

**Summary Report (Written Testimony)**  
**Public Hearings ⇒ OASAS Statewide Comprehensive Plan & 2011 Outcomes Dashboard**  
*Division of Outcome Management & System Information*

OASAS hosted a series of three public hearings across the State in September 2011 to allow counties, providers, stakeholders and the general public the opportunity to offer comments regarding the OASAS 2011 Outcomes Dashboard. The Dashboard identifies OASAS system-wide priorities and forms the basis for the agency’s Statewide Comprehensive Plan. The public hearings were conducted in Albany (9/8), Buffalo (9/15) and New York City (9/19). A total of 190 individuals pre-registered for the hearings (98-NYC, 60-Buffalo, and 32-Albany) with 147 actually signing in on the day of the respective event. A total of 23 individuals presented testimony. Four other stakeholders who were unable to attend a hearing submitted testimony by e-mail.

Highlights of the written testimony received and OASAS response are outlined as follows:

<b>Summary Written Testimony</b>	<b>OASAS Response</b>
<i>COMPA (Committee of Methadone Program Administrators of NYS) Henry Bartlett, Executive Director</i>	
<p>There is a need for additional Opioid Treatment capacity in upstate NY. Suggested there is a need for additional OTP slots in following areas: Buffalo, Rochester, Syracuse, Albany, Suffolk County, Adirondacks, Southern Tier Central Catskills, Jamestown, and Watertown area.</p> <p>Recommended that OASAS relax or eliminate licensed capacity limits on existing Opioid Treatment Programs (OTP) in areas where there is significant unmet need. Also recommended that the process for establishing new OTPs be simplified and expedited. In areas geographically distant from existing services, Article 28 licensure should be optional.</p> <p>Discussed historical reluctance of criminal justice system to embrace use of addiction medicine. Recommended OASAS identify addiction medicines as a major initiative and identify how the problem is going to be addressed. Recommended that OASAS assertively challenge drug courts that refuse to make referrals into medication assisted recovery and develop standardized assessment and placement instrument/protocol to insure that individuals in the criminal justice system are matched with the appropriate level of care. If the instrument/protocol is not used, OASAS should introduce legislation to mandate its utilization.</p> <p>Expressed concern that in Phase 2 of Medicaid redesign, Behavioral Health Organizations (BHOs) will become risk-bearing which could have a negative impact on the treatment system. Recommended that BHOs follow these guidelines: ①All treatment programs licensed by OASAS in good standing be automatically placed on BHO provider panels, ②Rates of payment used by BHOs be the Ambulatory</p>	<p>OASAS understands the need to increase the availability of medication assisted treatment services in certain communities throughout the state. Through the work of the Governor’s Medicaid Redesign Initiative and the establishment of Behavioral Health Organizations, OASAS is looking to efficiently provide these services.</p> <p>This recommendation will be taken under advisement by OASAS.</p> <p>OASAS will move forward in meeting with the Office of Court Administration (OCA) to discuss this issue. Possible agenda items would include review of OCA assessment/evaluation tool used in drug court and whether it sufficiently addresses medication assisted treatment (MAT) as well as the importance of referral to MAT programs when clinically appropriate. OASAS has developed a webinar for judges to view MAT which has been disseminated by OCA.</p> <p>This recommendation will be taken under advisement by OASAS...</p>

