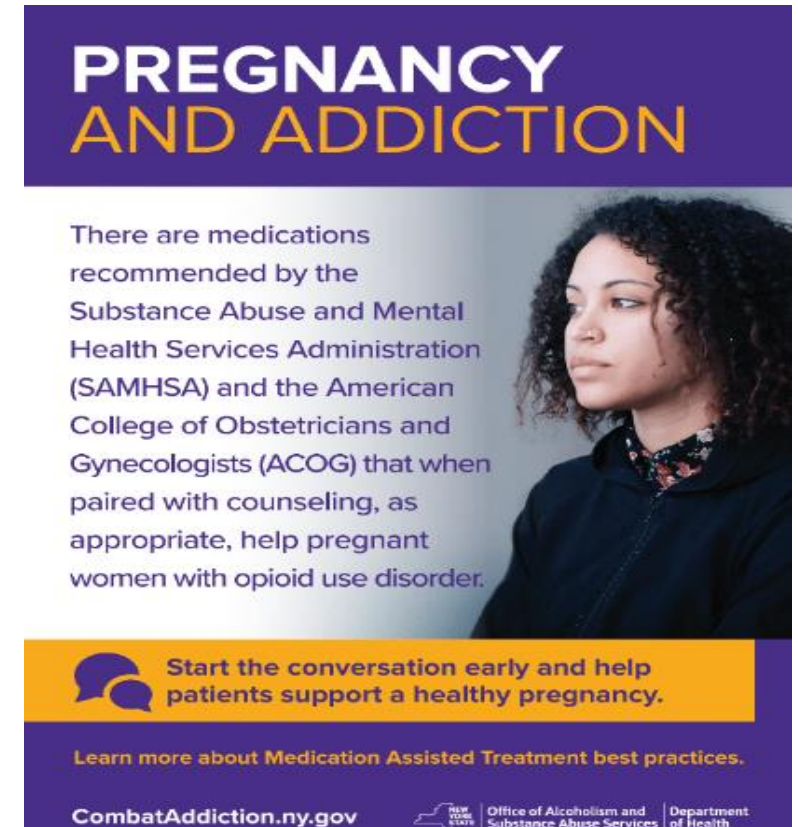
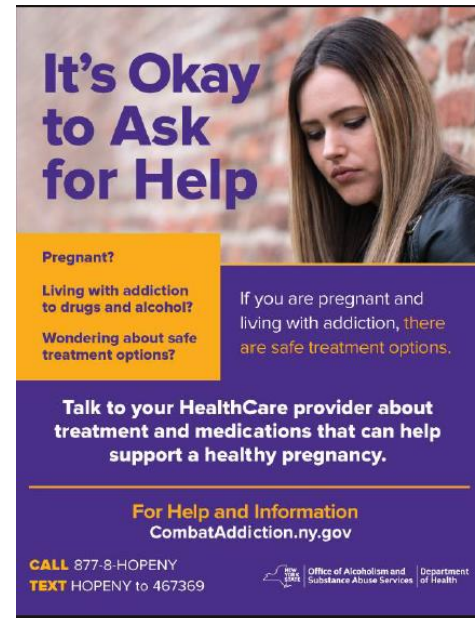
Office of Alcoholism and
Substance Abuse Services

Pregnancy and Addiction

A campaign to raise awareness with women who are pregnant about the importance of seeking help if they are addicted. Also messages were developed for healthcare professionals, reminding them that medications are recommended by SAMHSA and ACOG.

Launch Dates:

- 2/25/19 – 4/15/2019 :
 - Medical Journal publications
 - Outreach to healthcare professionals



We Can't Lose Anyone Else

Launch Dates:

- 11/26/2018 – 12/17/2018: TV

Campaign was designed to remind people that help is available regardless of ability to pay and medications are available to help. This campaign was featured statewide with heightened awareness in Staten Island

https://youtu.be/eDGIk_qQxDg English

<https://youtu.be/M5h2kp1VSfs> Spanish



You Can Be The Difference

The You can be the Difference is a series of videos and brochures that include resources on prevention, treatment, and recovery services. The following is one of a three-part 'You can be the Difference' video collection featuring former professional football player Erik Coleman. Coleman discusses how recovery is possible for everyone and shares personal experiences with addiction.

