



New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

**Five-Year Comprehensive Plan for a Premier
System of Addiction Services for Prevention,
Treatment, Recovery**

2008 Interim Report

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CHAPTER I: BACKGROUND AND CONTEXT

OASAS Mission

To improve the lives of all New Yorkers by leading a premier system of addiction services through prevention, treatment, recovery.

Planning Framework

In January 2006, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) issued the *Statewide Five-Year Comprehensive Plan*. In October 2007, OASAS issued the *2007 Annual Update to the Five-Year Comprehensive Plan for a Premier System of Addiction Services for Prevention, Treatment, Recovery*. It informed counties, providers, consumers, their families, and other interested parties about major initiatives and future directions.

The *2007 Annual Update* was a transitional document between the *January 2006 Five-Year Plan* and a new Five-Year Plan that will be issued in October 2008. It set the stage for a comprehensive long-range planning process that will take place this year. The *2007 Annual Update* emphasized the Governor's message that New York's health care system should be driven by the needs of individuals and families rather by institutions. It incorporated significant input received during the "People First Coordinated Care Listening Forums" and from counties and providers through the local planning process. The *2007 Annual Update* also highlighted OASAS' organizational changes and shared a strategic map that will assist the agency and addiction services field in putting the needs of individuals and families first and achieving improved outcomes. It can be accessed at: <http://www.oasas.state.ny.us/pio/documents/2007AnnualUpdate.pdf>.

OASAS developed this *Interim Report* in compliance with Section 5.07 of Mental Hygiene Law. It summarizes significant activities since the release of the *2007 Annual Update* on October 1, 2007.

Background

OASAS estimates that one in seven state residents (2.5 million) suffer from a substance abuse disorder or problem gambling. The agency estimates that approximately ten percent of state residents age 12 and older experience a substance use disorder (addiction or abuse) annually. Statewide, almost 1.8 million New Yorkers (1.6 million adults and 160,000 youth ages 12-17) have a substance abuse problem. The OASAS system treated 260,000 New Yorkers last year – or less than 15 percent of those in need. The percentage of need served nationally is considerably lower at 4.5 percent.

Problem gambling, which has been included in OASAS efforts since 2005, is estimated to affect five percent of all adults, a figure totaling nearly 700,000. Among New Yorkers ages 12 to 17, problem gambling is impacting 160,000, or one out of every ten youths. An additional 160,000 are at risk of developing problem gambling and may need treatment.

Even these alarming figures do not fully depict the widespread impact of addiction in New York because of the millions of other individuals whose lives are also affected: the children, spouses and extended families. The cost to society is compounded by the consequences of addiction, which impact public safety, health, welfare, and education in New York.

OASAS oversees one of the nation's largest addiction services systems, serving approximately 110,000 New Yorkers on any given day. The agency certifies or funds 1,550 programs statewide. It also provides credentials to more than 6,500 addiction counseling professionals.

OASAS' overriding goal is to ensure that New York State has the premier addiction system in the nation. A three-part effort is underway that encompasses a "back-to-basics" strategy of integrated services in prevention, treatment, and recovery. This strategy begins with the knowledge that prevention is the first prescription for a healthy New York, that treatment works, and sustained recovery is attainable. OASAS is committed to producing successful outcomes, setting gold standards of service, managing the professional talent that is central to our services, and fiscal responsibility in all areas.

Central to all efforts are two major themes – Reform and Reinvestment to make the needs of those we serve our highest priority and to work as *One OASAS*, drawing on the talent and commitment of each and every member of our service system. Several key principles underlie all agency initiatives:

- Addiction is a chronic, yet treatable illness that requires lifelong attention for sustained recovery, similar to diabetes or heart disease. Successful treatment approaches should be modeled on patient-centered care and include new addiction medications, which in conjunction with behavioral approaches, are significantly improving outcomes.
- Prevention and treatment programs are being directed to use evidence/science-based strategies, which yield measurable results and successful outcomes.
- Standards for addiction services in New York must be based on a gold standard of care, which reaches beyond compliance to exemplary quality.
- Recovery is not just abstinence from an addictive behavior, but is a lifelong process that includes healthy lifestyle choices, housing, employment and support from a recovery movement that must be cultivated in the state and nation.

Clearly, the challenges are great in addressing the drug, alcohol, and gambling addiction of 2.5 million New Yorkers and the children, family members, and others who are also impacted by these addictions. Through reform and reinvestment of critical resources based on evidence-based policies and practices, collaboration, and always putting the people we serve at the forefront of our efforts, OASAS is prepared to meet these challenges.