<p>Patient Groups (APGs) rates ③BHOs be required to utilize a standardized instrument and protocol for placing patients in treatment and for conducting ongoing utilization review. (Instrument should be developed and/or designed by the state with ample input from the treatment community). Suggested that the Comprehensive Plan/Outcomes Dashboard reflect this as a top agency priority.</p>	
<p><b>NY Association of Alcoholism and Substance Abuse Providers</b> <i>John Coppola, Executive Director</i></p>	<p><b>OASAS Response</b></p>
<p>Recommended that OASAS advocate with federal government for preservation of SAPT Block Grant funding and re-establishment of prevention as a national priority to support school and community-based prevention programs. Suggested OASAS create new sources of revenue to support a comprehensive continuum of services including: ① establishment of a funding pool from a system of fines paid by businesses and individuals found to have made alcohol available to underage drinkers; ② establishment of a surcharge in cases where a vehicle /equipment is operated under the influence of alcohol/other drugs; ③ increased taxes on alcohol; ④ creation of a new funding methodology that sets aside a percentage of all new gambling revenues that come from casino gambling expansion for problem gambling prevention, treatment and recovery services.</p> <p>OASAS should ensure that substance use disorders are an integral part of any new service delivery models under health care reform and Medicaid redesign. Also mentioned need for OASAS leadership in creating and accessing opportunities for federal and state funding to support infrastructure, technology development and enhancement of services.</p> <p>Desire to work with OASAS to create new professional development opportunities &amp; ensure that regulations/laws potentially harmful to the field are eliminated or modified (e.g., need for changes to the social work license scope of practice). Requested continued provider involvement in APG implementation and planning process to insure provider acceptance of the new billing mechanism.</p>	<p>OASAS advocates for the preservation of funding, the statutory prevention set-aside for the SAPT Block grant and maintaining prevention within the SAPT. OASAS will continue to monitor any movement towards allocating block grant prevention funding for a Substance abuse/Mental Health Prevention Block Grant.</p> <p>This recommendation will be taken under advisement by OASAS.</p> <p>OASAS is committed to engaging with provider groups on issues and changes which may impact the field. Provider involvement in APG implementation is ongoing.</p>
<p><b>Council on Alcoholism &amp; Addictions of the Finger Lakes</b> <i>Nelson Acquilano, Executive Director</i></p>	<p><b>OASAS Response</b></p>
<p>Reported problem with significant staff turnover due to lack of cost of living increases and low salaries. Lack of cost of living increases negatively affects staff moral and recommended that OASAS insist on pay equity with the Division of the Budget.</p> <p>Recommended a return to a 28- day inpatient model in lieu of the 14 day model, and determination of level of care made by provider agencies not insurance companies. Also advocated for support of hospital-based detoxification services.</p> <p>Suggested that OASAS explore the feasibility of legislation (<i>aka Marchman Act</i>) which could mandate</p>	<p>This recommendation will be taken under advisement by OASAS....</p> <p>This recommendation will be taken under advisement by OASAS</p>

<p>involuntary commitment by physicians or concerned family members.</p> <p>Opposed to any consolidation of OASAS with OMH, OPWDD, DOH or any other allied profession with the exception of limited operational areas including: information technology, consolidated fiscal reporting system, legal and human resources. Another presenter (Rev. Peter Young) who did not provide written testimony expressed concern about combining addiction and mental health services. He recalled when alcohol addiction was a bureau within the mental health department and the field needed to “defend our turf.”</p> <p>Called for moratorium on the expansion of gambling in NYS.</p> <p>In lieu of Prevention Resource Centers and SPF-SIGs, proposed that coalitions receive \$20,000 grants to work with local Councils on Alcoholism to implement localized prevention campaigns.</p>	<p>This recommendation will be taken under advisement by OASAS.</p> <p>OASAS and OMH are working with the SAGE Commission to explore opportunities for better efficiencies in government.</p> <p>Currently there is no proposal to expand casino gambling.</p> <p>The Prevention Resource Centers (PRC) are in their third year of operation and considerable time/resources have been invested in developing them as centers of excellence for coalition development and environmental strategies. Some positive results to date include the development of 30 additional local coalitions’ and over 120 community coalitions have accessed the PRC training/technical assistance resources. The SPF-SIG grant requires OASAS to closely follow and evaluate the SPF steps and to reduce underage drinking in 11 specific communities by implementing localized prevention campaigns. These resources cannot be restructured into mini grants at this point in the project.</p>
<p><b>Student Assistance Services Corp.</b> <i>Ellen Morehouse, Executive Director</i></p>	<p><b>OASAS Response</b></p>
<p>Suggested that “developmentally appropriate” and “gender sensitive” be added to the Outcomes Dashboard in places where culturally competent is used.</p> <p>Recommended in addition to screening instruments for adolescents there is a need for additional prevention/treatment programs staffed by professionals skilled in working w/adolescents. Suggested the establishment of a CASAC-A (<i>adolescents</i>). Noted an increase in prescription drug misuse by youth in Westchester County.</p> <p>Advocated for maintenance of a prevention system that includes the full continuum of universal, selected and indicated prevention activities.</p> <p>Indicated that SPF-SIG grant does not allow for strategies that target youth marijuana or prescription drug abuse and only allows for environmental strategies to address teen alcohol use.</p>	<p>Consider developmentally appropriate and gender sensitive to be a subset of culturally competent.</p> <p>This recommendation will be taken under advisement by OASAS.</p> <p>OASAS will continue to monitor developments at the national level re adolescent credential and engage with providers re: potential use in NYS. NAADAC supports a comparable credential for years which has been highly underutilized. CSAT recently conducted a survey regarding interest nationally, results are pending. Prescription drug misuse is being addressed as part of an interagency work group that is looking at a wide range of issues including enforcement, training and public awareness.</p> <p>The OASAS prevention system contains universal, selected &amp; indicated prevention activities. While OASAS strives to maintain public access to comprehensive prevention services there is increasing pressure to more efficiently use limited resources including</p>

