

ANNUAL REPORT 2021



CARL E. HEASTIE, SPEAKER
PHIL STECK, CHAIR

NEW YORK STATE ASSEMBLY
COMMITTEE ON
ALCOHOLISM & DRUG ABUSE



Phillip Steck
Member of Assembly
110th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Committee on Alcoholism and Drug
Abuse

COMMITTEES
Health
Insurance
Judiciary
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Oversight, Analysis and Investigation

December 15, 2021

Honorable Carl E. Heastie
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, NY 12248

Dear Speaker Heastie:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit the Committee's 2021 Annual Report. During my first year as Chair, I have engaged with the substance use prevention, treatment and recovery communities by convening meetings with advocates and providers and holding hearings on various topics relevant to the committee. Additionally, I have attended and participated in numerous events that were held to highlight key initiatives and address challenges for substance use prevention, treatment and recovery providers. Despite the ongoing COVID-19 pandemic, I have maintained close and meaningful connections with the community and have continued to work to address their growing needs during these unprecedented times. As the COVID-19 pandemic continues to disproportionately affect our providers and the individuals dealing with problem gambling or a substance use disorder, the need for a robust investment in addiction prevention, treatment and recovery has never been greater.

Individuals struggling with problem gambling or a substance use disorder continue to face unique challenges as a result of the COVID-19 pandemic, including the risk of relapse due to increased stress caused by isolation, job loss and difficulty accessing services. These difficulties have contributed to stark increases in overdose rates nationwide. However, the marked increase in overdoses we are seeing is not due solely to the stressors of COVID-19. The annual number of deaths resulting from overdoses has been on the rise for a decade. Additionally, with Fentanyl now firmly established into both the illicit and pharmaceutical drug markets, we have seen a considerable increase in its use and its contribution to overdoses. Most recently, the Centers for Disease Control and Prevention noted a 29.6% increase in overdose deaths from March 2020 - March 2021. As a result, the work of our providers has increased, and they expect that the need for supportive services will continue to grow in the coming months.

The State Fiscal Year (SFY) 2021-2022 Enacted Budget continued funding support for heroin and opiate abuse prevention, treatment and recovery services and provided an increase in additional funding for the overall agency budget. Specifically, the enacted budget increased funding for medication-assisted treatment programs in county jail facilities and continued funding for the Behavioral Health Ombudsman. However, as in past years, the level of funding is not commensurate with the great needs facing our communities.

This Legislative session, the state was awarded monumental funding as a result of various lawsuits and legal actions taken by the state against opioid manufacturers and distributors who aided in the development of the opioid epidemic. To secure these funds, my colleagues and I advanced legislation to establish an opioid settlement fund to house all future funding and ensure this funding would only be used to supplement current programs and initiatives to combat the opioid epidemic. I look forward to hearing from advocates and providers on how to best allocate this funding in the coming months.

In the upcoming Legislative session, the Committee will continue to examine, develop and consider policies designed to help every New Yorker impacted by problem gambling or a substance use disorder. I look forward to working with you and my Assembly colleagues to ensure that effective prevention, treatment, and recovery services are accessible to all individuals and families who have been affected by substance use disorder and problem gambling.

Thank you for your continued commitment to fighting the opioid crisis throughout the state

Sincerely,

A handwritten signature in cursive script that reads "Phillip Steck".

Phillip Steck
Chair, Assembly Committee on Alcoholism and Drug Abuse

**2021 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Phillip Steck
Chair**

Committee Members

Majority

Maritza Davila
Nathalia Fernandez
Emily Gallagher
Judy Griffin
Chantel Jackson
John T. McDonald III
Dan Quart
Karines Reyes
Al Stirpe

Minority

Keith P. Brown – Ranking Member
Joe DeStefano
Michael Durso
Jarett Gandolfo

Committee Staff

Megan Kaminski – Committee Clerk

Program and Counsel Staff

Jennifer Sacco – Assistant Secretary for Program and Policy
Lauren Ryan – Legislative Analyst

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I. INTRODUCTION

The Assembly Committee on Alcoholism and Drug Abuse develops and considers legislation impacting programs that provide prevention, treatment, and recovery services for individuals and families in New York State.