CHAPTER II: PROGRESS REPORT AND STAKEHOLDER PARTICIPATION

People First Coordinated Care Listening Forums

Held during the spring and summer of 2007, the “People First Coordinated Care Listening Forums” allowed more than 2,200 individuals, family members, providers, community members, local government representatives, and other interested citizens the opportunity to articulate concerns, ask questions, and share experiences related to people with disabilities with the commissioners of OASAS, Department of Health (DOH), Office of Mental Health (OMH), and Office of Mental Retardation and Developmental Disabilities (OMRDD). People reported experiencing the most difficulties and identified the greatest opportunities for improvement in:

- Accessing services and supports;
- Receiving quality, coordinated services from a competent workforce;
- Overcoming service barriers created by the systems themselves.

A report summarizing the major concerns raised during the forums was submitted to Governor Spitzer in October 2007. The report outlined steps the commissioners are taking in response to these concerns and set forth recommendations for improving and coordinating support for people who have needs across the four systems. *The Report on the People First Coordinated Care Listening Forums* can be accessed at:

<http://www.oasas.state.ny.us/pio/forums/documents/PeopleFirstRpt.pdf>.

Inter-Office Coordinating Council (IOCC)

Under the direction of Governor Spitzer, the IOCC, which had long been dormant, was reinvigorated during 2007. Consisting of OASAS Commissioner Karen Carpenter-Palumbo, OMH Commissioner Michael Hogan, and OMRDD Commissioner Diana Jones Ritter, the IOCC is charged with advancing, coordinating, and integrating services for individuals with multiple disabilities. The IOCC met for the first time since 1989 at the Rensselaerville Institute in August 2007. On January 18, 2008, the IOCC met again approving the annual report to the Legislature outlining major initiatives undertaken during 2007. The IOCC Annual Report can be accessed at:

<http://www.oasas.state.ny.us/pio/collaborate/IOCC/documents/IOCC2007Report.pdf>.

In 2008, the IOCC will conduct regular public meetings that are webcast for public viewing. Having established a Mental Hygiene Planning Committee, co-chaired with the Conference of Local Mental Hygiene Directors (CLMHD), and a Program Committee to address specific collaborative topics, the IOCC will address short and long-term goals set forth in the “People First Coordinated Care Listening Forums.” And, reaching out to include the Department of Health (DOH), State Education Department (SED), Office of Children and Family Services (OCFS), and the Developmental Disabilities Planning Council (DDPC) for their input and involvement in cross agency issues, the IOCC will work to eliminate the structural, financial, and regulatory barriers to accessing services.

The IOCC’s web page is available at:
<http://www.oasas.state.ny.us/pio/collaborate/IOCC/index.cfm>.

Coordinating Care for Co-Occurring Disorders

In 2007, OMH and OASAS convened a Task Force on Co-Occurring Disorders in an effort to combat the unacceptably low rates of effectively treating people with both mental health and addictive illnesses. In fact, while 35 percent of those admitted to OASAS-certified treatment programs have a diagnosed mental illness, only ten percent receive treatment for both conditions.

Co-chaired by OMH and OASAS, the Task Force issued a report in September 2007 with recommendations for creating a more transparent and accessible system of care. Working together, OMH and OASAS are already improving the effectiveness of screening and assessment, creating simplified and meaningful standards for quality of care, and examining ways to create more flexible funding approaches.

In an effort to continue to build on these first steps, Commissioners Hogan and Carpenter-Palumbo re-tooled the Task Force to act as an Advisory Group on Implementation and convened a Clinical Panel of national experts to recommend screening and assessment tools for both systems of care. Regulatory and Fiscal Workgroups have also been established. Working to implement the Task Force recommendations will help these systems become more consumer-centered and integrated for persons with co-occurring disorders.

Program Contact Project

To gather ideas for strengthening the addiction system, the OASAS Leadership Team individually contacted all 1,550 programs to conduct a survey to determine what is working well, where there are opportunities for improvement, and how OASAS can better meet the needs of service recipients. The valuable feedback received will help in formulating future improvements and result in benefits to those we serve.

The following were among the significant recommendations made by program staff:

- Streamlining/reducing paperwork and increasing technological assistance would improve their operations.
- More funding is needed.
- Improved recruitment and retention of staff and better pay are necessary.
- Regulations are too stringent and are interpreted inconsistently.
- Increased communication and collaboration would strengthen our system.
- More training is needed to strengthen services.
- Credentialing opportunities should increase and the renewal process shortened.
- Increased contact information for all OASAS staff would be helpful.

