



Office of Addiction Services and Supports

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner

January 10, 2020

Honorable Diana DeGette
Chair
Subcommittee on Oversight and Investigations,
Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Honorable Brett Guthrie
Ranking Member
Subcommittee on Oversight and Investigations,
Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chair DeGette and Ranking Member Guthrie:

Thank you for the opportunity to share with the Committee on Energy and Commerce a description of some of the initiatives that New York State has launched to address the opioid epidemic under Governor Andrew M. Cuomo's leadership and to comment on how we are using federal funds to combat this crisis.

The issue of addiction, and in particular the prevalence of opioid addiction, has grown to be and continues to be a major public health crisis across the country. New York State has not been insulated from the epidemic. Consistent with the national trend, New York has seen a rise in fatal overdoses with opioid overdose deaths increasing by 573% between 2004 and 2017.

Fortunately, there is some good news to report in New York. Through the implementation of various programs, we have increased access to treatment, improved support for those in recovery, expanded awareness of heroin and opioid addiction, and enhanced statewide prevention efforts. These efforts have led to the first decrease in 10 years in opioid overdose deaths among New York State residents, both inside and outside of New York City.

Many successful initiatives in New York have been accomplished with the assistance of federal funding, most notably through the Opioid State Targeted Response Grant (STR) and the State Opioid Response Grant (SOR). Funding through these grants has enabled us to focus on establishing and enhancing services in the areas with the highest needs, determined by the rate of opioid-related overdose deaths, the rate of opioid-related emergency department visits, and the percentage of residents with opioid use disorder (OUD) leaving their counties to access services elsewhere.

We have used a substantial amount of this funding to establish Centers of Treatment Innovation, or COTIs, which deliver critical services including mobile treatment and transportation, telepractice, peer support, and

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rapid linkage to medication-assisted treatment (MAT). These COTIs have helped to bring about a positive transformation within the OASAS system of care and have engaged nearly 14,000 people who may not have otherwise come into contact with an OASAS-certified treatment program. More than 8,800 of these individuals have been admitted to an OASAS-certified treatment program and 8,200 have received MAT.

Between 2016 and 2018, counties targeted under the first year of the STR Grant saw a 25% decrease in opioid-related overdose deaths, compared to only a 5% decrease for non-STR Grant counties. In addition, during the same time period, opioid-related emergency department visits decreased by 48% in the first STR Grant counties while decreasing by 19% in counties not targeted. Currently, there are 20 COTI providers serving 35 counties, and in the coming year with SOR funding, we plan to expand these services to every county in New York State.

In addition to the COTIs, STR/SOR funding has also been used to increase services for incarcerated individuals who are transitioning out of the criminal justice system. Using a combination of federal, state, and local funding, 42 county correctional systems plus Rikers Island, which serves the five boroughs of New York City, and seven state facilities now offer Substance Use Disorder (SUD) counseling, MAT education and services, and, upon release, a discharge plan for individuals to continue MAT with linkages to treatment.

New York has also used federal funds to address shortages of qualified medical practitioners, mainly in underserved rural areas of the state. We have implemented a program to train medical practitioners in the provision of MAT using buprenorphine for individuals with an OUD in high-need counties of the state. Participants who completed this training have received guidance on strategies to manage patients in an office setting, including best practice guidelines and procedures, and case-based learning.

OUD services were also expanded at four pre-existing New York State Department of Health AIDS Institute 'Health Hubs' and eight new Health Hubs were created. This initiative is making unique addiction and other critical health services available in places where they did not previously exist, were available in a limited capacity, or were only available to individuals after a long waiting list. This effort expanded hours of service, increased staffing, established peer navigators, increased rapid access to MAT, and facilitated linkages to community-based care.

New York State also used STR and SOR funds to train first responders and other likely witnesses to recognize and respond to opioid overdoses in the targeted high need counties. This initiative included providing naloxone kits or information on how to get kits at local pharmacies using the state's Naloxone Copayment Assistance Program (N-CAP). As a result of these efforts, more than 11,700 individuals have been trained on Narcan administration using STR and SOR funds.