	<p>increasing universal programs that serve more children while limiting resources for intensive indicated services. The SPF-SIG grant was approved to prevent the onset/reduce the progression of substance abuse, particularly childhood/underage drinking and reduce substance abuse related consequences. Each community receiving SPF-SIG funding is committed to implementing environmental strategies aimed at building local capacity to reduce underage drinking. OASAS is committed to results in the agreed upon areas of concern.</p>
<p><b>Legal Action Center</b>, Paul Samuels, Director &amp; President</p>	<p><b>OASAS Response</b></p>
<p>Only 1 in 7 New Yorkers with substance use disorders receive needed services and many young people at risk do not benefit from prevention initiatives. Advocated for continued state support of prevention services in face of federal reductions.</p> <p>Recommended that NYS utilize Legal Action Center recommendations re: Affordable Care Act to design essential health benefits package for implementation in 2014.</p>	<p>OASAS is looking at opportunities to maximize service delivery with better outcomes. This will provide opportunities to provide prevention services through proven effective strategies.</p> <p>This recommendation will be taken under advisement by OASAS.</p>
<p><b>Hamilton Madison House</b> Peter Yee, Asst. Executive Director of Behavioral Health Services</p>	<p><b>OASAS Response</b></p>
<p>Suggested that treatment provided in a group setting negatively impacts the Asian American community given the historical stigma and cultural preferences that indicate resistance to this treatment model. Mentioned shortage of mental health professionals accustomed to working with Asian cultures and agencies struggle to meet level of services requirements required by NYC and NYS.</p> <p>Additional costs of services to non-English speaking population places an enormous financial burden on programs. Gambling addiction in the Asian American community is a significant problem. Inadequate funding for providers to develop and sustain problem gambling treatment services.</p>	<p>OASAS has advocated for culturally competent services for underserved populations including the Asian American community and has acquired federal funding to enhance capability of local providers to provide culturally competent services.</p> <p>This will be taken under advisement by OASAS. One possibility strategy may be for individual providers to develop more specialized capabilities in serving particular language groups. OASAS will review the need for gambling prevention and treatment in the Asian community.</p>
<p><b>The Center Recovery at the Lesbian, Gay, Bisexual &amp; Transgender Community Center</b> Antonio Ruberto, Jr. Director</p>	<p><b>OASAS Response</b></p>
<p>Research indicates lesbians and gay men are two to three times more at risk for alcohol and substance abuse and that gay/bisexual men have increased use of crystal methamphetamine Requested continued financial support for services along with additional support for areas prioritized for growth including co-occurring disorders and tobacco treatment. Support for serves to special populations is essential.</p>	<p>OASAS is currently reviewing available federal data as well as other states data collection efforts re: alcoholism and substance abuse in the LGBT population. SAMHSA indicates it will focus on addressing disparities in access, quality and outcomes of care for historically underserved or inappropriately served populations including lesbian, gay, bisexual, transgender, and questioning (LGBTQiv) individuals.</p>