Commissioner's OASAS Quarterly News

In November 2007, the first edition of the *Commissioner's OASAS Quarterly News* was transmitted to all providers. This publication will serve as a regular update to keep

providers apprised of OASAS priorities, initiatives, and accomplishments. The November issue is available at:

<http://www.oasas.state.ny.us/pio/commissioner/quarterly11-07.cfm>

Interagency Planning

The Mental Hygiene Interagency Planning Workgroup was established in 2007 to explore opportunities for integrated mental hygiene planning by coordinating activities of each agency's local services planning process. Workgroup members include representatives from OASAS, OMH, OMRDD, and the CLMHD.

Each state agency has traditionally conducted its own local planning process, which includes separate timetables, planning requirements, and linkages to statewide planning and budgeting while maintaining its own working relationship with the CLMHD. OASAS has developed a very comprehensive local services planning process using a web-based application that enables counties to complete and submit their entire plan electronically through a secure web site. Both OMH and OMRDD have been exploring the development of their own web-based planning system.

Objectives of the Planning Workgroup include improving the quality of care provided to individuals served and reducing unnecessary administrative burden on State and county DMH agencies by:

- Establishing a common approach to local services planning, including consistent processes, overarching themes, timetables, and connections to statewide planning and budgeting, etc.
- Exploring new opportunities for collaboration on local services planning efforts particularly focused on cross-system issues and the needs of persons with multiple disabilities while preserving and supporting each agency's own mission, goals, priorities, constituencies, etc.
- Easing the local services planning burden on counties by creating a more uniform, efficient, and integrated process that reduces unnecessary duplication of effort and accommodates a more rational cross-systems planning focus.
- So far, the Planning Workgroup has developed a web-based County Mental Health Priorities Form and incorporated it into the OASAS Online County Planning System (CPS). The agencies have agreed to a uniform local services planning timetable that facilitates a stronger and timelier linkage to each agency's budget and long range planning processes. In addition, the agencies have developed an integrated county planning methodology that provides for the identification of local priority outcomes and provides for the counties to address the cross-system issues that impact persons with co-occurring disorders. Lastly, OMH and OMRDD staff are working with OASAS' CPS, providing access to all county plans submitted through the web-based tool.

Talent Management Committee

The Talent Management Committee (formerly the Steering Committee on Workforce Development) was reconvened in October 2007 to provide a comprehensive approach to attracting, selecting, and retaining talent across our system of care. Chaired jointly by representatives from OASAS and the provider community, the Talent Management Committee is charged with developing concrete recommendations, strategies, and actions that will have a positive impact on the issues and challenges facing the addictions workforce. The following work teams were identified: recruitment and retention, career ladders, leadership development, marketing, compensation, staff development, organizational culture and work environment. Each team is co-chaired by an OASAS and an Alcoholism and Substance Abuse Providers of New York State (ASAP) staff person. Embracing the concept of making the addictions field a profession of choice, the Talent Management Committee is providing guidance on attracting and retaining talent.

In January 2008, OASAS implemented the following recommendations from the Talent Management Committee:

- Eliminating the Case Presentation Method (CPM) Oral Examination – Once the final step of the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) examination process, the CPM examination will be replaced by an enhanced written examination that is expected to be introduced in the summer of 2008. By eliminating the CPM examination, OASAS expects to reduce the timeframe for getting credentialed in New York by as much as four months.
- Extending the Current Two-Year CASAC, Credentialed Prevention Professional (CPP), and Credentialed Prevention Specialist (CPS) Renewal Cycle to a Three-Year Renewal Cycle – This important change is being implemented to provide relief to the more than 6,500 credentialed professionals in the OASAS service delivery system. By moving to a three-year cycle, OASAS hopes to ease the burden of renewal and provide professionals more time to meet the associated renewal requirements.
- Maintaining the OASAS Credentialing Renewal Fee at \$150 – While the two-year renewal cycle will be extended to three years, the renewal fee will remain unchanged at \$150. This will enable OASAS to provide its credentialed professionals with a modest degree of financial relief as we move forward with our program of reform and reinvestment.
- Modifying the Professional Education Requirement for Renewal – While it will be necessary to proportionally increase the total number of clock hours needed for renewal of credentials (from 40 to 60) to assure reciprocity with other states, OASAS is providing more flexibility in the range of acceptable coursework to support professional growth on a more individualized basis.