<https://www.youtube.com/watch?v=yeu7RZnc1PA>

Launch Date

- 10/1/2018 – 10/21/2018: TV



Anyone Can Get Addicted

Anyone Can Get Addicted

Launch Dates:

- 8/20/2018 – 10/28/2018 : Racecar Speedways
- 11/12/2018 – 12/9/2018 : Billboards/Bulletins/Posters



Out-of-Home - Creative Examples



Thunder Mountain Speedway



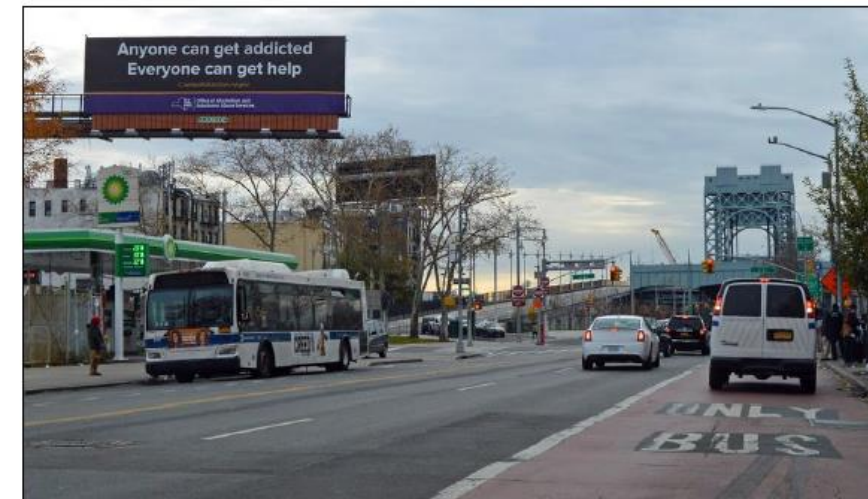
Lebanon Valley Speedway



Glen Ridge Motorsports Park



Orange County Fair Speedway



Manhattan Bulletin

Fiscal Year 2017/18

You Don't Have to Be Alone

Demonstrating that help is all around.

Launch Dates

- Feb –March, 2018 : TV, Radio, Mass Transit, Digital

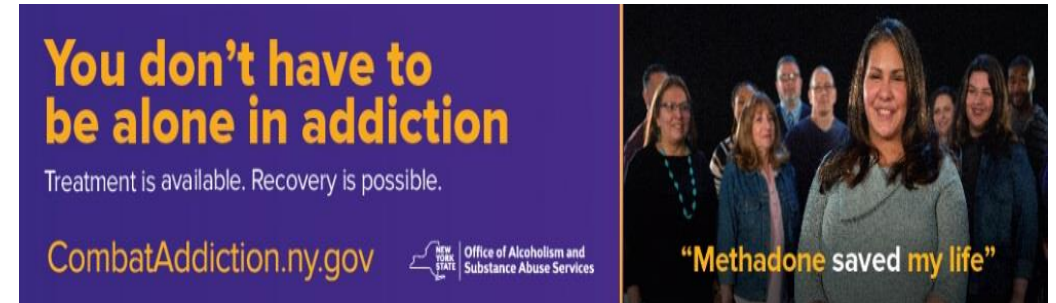


No tienes porque estar solo en la adicción

CombatAddiction.ny.gov


 Oficina de Servicios contra el Alcoholismo y el Abuso de Sustancias

**Tratamiento está disponible.
La recuperación es posible.**



You don't have to be alone in addiction

Treatment is available. Recovery is possible.