To increase services focused on youth and young adults, OASAS has developed a statewide youth and young adult driven infrastructure to support local communities of young people in recovery from substance use disorders. STR and SOR funds were used to establish five Collegiate Recovery Programs across the state where colleges provide supportive environments that reinforce the decision to engage in a lifestyle of recovery from substance use disorder.

Through the use of this federal funding, we have also opened new recovery centers and youth clubhouses throughout the state. These are non-clinical facilities which offer support to promote long-term wellness and

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recovery through skill building, recreation, wellness education, employment readiness, and other social activities. New York State now has 32 recovery centers and 24 youth clubhouse locations. Additionally, a Recovery Center/Youth Clubhouse has been opened at the Saint Regis Mohawk Tribe that is serving youth mostly under age 18. In 2018, recovery centers in New York State, recorded over 72,000 visits and young people made nearly 41,000 visits to youth clubhouses in 2018. In addition, the results of a survey conducted between August and October 2019, 762 people who attended one of 25 participating recovery centers indicated that, over 80% of respondents reported that they were less likely to use substances as a result of the services received, and 85% of respondents reported that the services had helped them “cope when things go wrong”. Recovery centers provide essential supports for adults, families and young people who need to find safe spaces to connect with others without using substances. The large numbers of people who have accessed these new services in communities all over New York State illustrates the demand for these services. Every visit represents a step toward healthier living for that individual.

On the prevention side, OASAS providers have partnered with more than 90 community organizations across the state to deliver evidence-based prevention services to underserved, hard-to-reach youth. Results from these programs indicated increases in peer pressure resistance skills, positive shifts in attitudes and perceptions of substance use, and general increases in knowledge of SUD in all age groups from kindergarten through 12th grade. Adults participating in parenting programs also showed positive results in post-intervention assessments.

An additional evidence-based practice, the Strengthening Families Program, is being delivered with STR and SOR funding to families in New York City shelters and permanent supportive housing. This program is focused on establishing effective communication between parents and children, positive family management practices, and a supportive family environment, all of which have been shown to lead to reduced substance use among youth.

Youth in foster care is another area of focus for New York State. Historically, youth in foster care are among the highest-risk populations for developing problems with substance use. While many foster care agencies have been able to incorporate and/or develop relationships to provide prevention and treatment services into their continuum, this had been limited due to the multiple needs of the population. By working with our state partners at OCFS and using part of this federal funding, we implemented a brief screening tool, “CRAFT”, and the evidenced based practice ‘Teen Intervene’, to further assist in meeting the needs of high risk youth ages 12 to 19 and to establish a protocol for Screening, Brief Intervention and Referral to Treatment in a voluntary foster setting.

We have also increased targeted services for pregnant women in areas of the state with high rates of pregnant women entering treatment, and babies born with neonatal abstinence syndrome, through the Maternal Wraparound program. Four providers received funding to implement this program, which involves intensive care management and recovery support services for women who are pregnant, including services for up to six months after they give birth.

Through federal grant funding, we have also launched numerous bilingual (i.e., English and Spanish) public awareness campaigns across New York State, including several focused on targeted populations such as Native American communities, Latino communities, and pregnant women. These campaigns include outreach

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through radio and television, billboards, ads on public transportation, displays in medical offices and content in medical journals.

As we look forward, it is critical for states that funding provided through the STR and SOR grants is made permanent by incorporating the full amount of the SOR funding into the Substance Abuse Prevention and Treatment Block Grant (SAPT-BG). Rather than providing time-limited grants with restrictions on use, a permanent increase in the SAPT-BG would allow states more flexibility to address their individual needs through existing infrastructure and help them to better address emerging drug use trends, as well as sustain ongoing efforts to develop prevention, treatment, and recovery services. In order to prevent the next crisis, stable and sufficient funding must be allocated to support states in a way that allows them to best meet their unique needs in addressing substance abuse as it arises.