Technology Workgroup

The Technology Workgroup is engaging OASAS staff and our provider and local government partners in determining how information technology can improve the

service system. The workgroup's charter is to explore and recommend actions that OASAS can pursue to improve the quality of services through enhanced use of technology. The Technology Workgroup formed three subcommittees to identify and address provider needs, OASAS needs, and intergovernmental issues.

Administrative/Regulatory Relief Workgroup

OASAS established the Administrative/Regulatory Relief (Paperwork Reduction) Workgroup to identify actions to reduce paperwork and improve services. Five subcommittees were formed: Patient-Centered Regulatory Reform, Reporting Requirements (OASAS), Unified Reporting (other reporting requirements), Patient Centered Care and Documentation, and Electronic Records. Each committee is co-chaired by an OASAS staff person and a provider representative.

Prevention

To enhance achievement of the performance gold standard, OASAS continues to measure the success of our prevention efforts. The Prevention Activity and Results Information System (PARIS) combined with statewide youth and young adult surveys enables OASAS to monitor the success of the provider system and guide future policy and funding decisions. Because science-based prevention is the first prescription for a healthy New York, OASAS will continue to expand the use of evidenced-based programs and practices.

During December 2007, OASAS issued the *Regional Prevention Resource Centers: Statewide Coalition Project Planning Supplement*. It requested proposals from OASAS-funded prevention providers to establish seven Regional Prevention Resource Centers, which will provide training and technical assistance to foster and support community coalitions. Working in partnership with OASAS, counties, and funded prevention providers, the Centers will facilitate partnerships and collaboration. The primary focus is building community capacity and resources in a multi-county area.

In January 2008, OASAS issued a Request for Proposals (RFP) for the *Underage Drinking: Not a Minor Problem Statewide Media Awareness Campaign* to provide funding to organizations to launch local or regional media awareness campaigns. The campaign initiative is designed to change attitudes, beliefs, and community norms surrounding underage drinking and to decrease the availability of alcohol to underage youth.

During January 2008, OASAS issued a Request for Applications (RFA) for the *Campus Community Coalition Initiative*. OASAS will fund grants of up to \$25,000 to enhance regional college consortia prevention efforts. A regional consortium comprises local colleges and community prevention providers. There are 11 regional college consortia located throughout New York State.

Reform and Reinvestment for Detoxification Services

OASAS and the Department of Health (DOH) are partnering to reform detoxification services in New York State. The current detoxification service delivery system relies almost exclusively on intensive, inpatient, hospital-based detoxification to deliver more than \$350¹ million worth of services annually. Many of those served in hospital-based programs do not require such a high level of care and could be served in less intensive, and less expensive, community-based detoxification programs. OASAS and DOH established the Joint Task Force on the Continuum of Care for Alcoholism and Substance Abuse Services with representatives from the hospital industry, community-based chemical dependence providers, and local government. The Task Force's report *Reforming and Restructuring Detoxification Programs in New York* identified a series of principles that will act as the grounds for reforming the current detoxification system.

Re-Engineering Methadone Treatment

The Methadone treatment system is being re-engineered to focus on treatment of the individual's overarching addictive disorder rather than on the single problem of opiate dependence. OASAS will phase in this differential treatment approach in methadone treatment sites over 18 months, and move these programs toward a more comprehensive outpatient model of care.

Housing

Because housing is a critical issue for those in recovery, OASAS created the Bureau of Housing and Employment Services in January 2008 to coordinate agency housing and employment efforts. OASAS participates in the housing workgroup of the Most Integrated Settings Coordinating Council. Commissioner Carpenter-Palumbo serves on the Governor's Sub-Cabinet on Housing and on the Board of Directors of the Homeless Housing and Assistance Corporation. The OASAS-Housing and Urban Development (HUD) Shelter Plus Care Permanent Supported Housing initiative supports 850 apartment units serving recovering individuals. In November 2007, OASAS released a Planning Supplement for the *New York/New York III Scatter-Site Transitional Housing Initiative*, which solicited proposals for scatter-site, small clusters of long-term supportive transitional housing for homeless single adults who have completed substance abuse treatment.