CombatAddiction.ny.gov  Office of Alcoholism and Substance Abuse Services

"Methadone saved my life"

Beware of False Promises

A campaign to raise awareness about patient brokers to remind New Yorkers that help is available in NYS and to let people know that there are people and organizations that are luring New Yorkers out of state with fancy ads and lots of promises and false information.

This campaign ran on the radio in targeted regions of the state more severely impacted by patient brokers.

Launch Date

- 2/8/2018 – 2/21/2018: Radio

[Beware of False Promises](#) (English)

[Beware of False Promises](#) (Spanish)

Spanish Informational Program

Launch Dates:

12/16/2017 – present: TV and social

Campaign was designed to provide information about services and support for substance use disorder. Topics range from stigma, recovery, treatment, and prevention services with providers and real New Yorkers sharing experiences and help. <https://combataddiction.ny.gov/nueva-esperanza>

Combat Addiction

Prevention

Warning Signs

Get Help

Get Information

Real Stories

Resources

Nueva Esperanza Nueva Vida

Información para usted y sus seres queridos sobre la adicción.

Nueva Esperanza
NUEVA VIDA
CON OASAS

Fentanyl is Deadly

A campaign to raise awareness about fentanyl and the fact that it is being put in heroin, cocaine and other drugs, resulting in many overdoses and deaths.

Launch Date

- 11/20/2017 - 1/28/2018: mass transit, laundromats, digital, social, cards and posters



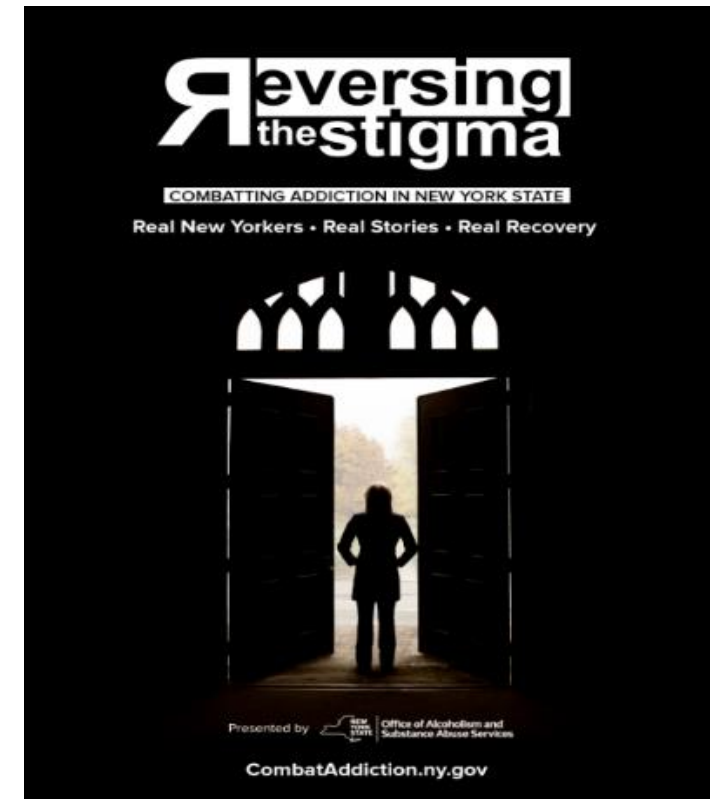
Emmy Nominated Documentary: Reversing The Stigma

September, 2017

OASAS launched the documentary called Reversing the Stigma where New Yorkers in recovery shared their experiences and lessons learned, to help others understand that change is possible, and recovery is real. The film featured NYS leadership discussing changes underway to address addiction and stigma along with people in recovery. The film launched during recovery month across the state at different premiere events.

Reversing the Stigma also ran on public broadcast stations and network TV along with multiple community events and continues to be viewed and shared.