The Committee has oversight of the New York State Office of Addiction Services and Supports (OASAS) to ensure that its policies and initiatives will improve and expand access to prevention, treatment and recovery services statewide.

OASAS oversees a service system that includes more than 1,600 prevention, treatment and recovery programs. These programs deliver services to over 700,000 individuals each year. OASAS also operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to roughly 8,000 people each year and oversees a comprehensive education and prevention program located in 160 school and community-based providers throughout the state.

The Office provides education and training to professionals working with clients and administers a professional credentialing process for addiction professionals, including certified alcoholism and substance abuse counselors, prevention professionals and specialists and problem gambling counselors.

II. STATE BUDGET HIGHLIGHTS

The Committee carefully considered funding priorities and how to effectively allocate resources. Some of the highlights from the SFY 2021-22 Enacted Budget include:

A. Heroin and Opioid Abuse Prevention, Treatment, and Recovery Services Funding

With the continuing surge in the heroin and opioid epidemic, the SFY 2021-22 Budget provides **\$244.6 million** to the Office of Addiction Services and Supports (OASAS) to support Opioid Abuse Prevention and Treatment Services.

In addition to the continued support, the Legislature provided an increase of **\$57.4 million** in funding over the Executive proposal, which was allocated in recognition of the need for more support and services to expand upon necessary and effective substance use prevention, treatment and recovery services across the state. For SFY 2021-22, total OASAS funding is **\$976.3 million**.

This funding will support a variety of programs and initiatives, including:

- ◇ **State-Operated Services (\$25 million):** This funding supports individuals with heroin/opiate use disorders that seek treatment in the state-operated ATC programs.
- ◇ **Naloxone Kits and Training (\$11.2 million):** This funding supports the purchase of Naloxone kits at the State's Opioid Overdose Prevention Programs.
- ◇ **Jail-Based Substance Use Disorder Treatment (\$8.75 million):** This funding continues support for substance use disorder treatment services in county jails. The Legislature provided an additional \$5 million in funding for a total of \$8.75 million.
- ◇ **Mental Health Ombudsman Program (\$1.5 million):** This continued funding supports an independent substance use disorder and mental health ombudsman program.
 - ◇ The Behavioral Health Compliance Fund will continue to collect penalties from insurers who violate Federal and State behavioral health parity laws, which will contribute up to **\$1.5 million** to support the Substance Use and Mental Health Ombudsman Program, for total funding of **\$3 million**.

B. Substance Abuse Prevention and Intervention Specialists (SAPIS)

A SAPIS worker provides violence and drug prevention and intervention services, including individual, group, family and crisis counseling; classroom presentations; peer programming; social skills groups; and, where necessary, referrals to professional services.

The SFY 2021-22 Enacted Budget provided **\$16.9 million** for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention that are delivered by SAPIS workers.

C. Cost of Living Adjustment (COLA)

The Legislature provided a 1% cost of living adjustment (COLA) for human services providers, and authorized the COLA starting April 1, 2021, through March 31, 2022. The total SFY 2022 cost is \$46.2 million for all Mental Health agencies, with **\$4.33 million** for OASAS not-for-profit providers.

D. Opioid Settlement Funding

The Enacted SFY 2021-22 Budget included **\$32 million** to support treatment and prevention of substance use disorders, including Medication-Assisted Treatment (MAT), from a settlement with McKinsey and Company Inc.

III. COVID-19 FEDERAL FUNDING

As a result of the continued economic impact of COVID-19, the federal government provided emergency funding to states to respond to the pandemic. Federal aid for OASAS has been provided under the Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act (ARPA) of 2021. Both pieces of legislation provide supplemental funding through an expansion of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Funding will be used to mitigate the effects of the pandemic on individuals living with a substance use disorder.