<p><b><i>The Three-Quarter House Organizing Project/Neighbors Together .....</i></b>  <i>Amy Blumsack, Community Organizer &amp; David Everett - Resident</i></p>	<p><b>OASAS Response</b></p>
<p>Requested that OASAS take greater accountability in assuring that licensed inpatient rehabilitation/outpatient rehabilitation programs do not partner with or make referrals to predatory three-quarter house operators. Suggested that the OASAS Local Services Bulletin #2011-01 to address safety of housing placements from OASAS programs does not go far enough to protect clients without a clear directive on how it is to be implemented and identified consequences for lack of compliance.</p> <p>Recommended: ✓implementing a more rigorous housing referral process ✓implementing a more rigorous inspection process re: housing where licensed inpatient programs refer patients (including quarterly inspections by OASAS) ✓ Inspections should include inside the building to confirm compliance with applicable building codes and to insure house is properly staffed by licensed professionals.</p>	<p>OASAS Housing &amp; Recovery staff have meet with leaders to obtain a better understanding of the issues.</p> <p>The OASAS system of care does not include Sober Homes (Three-Quarter Houses), which are not regulated and not considered to be a part of the treatment system. Housing is considered to be a key component to helping individuals maintain recovery. An OASAS/provider workgroup is looking at this issue.</p>
<p><b><i>Family of Woodstock, Inc., Michael Berg, Executive Director</i></b></p>	<p><b>OASAS Response</b></p>
<p>With OASAS implementation of PARIS, focus on prevention has been virtually all on evidence based practices making it hard to show program accomplishments within the record keeping system. Services that stabilize people in housing and allow them to be self sufficient should be valued more.</p> <p>Indicated OASAS didn't recognize a category for intervention services in recovery or way to report measurable outcomes achieved by case management services. No place to report environmental/social development strategies/ accomplishments.</p>	<p>EBPs are effective in preventing substance abuse &amp; related problems and are designed to change youth/families risk and protective factors &amp; community factors that drive illegal consumption and negative consequences due to substance abuse. Research has shown that appropriate use of EBPs result in cost savings. Limited resources make is difficult to capture the benefits of other local prevention programming. OASAS has an EBP Review Panel and in 2012 providers may submit evidence of effectiveness of a promising program or practice for special populations. This will allow providers the opportunity to demonstrate the effectiveness of programs not currently listed as evidence based.</p> <p>Applicable case management measures will be developed. Recovery measures are expected to be developed in the next 1-2 years.</p>
<p><b><i>The Pederson Krag Center, Mary Silberstein , Cheryl Hecht</i></b></p>	<p><b>OASAS Response</b></p>
<p>Suggested NYS funding is insufficient to meet needs and that ½ of one percent gambling revenue could provide approximately \$ 15 million in funding. Recommended that NYS establish a dedicated funding stream for prevention, treatment &amp; recovery of problem &amp; psychological gambling from racing, gaming and wagering revenue.</p>	<p>Currently there is no proposal to expand casino gambling.</p>