In 2019, OASAS was honored to have been nominated by the National Academy of Television Arts and Sciences, New York Chapter for an Emmy Award. The Reversing the Stigma documentary continues to inspire, motivate and educate individuals.



Over 900 Providers

A dual language campaign to remind individuals that there are over 900 addiction treatment and support programs across NYS. This campaign ran in bodegas and Stewart Shops and three racecar speedways and radio. It also was placed at all NYS Thruway Rest Stops.

Launch Dates

August, 2017: Radio, bodegas, racecar speedways

[#Over 900 Treatment and Support Programs across NYS](#) (English)

[#Over 900 Treatment and Support Programs across NYS](#) (Spanish)



 **Office of Alcoholism and Substance Abuse Services**

Over 900 addiction treatment & support programs across NYS

Más de **900** programas de apoyo y de tratamiento para las adicciones en todo el NYS

For help with addiction call:
Para ayuda con adicción llame:
1-877-8-HOPENY
CombatAddiction.ny.gov

 **Oficina de Servicios para el Alcoholismo y Abuso de Sustancias**

Fiscal Year 2016/17

Synthetics

A public service announcement was developed to raise awareness about the serious impact of this growing trend. A Synthetic Spotlight webpage was developed to provide additional information for individuals and providers. [Synthetic public service announcement \(30 second\)](#)

Launch Dates

9/26/16 -11/13/16: Mass transit, wallsapes, billboards, malls and print





33 ft. Wallboard
located in the
Bronx, NY



Face of Addiction

- This campaign represented different faces of addiction and also hope. This campaign ran on TV and digital.

[Faces of Addiction/Faces of Hope](#) (English)

[Faces of Addiction/Faces of Hope](#) (Spanish)



Combat Addiction

OASAS created a campaign to explain that addiction does not discriminate and can impact different regions, families and age groups. In one of the public service announcement it also highlights the significance of underage drinking. The main tagline is “It’s going to take all of us, let’s come together and Combat Addiction”.

The new public service announcements (PSA) aired on network and cable TV stations across the state. Additionally, a digital campaign launched at the same time. A second flight occurred mid-November, with radio messages and the PSA’s running in movie theaters during the holiday season.

Launch Dates:

- 10/17/2016 – 11/20/2016: TV, Digital
- 12/12/2016 – 1/15/2017: TV, Radio, Digital, Wallscapes, Movie theaters, mass transit
- 1/30/2017- 3/5/2017: TV, Digital

[The Conversation](#) (English) [The Conversation](#) (Spanish)
[No Address](#) (English) [No Address](#) (Spanish)
[New Season](#) (English) updated with new tag line