To better address the treatment needs of the diverse communities and populations of New York State, we also recommend the suspension of the DEA rules limiting the establishment of new mobile methadone clinics in states that do not already have an existing program. Like many states, New York has a large number of rural communities with limited access to specialized medical and behavioral health care. Allowing the development of carefully-regulated mobile methadone programs would reduce, or even eliminate in some cases, the travel time associated with participation in an Opioid Treatment Program, and will increase access to this type of treatment in regions where these resources are currently very limited.

Additionally, to further expand access to MAT, we recommend that the following actions be taken to facilitate access to buprenorphine:

- Removing the cap of thirty (30) patients the first year a practitioner can prescribe buprenorphine.
- Reducing the number of training hours for Nurse Practitioners (NPs) and Physician Assistants (PAs) to obtain a prescribing waiver for buprenorphine from 24 to eight training hours, consistent with physicians.
- Reform regulatory requirements that prevent initiation of buprenorphine via telehealth to increase access to MAT.

It is imperative that action be taken to increase access to all forms of MAT for those in need of treatment. Failure to do so will put more lives at risk.

We also recommend steps to increase the availability of services for people in criminal justice settings. According to the National Institutes of Health, one in 70 people who are released from prison or jail are hospitalized within a week of their release. This is 2.5 times higher than the rate of hospitalizations for people who were never incarcerated. Because these individuals use Medicaid services such as inpatient hospital stays, psychiatric admissions, and emergency department visits for drug overdoses at a far higher rate in the months immediately following their release, we recommend that incarcerated individuals be allowed to receive transitional services 30 days prior to their release from custody. Allowing them to receive Medicaid reimbursed services will improve health outcomes and decrease overall costs due to reduced emergency services and reincarceration.

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Additionally, there is a workforce shortage of qualified addiction professionals. Currently, the Health Resources Services Administration's National Health Service Corp Substance Use Disorder Loan Repayment Program's (NHSC SUD LRP) eligibility criteria are based on Health Program Shortage Areas (HPSAs) for primary care and/or mental health shortage areas, not areas with high opioid-and other drug-related overdose and use rates. This means high opioid-and-other-substance-overdose-and-use-rate areas in NYS do not qualify for these vital workforce recruitment and retention programs. A system to document areas with high opioid-and-other-drug-related overdose and use rates must be developed and used as the criteria to qualify for the NHSC SUD LRP to ensure areas most in need of these workforce funds may qualify for them.

Finally, New York State has made substantial advancements in establishing equivalence between behavioral and primary health care, enacting significant parity-related insurance law changes beginning in 2017. However, in many cases, the monitoring and enforcement of such laws, particularly the Mental Health Parity Addiction Equity Act, are insufficient. Stronger enforcement of this law on a federal level will further support our efforts to increase parity, particularly among individuals who are covered by non-New York State regulated plans and will decrease the use of New York State funding that is used to pay for those who are underinsured. Parity enforcement is critical to ensuring timely access to behavioral health care, especially in cases where individuals are not covered by insurance policies that fall under New York State's existing protections.

Although we are making progress in fighting the opioid epidemic, we know that this crisis is not over, and we must remain vigilant in our efforts to address it. The most recent quarterly report on overdose deaths from New York State's Department of Health showed opioid overdose deaths among New York State residents outside of New York City decreased 16% between 2017 and 2018. This is a significant milestone in our efforts to address this crisis. Similarly, preliminary data from the New York City Department of Health and Mental Hygiene showed that drug-related overdose deaths decreased between 2017 and 2018.

With the ongoing support of the federal government, we will be able to continue our progress, and bring lifesaving assistance and resources to those who have been affected.

I look forward to working with you on these important efforts.

Sincerely,



Arlene González-Sánchez

Commissioner