

NEW YORK

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State service systems to prevent and treat substance use disorders. NASADAD members include the State Substance Abuse Directors from the 50 States and 5 Territories. These State Directors, also known as Single State Authorities (SSAs), have front-line responsibility for managing the nation's publicly funded prevention, treatment and recovery systems. In New York, the Office of Alcoholism and Substance Abuse Services (OASAS) is a cabinet-level agency that operates 13 Addiction Treatment Centers; licenses, funds, and supervises 1,200 community-based treatment programs, serving 108,300 persons on any given day; and provides comprehensive prevention services through 300 programs based in schools and communities throughout the State.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. New York's FY 2007 SAPT Block Grant allocation of \$115.1 million represents a cut of \$1.4 million since FY 2004.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. In its 2007 application, New York reported the following treatment outcomes:

- 47.5% increase in the number of patients reporting abstinence from alcohol
- 75.1% increase in the number of patients reporting abstinence from other drug use
- 26.7% increase in the number of patients engaged in employment
- 32.5% decrease in the number of patients who are homeless
- 61.4% decrease in the number of patients arrested (in the past 60 days)

In a 2006 preliminary analysis, OASAS reported that after six months of treatment:

- The percentage of patients troubled/bothered by medical problems decreased by 55.5%.
- 85% of patients were criminal justice referrals, with almost three quarters (70.2%) of the patients on probation or parole at the time of admission. Those on probation or parole decreased significantly (to 45.8%) at follow-up; and there was a significant decrease in the percent of patients detained/incarcerated in the past 30 days (from 23.9% at admission to 4.3%) at follow-up.
- The percent of patients reporting being troubled/bothered by family problems decreased from 29.7% at admission to 7.6% at follow-up and from 25.5% at admission to 3.3% at follow-up for social problems.
- The percent of patients reporting being troubled/bothered in the past 30 days by psychological or emotional problems showed significant declines, from 40.2% at admission to 9.4% at follow-up.

Prevention

SAPT Block Grant funds also contributed to improved prevention outcomes. OASAS' 2002 school survey of students in grades 7 to 12 showed that, in an eight-year period:

- weekly binge drinking decreased 25 percent (from 12% to 9%)
- lifetime use of cigarettes decreased 18 percent (from 55% to 45%)
- daily use of cigarettes decreased by 30 percent (from 17% to 12%)
- in the last four years of this period marijuana use (4 or more days /month) decreased 28% (14% to 10%)

Treatment for Pregnant and Parenting Women

OASAS funds programs for pregnant women and/or women with dependent children in a variety of settings including "specialized tracks" within a larger program or discrete programs entirely dedicated to serving this population. Any program that is included within OASAS-reported services to pregnant women/women with dependent children must provide: counseling and treatment services in the context of families and relationships, including individual, group and family therapy; counseling for partners and/or fathers of children; a children's component within the treatment plan; and relapse prevention and intervention services. Counseling must address gender-specific issues such as: family of origin relationships; attachment to unhealthy personal relationships; low self-esteem; parenting; interpersonal violence; race, ethnicity and culture; eating disorders; life plan development; sexuality; child care and child custody.

The State has made significant investments to expand residential treatment services for women. Most recently, OASAS awarded \$24.9 million to 11 providers to expand residential treatment bed capacity for women with children (80 beds) and adolescents (28 beds).

New York Quick Facts

Treatment Admissions

OASAS-funded treatment programs admitted 84,043 persons (unduplicated count) in SFY 2004-05.

An additional 51,449 persons, admitted in a prior period, continued to receive treatment services from OASAS-funded programs.

➤ Admissions by Drug:

Alcohol	39.6%
Marijuana	22.3%
Heroin/Opiates	18.6%
Cocaine	7.6%
Crack	10.5%
Other	1.4%

➤ Admissions by Age:

17 & Under	8.4%
18-24	17.7%
25-44	53.2%
45-64	20.1%
65 & Older	0.6%

➤ Admissions by Race:

White	46.8%
Black	32.9%
Asian	0.7%
American Indian	0.8%
Unknown	18.8%

➤ Admissions by Gender:

Male	73.5%
Female	26.45%

National Outcome Measures (NOMs)

- Abstinence from Drug/Alcohol Use
- Employment/Education
- Crime and Criminal Justice Involvement
- Stability in Housing
- Social Connectedness
- Access / Capacity
- Retention
- Perception of Care
- Cost Effectiveness
- Use of Evidence-Based Practices

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability

OASAS seeks to enhance and continually improve the system of prevention, treatment, and recovery services to ensure that New Yorkers receive the highest quality of care in the nation, focusing on evidence-based best practices, innovation, and collaboration to achieve positive outcomes and improve the health status of the individuals. OASAS views public health as a universe that emphasizes the importance of physical, mental and social well being. OASAS promotes a data-driven, performance-oriented organizational culture to achieve continuous improvement.

Through its Division of Strategic Planning and Results Management, OASAS works with counties and providers to plan, identify and promote innovative, evidence-based service approaches and to provide both reliable and useful performance information to continuously improve local and statewide services for New Yorkers. Statewide Field Operations staff play a critical role in improving and strengthening all services by conducting annual program reviews and providing assistance. Field staff rely on a number of reports and data systems to identify problems and opportunities to better serve patients including Annual Comprehensive Program Performance Reviews, the Integrated Program Monitoring and Evaluation System (IPMES), site visits performed throughout the year, and the workscope/workplan. Other OASAS staff, including the Division of Quality Assurance and Performance Improvement, conduct regulatory compliance inspections of all certified treatment programs and monitor compliance with State and Federal requirements for treatment services.

OASAS' Prevention and Recovery Division has recently launched Prevention Activity and Results Information System (PARIS), a web-based prevention planning, data collection and outcome measurement system that is an integral part of ensuring New York's compliance with the SAMHSA NOMs for prevention. A major component of PARIS is the annual planning and results focused workplan that must be completed by each provider. Critical to this workplan is the selection of service approaches that will address the identified needs of each community and produce positive outcomes. Through PARIS, OASAS will be able to identify which evidence-based programs and practices have been selected by the county and/or provider and subsequently review performance and outcomes that were achieved in using these models.

A Solid Economic Investment

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the country regain their lives and families.

- According to the New York Center for Court Innovation, the New York State drug court system saved \$254 million in prison-related expenses by diverting 18,000 non-violent drug offenders into drug courts in lieu of incarceration
- One study of supportive housing in New York City looked at a program that provided immediate access to permanent supportive housing to over 240 individuals with severe mental illness and substance addictions. The program was evaluated by comparing the participants' outcomes to a control group of persons with the same conditions who went through a traditional step-by-step progression – emergency shelter with services then transitional housing with services – prior to being permanently housed. This study found that almost 90% of the program participants remained housed after five years compared with less than 50 percent of the control group.
- According to the New York City Office to Combat Domestic Violence (August 2003), "After the first incident of domestic violence, victims are nine times more likely to abuse drugs than non-battered women."



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