The following grants have been awarded to New York State by the Substance Abuse and Mental Health Services Administration (SAMHSA):

Coronavirus Response and Relief Supplemental Appropriations:

In March 2021, a total of **\$104.8 million** in supplemental SAPT Block Grant funding was provided to be utilized during the period of March 15, 2021, to March 14, 2023.

American Rescue Plan Act of 2021:

In May 2021, a total of **\$90.5 million** in supplemental SAPT Block Grant funding was provided to be utilized during the period of September 1, 2021, to September 30, 2025.

- Funding will be used to support the continuum of care; workforce stabilization efforts; support existing and establishing new crisis stabilization centers; outreach efforts; transportation; information technology infrastructure; transitional housing; public awareness and media campaigns; Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs; and prevention and recovery services.

In August 2021, an additional **\$2.8 million** in SAPT Block Grant supplemental funding under ARPA was allocated to New York State.

- Additional funding will be used for dedicated testing and mitigation resources for individuals with a substance use disorder (SUD).

The spending plans for all SAPT supplemental funding have been submitted to SAMHSA.

Additional Support for Home and Community Based Services:

The ARPA provided a *10% increase* in Federal Medical Assistance Percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) from April 1, 2021, through March 30, 2022. Funding is required to be used to expand and enhance investments in Medicaid-covered HCBS, address

COVID-related needs and increase HCBS capacity. New York State must utilize these funds prior to March 31, 2024.

- The FY 2021-22 Enacted Budget included language that would authorize the Department of Health (DOH) to sub-allocate or transfer up to **\$11 million** to OASAS to enhance HCBS services consistent with the ARPA.

DOH collaborated with OASAS and other state agencies that oversee and regulate HCBS programs and services to establish a spending plan. This spending plan would support funding under three categories: supporting and strengthening the direct care workforce; building HCBS capacity through innovations and systems transformation; and investing in digital infrastructure. The spending plan is currently under review by the Centers for Medicare & Medicaid Services (CMS).

IV. SIGNIFICANT LEGISLATION

The Committee is dedicated to supporting legislation that will help ensure the highest quality of care for people living with a substance use and/or problem gambling disorder. In the 2021 legislative session, the Committee developed and advanced important pieces of legislation which included:

1. **Online Directory of Opioid Antagonists** A.128 (Rosenthal, L.)/ S.6044 (Harckham); Signed, Chapter 434 of 2021

Overdose deaths from opioids are entirely preventable when using the correct tools and medication. Naloxone, the primary medication used to reverse an opioid overdose, is an affordable and life-saving treatment. However, not many know where to go to access this life-saving medicine.

This law requires the Office of Addiction Services and Supports (OASAS) in consultation with the Department of Health (DOH) to maintain a publicly available directory of distributors of opioid antagonists. Such directory will be searchable and include contact information for each distributor; current availability of opioid antagonists at each distributor; the special populations served; type of insurance accepted by providers; hours of operation for each distributor; and contact information for opioid addiction treatment providers.

2. **Educational Materials for Those on a Voluntary Self-Exclusion List** A.661-A (Rosenthal, L.)/S.412-A (Biaggi); Signed, Chapter 564 of 2021

This law requires the Commissioner of the Office of Addiction Service and Supports (OASAS) to develop and disseminate educational materials regarding compulsive gambling to individuals who have placed themselves on a voluntary self-exclusion list from state gaming facilities. Additionally, this law requires the New York State Gaming Commission to promulgate various rules and regulations for individuals who place themselves on a self-exclusion list.