<p><b><i>Finger Lakes Addictions Counseling &amp; Referral Agency &amp; ASAP Housing Workgroup</i></b>  <i>Martin Teller, Executive Director</i></p>	<p><b>OASAS Response</b></p>
<p>Recommended further expansion of permanent supportive housing especially in upstate NY. This program model is viewed as critical to successful Medicaid redesign</p> <p>Supports Medicaid Redesign Team Proposal #196 establishing a Supportive Housing Initiative. Recommended that the 10,000 housing units referenced for development include a significant portion dedicated for substance abuse.</p> <p>Recommended OASAS capital funding be extended to supportive living as a cost effective way to reduce spending in acute care and help people in long term recovery.</p>	<p>OASAS has a new Housing Initiative (Homeless Prevention Program) which will keep over 200 households in Rochester, 50 in Delaware/Otsego counties and another 200 households in Brooklyn from being evicted/homeless. The initiative is a direct result of listening to the Advisory Boards of the (3) ATR/Recovery Community Centers, located in these regions. The CSAT funded ATR grant will support \$1 million annually for this program during the grant year beginning 10/1/11 and for two remaining years. OASAS issued an RFP for Family Supportive Housing (\$1.875 million) in November 2011. Further information is available on the OASAS website.</p> <p>OASAS is a member of the Supportive Housing Medicaid Redesign Team.</p> <p>No funding is currently available for new capital projects.</p>
<p><b><i>Horizon Health Services and Horizon Village, Paige Prentice, Vice President</i></b></p>	<p><b>OASAS Response</b></p>
<p>OASAS service need profile indicates only 16% of local need for residential drug treatment is met in western NY compared to 67% for rest of NYS.</p> <p>Extension of coverage until age 26 under parents health insurance as part of health care reform provisions has resulted in less access to care. Young adults previously qualified for Medicaid now have commercial insurance with high deductibles, co-pays etc. that are unaffordable. Few insurance companies include residential treatment as a benefit and resist approval of short-term inpatient care.</p> <p>Individuals with serious addictions/co-occurring mental health disorders have difficult time achieving stabilization in an outpatient setting. Medicaid reimbursement rates for intensive outpatient treatment are not sufficient to cover costs. Recommended stabilized funding. Additional time in treatment allows people to learn to handle stress, develop ways to cope with environmental cues and sustain recovery. Advocated for a trauma system of care.</p> <p>OASAS needs to expedite updates regarding provider scorecards. Need to calculate the “score” (cost) of untreated/under treated addiction. Recommended keep “score” of deaths due to accidental overdoses</p>	<p>OASAS is looking at residential care in light of the health care reform. Addressing issues facing adolescents is a priority of the agency..</p> <p>This recommendation will be taken under advisement by OASAS.</p> <p>This recommendation will be taken under advisement by OASAS.</p> <p>Scorecards for treatment programs were posted on OASAS website in November 2011 and accessible via the agency provider directory.</p>