·Addiction is a disease
·Help is available
·Recovery is real

ALEXIS, New Yorker
In Recovery

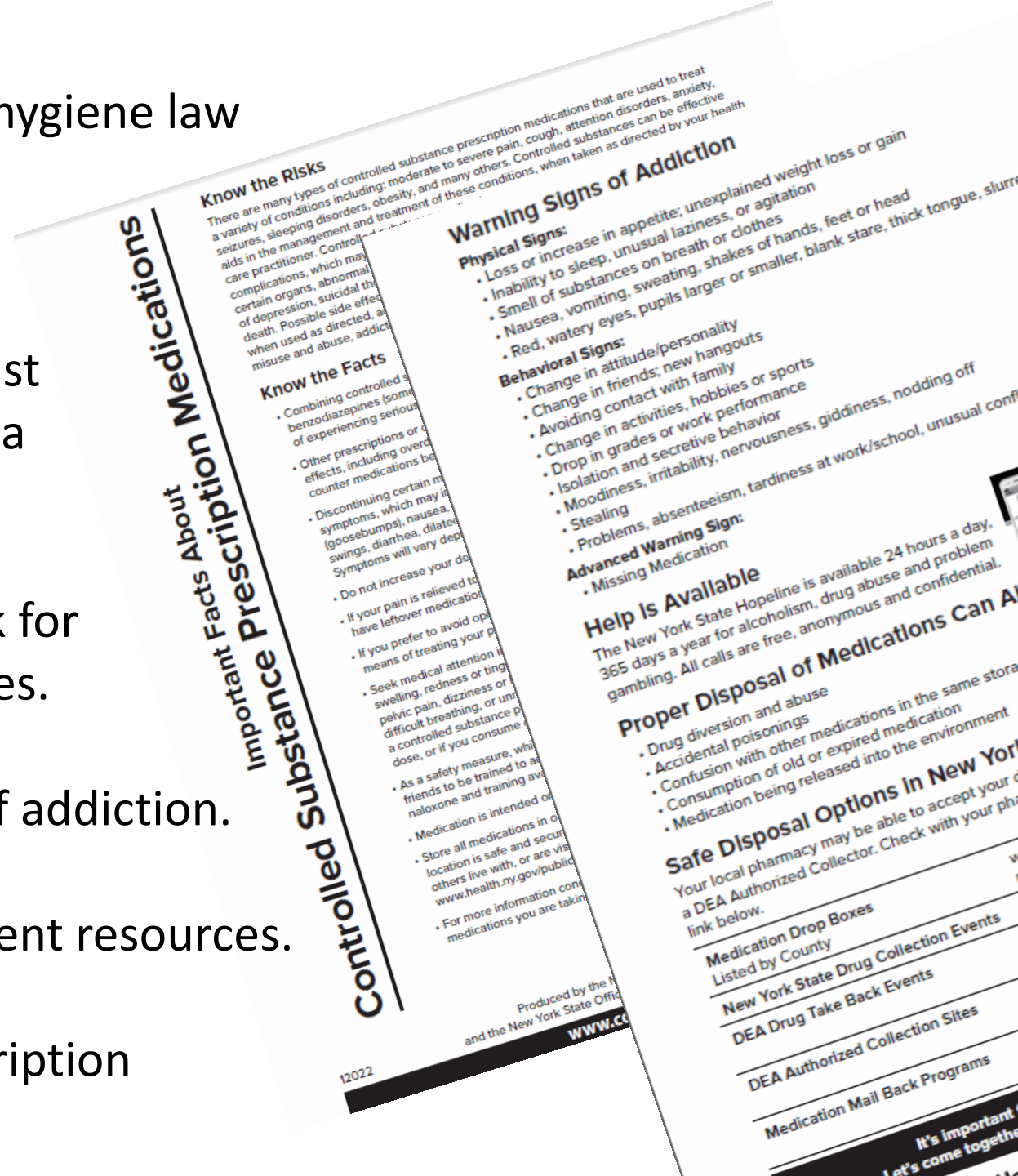
It's going to take all of us.
**Let's come together to
#CombatAddiction.**

Learn more at: oasas.ny.gov/CombatAddiction

 **NEW YORK STATE** | Office of Alcoholism and Substance Abuse Services

PART D, Section 1. Section 19.09 of the mental hygiene law

- Effective October 22, 2016
- Pharmacies registered in New York State must educate individuals at the time of dispensing a prescribed controlled substance medication.
- The dangers of misuse and the potential risk for addiction to prescription controlled substances.
- The physical and behavioral warning signs of addiction.
- Available alcohol and drug addiction treatment resources.
- Proper disposal guidelines for unused prescription controlled substances.