3. **Annual Report on Substance Use Disorder Among Incarcerated Individuals** A.540 (Rosenthal, L.)/ S.2209 (Sepulveda); Signed, Chapter 494 of 2021

This law expands the current reporting requirements for the Office of Addiction Services and Supports (OASAS) on incarcerated individuals in state correctional facilities who have a substance

use disorder. Such expanded reporting requirements include the total number of incarcerated individuals that have been screened for and determined to have a substance use disorder; information on which substance incarcerated individuals are most dependent on and the availability of treatment for such individuals in each facility; the total number of incarcerated individuals who participate in a treatment program offered by the Department of Corrections and Community Supervision (DOCCS); and the total number of incarcerated individuals who have started a substance use disorder treatment program but have failed to complete such program.

4. Credentialed Alcoholism and Substance Abuse Counselors (CASAC's) Training A.5527-A (Williams)/ S.361-A (Persaud); Signed, Chapter 449 of 2021

This law requires CASAC's to complete approved courses of study or possess on-the-job experience relating to trauma-informed, patient-centered care, referring individuals to appropriate treatment options for co-occurring disorders, and sensitivity training.

5. Opioid Settlement Fund A.6395-B (Woerner)/ S.7194 (Rivera); Signed, Chapter 190 of 2021

New York State was successful in seeking financial compensation resulting from various lawsuits and legal actions against entities that manufactured, distributed, sold or promoted opioids which aided in the development of the opioid epidemic. To secure such monumental funds, the State enacted a law to establish an Opioid Settlement Fund to house all future opioid-related settlement dollars to be used only for approved purposes.

Specific provisions included:

- Establishing an Opioid Settlement Fund for all future opioid settlement agreement moneys received by the State.
- Ensuring that such funds would not be used to supplant or replace any federal or state funds.
- Defining eligible expenditures, which included substance use disorder prevention, treatment, and recovery programs; statewide education campaigns; harm reduction counseling and services to reduce the adverse health consequences associated with substance use disorder; medication assisted treatments, including medication assisted treatment provided in correctional facilities; housing services for individuals in recovery; community based programs aimed at reducing involvement in the criminal justice system for those with, or at risk of developing, a substance use disorder; programs for pregnant women who have a history of substance use disorder; and educational or vocational training for those with, or at risk of developing, a substance use disorder.
- Ensuring all funding allocations would be subject to appropriation by the legislature.
- Establishing an Opioid Advisory Board to make recommendations to the legislature on how settlement funds should be allocated.
- Additional language was included to ensure that funds received by the State through opioid settlement agreements can be expended by State Agencies and excluded such funds from being deposited into the State's General Fund.

6. Council for Treatment Equity A.1927-A (Rosenthal, L.)/ S.679-A (Harckham); Signed, Chapter 762 of 2021

Many vulnerable populations across the state, including communities of color, low-income individuals and people with disabilities face significant disparities in access to quality care and services for substance use disorders. Developing programs and policies for increased access to care and treatment in these communities is crucial. In addition to improved access and quality of care, we must be respectful of the diversity of beliefs and health practices, as well as cultural and language needs. By raising awareness of the disparities that exist, we can help remove barriers to treatment and recovery.

This legislation would establish the Council for Treatment Equity within the Office of Addiction Services and Supports (OASAS). Such Council would work collaboratively with the established Treatment Equity Advisory Board to address substance use disorder treatment inequities for vulnerable populations throughout the state.

7. Federal Aid and Operating Costs for Providers A.7419-A (Jackson)/ S.5066-A (Harckham); Signed, Chapter 788 of 2021

As a result of the COVID-19 pandemic, states were provided with additional federal funding to mitigate the economic effects of the pandemic. New York received millions of dollars in federal aid to ensure providers were paid during the pandemic.

This legislation would ensure that any federal funding provided in response to the COVID-19 pandemic will not be considered a source of revenue when determining approved net operating costs for providers. Additionally, it would also ensure that such federal funding will not hinder a provider's ability to receive financial support from the Office of Addiction Services and Supports (OASAS).