Gambling

In November 2007, OASAS released the results of the statewide surveys of adult and adolescent problem gambling. This garnered coverage in more than 60 news outlets across the country including the Associated Press, the New York Times editorial blog, and inquiries from as far away as New Zealand. The surveys showed:

- Ten percent of adolescents aged 12 to 17 (160,000 statewide) experienced problem gambling in the past year and another ten percent are at risk of developing problem gambling.

¹ Based on SFY 2005-06 Medicaid data

- Five percent of adult New Yorkers, or 668,000, are experiencing problem gambling.

Wellness

Understanding that the health and wellness of the whole person is key to sustained recovery from addiction, OASAS announced that New York would be the first state in the nation to require that all prevention and treatment programs become tobacco-free. This bold health initiative was recognized nationally and from as far away as Australia for its effort to save lives. Research shows that the chemically dependent population is more likely to die from tobacco-related disease than alcohol or drugs. In partnership with DOH, \$8 million was provided for free nicotine replacement therapy and for staff training. OASAS is incorporating wellness in treatment plans to address hepatitis, obesity, diabetes and other health-care issues.

Medicine Cabinet Inventory

OASAS released the Medicine Cabinet Inventory to help prevent prescription drug abuse by tracking prescription and over-the-counter medicines in the home. The Inventory provides an easy checklist that could alert family members to drug abuse problems in the home whether that involves children, adults, or the elderly. For parents, it helps track medications and provides an opportunity to talk with children about the dangers of abusing medications. The new tool was featured in the *Alcoholism and Drug Abuse Weekly's* December 3, 2007 edition. It is available at: www.oasas.state.ny.us/AdMed/documents/MedCabSheet.pdf.

CHAPTER III: EXECUTIVE BUDGET HIGHLIGHTS

The Governor's 2008-09 Executive Budget recommendations will significantly enable OASAS to meet its mission "to improve the lives of New Yorkers by leading a premier system of services for addiction prevention, treatment, recovery."

Cost of Living

- \$12.5 million for the third year of a three-year cost of living adjustment (COLA) of about 3.2 percent for existing funded providers.
- Article VII legislation to extend the COLA for an additional three years, through March 31, 2012.

Reform and Reinvestment

- ATC Detoxification Unit – OASAS will establish a swing bed detoxification unit at R.C. Ward Addiction Treatment Center (ATC), similar to the successful program operating at Kingsboro ATC. A new swing bed detoxification unit with ten beds will

be established, effective July 1, 2008. To support this new unit, \$210,000 is added for five additional clinical positions necessary to allow these beds to operate both as inpatient and detoxification beds, depending on the current need.

- Hospital Reimbursement Reforms – Article VII language will establish DRG-exempt cost-based rates for hospital-based medically-managed withdrawal and medically supervised withdrawal detoxification services. A 48-hour observation bed rate is also proposed to allow hospitals to assess, stabilize, and link the patient to the most appropriate level of care.
- Amendments to Part 816 Chemical Dependence Crisis Services Regulations – OASAS is proposing a series of regulatory changes that, while not reflected in budget documents, will emphasize discharge planning and ensure that patients are linked to an appropriate treatment service.
- Co-Occurring Disorders – A total of \$1.5 million (annualizing to \$3 million) is recommended to improve patient care and outcomes for individuals with both mental illness and chemical dependence. This funding will support an additional three Dual Diagnosis Coordinators and a joint initiative with OMH to expand services for persons with co-occurring disorders through the use of standardized screening and assessment, evidence-based practices, consumer and family education, and peer-based recovery services in accordance with recommendations made by the Co-Occurring Disorders Task Force.

Unmet Need

- \$24 million in Capital funds to develop 120 new community residential and/or supportive living beds outside the City of New York and Long Island, with operational funding to begin in 2010-11.
- \$29.7 million in additional Capital funds, for a total of \$84.5 million, as part of the multi-year effort to rehabilitate and/or relocate existing chemical dependence services programs.
- \$3 million in additional operating funds, for a total of nearly \$11.5 million, for the New York/New York III initiative.
- \$2 million in additional Capital funds, for a total of \$3 million, for preservation of the infrastructure at OASAS ATCs.
- \$900,000 for operational costs of beds newly opened in 2007-08 and 60 new beds in 2008-09 under the 108 bed capital initiative for adolescents and women with children.
- \$800,000 in operating funds to establish 125 scattered site apartments with case management services outside the City of New York and Long Island and funding for case management companion services for providers receiving funding from HUD

under Shelter Plus Care, effective October 1, 2008. Funding is annualized at \$1.6 million in 2009-10.