NYS Navigating the Substance Use Disorder System of Care Series

<https://combataddiction.ny.gov/get-help>

GETTING HELP

1. Introduction to Treatment
2. Making an Informed Decision
3. Understanding Your Health Insurance
4. Treatment is Available in NYS

TYPES OF TREATMENT

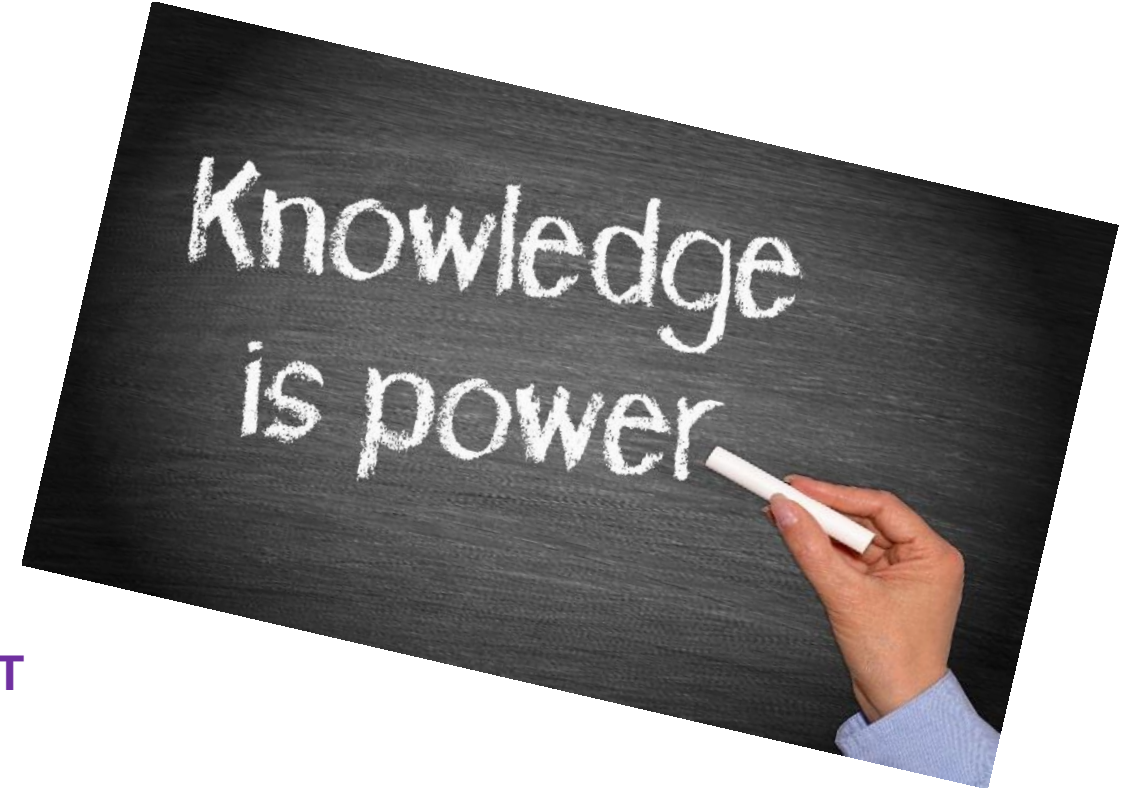
5. Inpatient Detox
6. Inpatient Rehab
7. Outpatient Treatment
8. Medication Assisted Treatment

UNDERSTANDING YOUR RIGHTS WHILE IN TREATMENT

9. Appeals Process
10. 14 Day Rule and the Appeals Process
11. Patient Safety

RECOVERY AND RELAPSE PREVENTION

12. Communicating with Your Health Care Provider
13. When Family and/or Loved one wants to help
14. Relapse Prevention: What a Family and/or Loved One Needs to Know



Educational Resource



Thumb Drive with all materials available to schools, healthcare providers and other community groups

Next Steps

- Moving forward, OASAS will continue to build a strong presence to ensure that all New Yorkers understand that help is available for substance use disorder.
- The new brand will enable OASAS to build a cohesive image with all messages under the OASAS umbrella of prevention, treatment and recovery services while directing people to one source for information.
- Future plans include building on the brand and developing messaging to dispel and clarify myths. A multifaceted approach will be used with TV programming, radio, digital, social, out-of-home and others.

Help a friend. Help a family member. Help yourself.

Prevention, treatment, and recovery services

**For help & Information
OASAS.ny.gov**