8. Problem Gambling Education Program A.2528-A (Cymbrowitz)/ No Same As; Passed Assembly

This legislation would require the Commissioner of the Office of Addiction Services and Supports (OASAS) to develop educational materials for individuals who place themselves on the voluntarily self-exclusion list from state gaming facilities. Such educational materials would be made available on the Office's website and would provide individuals with resources to treatment for problem gambling. It would also require the Commissioner of OASAS in consultation with the State Gaming Commission to establish a problem gambling education program for individuals who voluntarily place themselves on a self-exclusion list to be made available on the websites of both the Office and the Commission. Additionally, this legislation would require all individuals who place themselves on a voluntary self-exclusion list from state gaming facilities to complete such educational program prior to their removal from the list.

9. Availability of Buprenorphine in Opioid Treatment Programs A.705-A (Rosenthal, L.)/ S.6746 (Harckham); Reported to Ways and Means

This legislation would require every facility that is licensed or authorized to provide services for substance use disorders related to opioids to have at least one practitioner in the facility receive an appropriate waiver or complete the required training to administer buprenorphine to individuals in their care when deemed an appropriate treatment method.

10. Prom and Graduation Safety Program A.2008 (Rosenthal, L.)/ No Same As; Reported to Ways and Means

All too often, prom and graduation events end in tragedy when teenagers use substances during these celebrations. In an effort to prevent any future tragedies, this legislation would establish a prom and graduation safety program, which would focus on ensuring the safety of adolescents by making them aware of the dangers of the use and abuse of substances.

11. Senior Citizen Substance Use Disorder Demonstration Program A.4532-A (Cook)/ No Same As; Reported to Ways and Means

Substance use disorders have become a growing problem amongst the elderly population. These individuals require unique treatment options and services to address their particular needs. Presently, New York lacks a comprehensive program to address substance use disorders among this specific population.

This legislation would require the Office of Addiction Services and Supports (OASAS) in consultation with the Office of the Aging to develop comprehensive senior citizen substance use disorder prevention, treatment, and education demonstration programs across the state. Such programs would address the unique needs of elderly individuals living with a substance use disorder.

12. Certifying Recovery Living Residences A.7613 (Steck)/ No Same As; Reported to Ways and Means

This legislation would require the Office of Addiction Services and Supports (OASAS) to promulgate various regulations for the purpose of certifying recovery living residences. Such certification requirements would include providing for onsite recovery services; ensuring access to mental health services; informing residents of their rights while living in the residence; and operating and administrative procedures. The Commissioner may certify a residence that completes the application; is in compliance with the established regulations; has demonstrated a need for recovery living residences in their region; and can demonstrate their ability to provide a suitable environment for those recovering from a substance use disorder. The Office would be required to post the locations of certified recovery living residences on its website. This bill would also require the Commissioner to regulate, inspect, and ensure certified recovery living residences are meeting the criteria set forth in this bill. Failure to meet the stated criteria would result in penalties including, but not limited to, limiting, revoking, or suspending a certification as deemed appropriate

V. LEGISLATIVE HEARINGS

A. Integrating services offered by the Office of Addiction Services and Supports and the Office of Mental Health.

June 21st, 2021, Online Video Public Hearing

According to the National Institute of Mental Health, nearly half of individuals who experience a substance use disorder (SUD) during their lifetime will also experience a co-occurring mental health disorder and vice versa. Best practice suggests that it is most beneficial to address both

the SUD and co-occurring mental health disorder together, rather than separately, to achieve the most successful treatment results.

The Committees on Alcoholism and Drug Abuse and Mental Health convened an online hearing on June 21st, 2021, to examine current and potentially new integrated service opportunities offered by the Office of Mental Health and the Office of Addiction Services and Supports for those with a co-occurring diagnosis, the effectiveness of those models and what other options the State should be considering. Further, the Committees sought to hear from key stakeholders if any obstacles currently exist within the coordination of services.