<b>Community Connections of New York, Inc., John Rooney, Dual Recovery Coordinator</b>	<b>OASAS Response</b>
<p>Recommended inclusion of a future dashboard metric re: comprehensive follow-up mental health assessment for individuals who score positive as a result of screening.</p> <p>Focus on Integrated Treatment (FIT) is considered a critical starting point, but implementation is the next step. Recommended a future metric regarding increased participation in FIT implementation live chats, forums, and webinars in order to transform staff knowledge into practice.</p> <p>Completion of targeted training efforts increases the average integrated service provider score on the Dual Diagnosis Capability in Addiction Treatment (DDCAT). Recommended utilization of the Center for Excellence in Integrated Care Services (CEIC) to help measure co-occurring capability via an on-site evaluation of integrated treatment. Determination of programs baseline of capability for integrated treatment and participation in building capacity forums identified as possible ways of reaching the outcome of metric 9.2.</p>	<p>Establishment of a dashboard metric as suggested is problematic at this time. Program review site visits are not annualized and many programs experience difficulties in having clients access a comprehensive psychiatric evaluation in a timely manner.</p> <p>Possible addition of a 2012 Metric. Increase by 10% the level of participation in FIT interactive webinars for practitioners and supervisors.</p> <p>CEIC has already been identified as the primary resource for administering DDCAT evaluations.</p>
<b>NY Council on Problem Gambling, James Maney, Executive Director</b>	<b>OASAS Response</b>
<p>Should be a multitude of programs/services focused on addressing youth gambling &amp; raising public awareness. The field needs to prepare for the inevitable evolution of mobile gambling and its impact on NYS. In future, likely to see NYS Constitution amended to allow additional casino development as well as legalization of sports betting and regulated internet gambling.</p>	<p>OASAS is developing a statewide effort to educate and train on gambling prevention with available resources and is looking at current resources and infrastructure on how best to efficiently deliver gambling prevention services.</p>
<b>Columbia County, Michael Cole, Director of Community Services</b>	<b>OASAS Response</b>
<p>① Planning is needed to assist Local Governmental Units (LGUs) and their continuum of public/private providers in preparing for Regional Behavioral Health Organizations (RBHO) and NYS Department of Health Medicaid Home Health environment. ② Research is needed to determine human and economic fallout from continued “medicaidization” of all services. Non medically necessary support services are viewed as the “mortar which held treatment bricks together” ③ Research is needed to determine long term human and Medicaid cost impact of current practice (and HUDS) of grossly underfunded rental subsidy set asides. ④ OASAS must be diligent regarding program funding cut decisions based on under performance of specific programs. Data needs to be scrutinized to a much greater extent. High performing programs have been lost based on poor data. ⑤ OASAS needs to advocate for long term human and economic benefits of subsidizing LGUs in: complying with federal HIT &amp; HITECH standards to obtain incentives and avoid rate cuts as well as obtaining real time Medicaid data like that available through “salient technology” ⑥ Advocacy is needed to enhance not for profit residential services funding</p>	<p>A number of counties have raised this in their plans and the Conference of Mental Hygiene Directors is very interested in this issue. Anticipated that with release of the local plan guidelines (anticipated distributed 3/1/12) OASAS will provide field with updated information and guidance as applicable.</p> <p>OASAS plays a significant role on the Medicaid Redesign Team which is working on streamlining regulations and providing an integrated system of care. It is expected that reforms in Medicaid will reduce health care disparities, improve patient outcomes and lower health care costs. Limited resources limit OASAS capacity to expand research efforts at this time but remains committed to maintaining the highest quality service delivery system. The development of a system wide outcomes dashboard is designed to help focus the agency and it’s providers on the key performance indicators associated with the overall mission of the agency. Efforts continue to insure the accuracy and</p>

so providers can attract and retain competent/experienced staff who can offer high impact services.	timeliness of performance data.
<b>Hope House, Kevin Connally</b>	<b>OASAS Response</b>
<p>① Obtaining psychiatric services for clients from limited community resources is a challenge for intensive residential care programs. ② Staffing is “anemic” resulting in untrained staff being employed. Single staff coverage during late night/evening shifts common. ③ Intensive residential program clients cannot be served in OASAS licensed outpatient clinics (double dipping), which is problematic when opiate addicted clients need specialized services of Suboxone. Suggested that charge of double dipping has been exaggerated ④ Medical staff faced with significant medical and psychiatric challenges presented by current clients. ⑤ Intensive residential care model must be reexamined to intensify services to levels appropriate to need.</p>	This recommendation will be taken under advisement by OASAS.
<b>Next Step, Inc. Marsha Nadell-Penrose, Executive Director</b>	<b>OASAS Response</b>
<p>① Increased single sex programming ② Educational, vocational and housing initiatives which support recovery ③ Financial support to encourage retention of high performing dedicated staff</p>	This recommendation will be taken under advisement by OASAS.
<b>Erie County Medical Center, Mary Gangl</b>	<b>OASAS Response</b>
<p>① Needs of opiate dependent persons in crisis in Western New York, especially youth are not being adequately addressed by current providers. ② Additional medically supervised /monitored beds are needed.③ Western NY region needs Suboxone providers who will work with clients who lack financial resources to pay for services, but who can be qualified for Medicaid or Family Health Plus while engaged in treatment.</p>	This recommendation will be taken under advisement by OASAS.