- Capital funding is reappropriated for the 2007-08 development of 100 beds for veterans and 100 community residential and supportive living beds on Long Island.

Recovery Services

- \$500,000 for the first year of a multi-year initiative to establish 21 Recovery Community Centers throughout the State. A total of six Centers will be funded in 2008-09; eight Centers funded in 2009-10; and the remaining seven Centers funded in 2010-11. Funding is annualized at \$2.7 million. The Centers will provide individuals in recovery and their families' informational, recreational, social, and emotional support to sustain their ongoing recovery.

Gold Standard for Provision of Services

- \$200,000 to contract with the Research Foundation for Mental Hygiene (RFMH) to conduct a one-year review of the current system of OASAS reimbursement methodologies and make recommendations for changes to accomplish equitable reimbursement and high quality services.
- \$160,000 to support four additional clinical staff at the ATCs to manage more complex client needs and ensure patient-centered care is at the forefront of services provided, effective July 1, 2008.
- \$120,000 to establish, effective October 1, 2008, a multi-year program to develop/deliver training programs to enhance the competencies of professionals in the addictions and problem gambling, which will annualize to \$275,000 in 2009-10.
- Appropriation authority to establish a Research Recovery Account, which would permit OASAS to receive non-Federal funding and allow OASAS to contract with RFMH for research related activities and grant development.
- Continue collaboration with the Office of Temporary and Disability Assistance and Department of Health to streamline processes and funding associated with the provision of chemical dependence treatment services to public assistance recipients in OASAS-certified residential facilities.

Problem Gambling

- \$440,000 to expand problem gambling prevention services to an additional 18 counties effective October 1, 2008; and an additional 19 counties in October 2009. Funding is annualized at \$2.3 million in 2010-11. This will result in gambling prevention services being available in every county of the State.

- \$190,000 to consolidate the addictions and problem gambling help lines and to ensure 24/7 coverage effective July 1, 2008. Funding is annualized at \$250,000 in 2009-10.
- Article VII legislation to provide OASAS with permanent oversight and funding associated with problem gambling services.

Agency Operations

- An increase of \$2.4 million in State Operations funding for administrative oversight of the OASAS service system as well as to support fixed cost increases, inflation, increases in pharmaceuticals, utilities, and food services at the ATCs, and information technology.
- Offsetting the proposed funding increases in the Executive Budget are the following cost savings actions:
 - \$10 million in Medicaid compliance and enforcement actions in the Department of Health's budget;
 - \$5 million for certain 2007-08 Legislative initiatives;
 - \$2.6 million in State Operations through strict controls on hiring and creative management strategies such as shared services, energy efficiencies and exploring bulk information technology purchasing with other agencies; and
 - \$1 million in Aid to Localities realized through improving provider performance reviews.

Federal Funding

- Provides \$1 million in State funds to replace an anticipated reduction in the 2008 Federal Safe and Drug-Free Schools and Communities grant award. This action will permit OASAS to continue prevention services currently funded through voluntary agencies.
- The 2008 Federal Substance Abuse and Mental Health Services Administration Substance Abuse Prevention and Treatment Block Grant award amount remains at the same level as 2007 of \$115 million.

Other Initiatives

- The Executive Budget proposes to permanently transfer the Compulsive Gambling Treatment Program from OMH to OASAS.
- The Executive Budget proposes to repeal Medicaid sanctions imposed on public assistance applicants and recipients who are not in compliance with alcoholism and substance abuse identification and treatment requirements. Medicaid assistance sanctions for such non-compliant recipients and applicants create counterproductive barriers that hinder sanctioned recipients and applicants from returning to

treatment and threaten public health by leaving sanctioned persons who have serious health problems without access to health care, including persons with HIV, Tuberculosis and Hepatitis. OASAS believes that it is a far better approach to maintain their Medicaid eligibility so that can continue to address their other health needs thereby furthering the likelihood that they may return to and successfully complete treatment.

SUMMARY

The past year was one of significant accomplishment for OASAS and the addictions service system. In collaboration with our federal, state, local, and provider partners, OASAS has developed and implemented wide-ranging initiatives to improve the lives of New Yorkers. In the coming year, OASAS will enhance collaborative efforts to break down silos, put the needs of individuals and their families first, and improve the quality of services. Building upon the agenda emerging from the “People First Coordinated Care Listening Forums,” OASAS is committed to ensuring that quality prevention, treatment, and recovery services are available to all New Yorkers.