The Committee heard from the Office of Addiction Services and Supports (OASAS) and the Office of Mental Health (OMH) on the current collaborative efforts between the two agencies. Such collaborative efforts include the use of Certified Community Behavioral Health Clinics (CCBHCs), which provide a full spectrum of substance use disorder and mental health services to those who qualify. The agencies noted that there are currently 13 pilot CCBHCs and over 30 expansion sites awarded through SAMHSA grants. Additionally, OASAS stated that they have recently begun to collaborate with OMH on crisis stabilization centers to be used as an alternative to emergency room visits or incarceration for those experiencing a behavioral health crisis. OASAS also collaborates with OMH on the New York State Community Health Access to Addiction & Mental Healthcare Project (CHAMP) Ombudsman Program which is designed to help individuals and their families resolve issues in accessing substance use disorder and mental health services.

In contrast, providers and advocates presented pertinent testimony on the lack of coordination between the two agencies. They highlighted issues including staffing constraints; obtaining a dual license; and funding shortfalls as a barrier in providing appropriate services for those with co-occurring substance use and mental health disorders.

B. Availability of services for individuals with a substance use disorder in light of the COVID-19 pandemic and beyond.

November 17th, 2021, Public Hearing in Albany

Despite the State's continued efforts through various legislative and policy initiatives, the COVID-19 pandemic has continued to have devastating effects on individuals prone to having or who have a substance use disorder. According to provisional counts, the Centers for Disease Control and Prevention (CDC) have noted a 29.6% increase in the nation's drug overdose death rates from March 2020 to March 2021.

Due to this worrisome trend, the Committee convened a hearing on November 17th, 2021, to examine the availability of beds, including specialized beds, or other alternative solutions to receiving services due to the health restrictions imposed by the COVID-19 pandemic. Additionally, the Committee sought to hear from advocates and providers to identify any barriers that currently exist for those seeking and being accepted into a substance use disorder treatment program.

The Committee heard from the Office of Addiction Services and Supports (OASAS) on their response to the COVID-19 pandemic. The agency introduced numerous regulations and guidelines for OASAS facilities and providers in accordance with the guidance issued by the

Department of Health. One of the biggest adaptations for facilities and providers was the increased use of telehealth substance use treatment and recovery services. Since March 2020, telehealth services increased from 20% to 80% of all OASAS outpatient services. As stay at home orders were introduced, OASAS noted their collaboration with Opioid Treatment Program providers to ensure individuals on medication assisted treatment (MAT) had continuous access to their medications. OASAS permitted take-home dosing of methadone and worked with local partners to coordinate home deliveries to those in isolation or who were unable to travel to their provider. OASAS noted they plan on continuing these procedures after the pandemic concludes in an effort to reach more individuals living with a substance use disorder.

Providers and advocates presented relevant testimony to the Committee on the impact of the COVID-19 pandemic on accessing services and the availability of beds at their respective facilities. One of the greatest barriers to accessing services indicated by providers comes as a result of workforce issues. Lack of appropriate staffing has led to the increased use of waitlists, reduced program capacities and, in some extreme cases, program closures. Providers and advocates expressed their continued support of expanded telehealth services and take-home medications for those living with a substance use disorder and stated they would like to see these measures maintained after the COVID-19 pandemic has subsided.

2021 SUMMARY SHEET

SUMMARY OF ACTION ON ALL BILLS
REFERRED TO THE COMMITTEE ON

Alcoholism and Drug Abuse

TOTAL NUMBER OF COMMITTEE MEETINGS HELD 2

ASSEMBLY SENATE TOTAL
BILLS BILLS BILLS

BILLS REPORTED FAVORABLE TO:

Codes	3	0	3
Judiciary	0	0	0
Ways and Means	8	0	8
Rules	1	0	1
Floor	0	0	0
TOTAL	12	0	12

COMMITTEE ACTION

Held For Consideration	0	0	0
Defeated	0	0	0
Enacting Clause Stricken	0	0	0
REMAINING IN COMMITTEE	23	8	31

**BILLS REFERENCE CHANGED TO:
Mental Health 1**

TOTAL	1	0	1
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