



*New York State Assembly*  
**2011 ANNUAL REPORT**

*committee on*  
**ALCOHOLISM &  
DRUG ABUSE**

*Steven H. Cymbrowitz*  
*Chairman*



*Sheldon Silver*  
*Speaker*



STEVEN H. CYMBROWITZ  
Assemblyman 45<sup>th</sup> District  
Kings County

THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

CHAIRMAN  
Alcoholism and Drug Abuse  
Committee

COMMITTEES  
Codes  
Environmental Conservation  
Health  
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Steering

December 15, 2011

Honorable Sheldon Silver  
Speaker of the Assembly  
Legislative Office Building, Room 932  
Albany, New York 12248

Dear Speaker Silver:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit to you the Committee's 2011 Annual Report. In my first Legislative session as Chairman, the Committee was able to advance several pieces of new legislation to support the prevention, treatment, and recovery for individuals and their families who are suffering from addiction.

In fiscal year 2010-2011 the Assembly Majority fought hard and worked in good faith to negotiate a fair and balanced budget that closed a multi-billion dollar state deficit. Unfortunately, many prevention and treatment chemical dependence and problem gambling service providers experienced significant losses in State resources. I am determined that the Committee, in the upcoming budget cycle, with your leadership will advocate, even in the face of these tough economic times, to make an investment in programs that have proven to be effective in reducing alcoholism, substance abuse, and problem gambling.

Legislatively, the Committee had a productive session, acting on several important pieces of legislation, including two bills that were signed by the Governor. One bill promotes the screening, assessment, and diagnosis of women for alcoholism and chemical dependency. The second bill will help New York State respond to the national trend of increased drug abuse among youth 12 years of age and older. We were also able to convene hearings and roundtables on important issues such as the prevention of underage alcohol consumption; prevention services for problem gambling; and prescription drug abuse among adolescents and young adults.

On May 25<sup>th</sup>, 2011 the Committee on Alcoholism and Substance Abuse convened a hearing on the Prevention of Underage Alcohol Consumption. From the testimony, the Committee learned that environmental prevention strategies must be utilized to combat the aggressive marketing campaigns of the alcohol industry. This includes an increased

focus on public awareness initiatives that highlight the seriousness of underage alcohol consumption and the associated public health and safety costs.

The Committee, on June 15<sup>th</sup>, 2011, in conjunction with the Assembly Committee on Racing and Wagering hosted a roundtable on Prevention Services for Problem Gambling. At the roundtable, discussion focused on the most effective method for delivering prevention services for problem gambling. The panel also considered various initiatives that will ensure resources are available, including dedicating funding streams from gaming revenue for the prevention and treatment of problem gambling.

On August 9<sup>th</sup>, 2011, in New York City, the Assembly Committee on Alcoholism and Drug Abuse held a roundtable discussion on Prescription Drug Abuse among Adolescents and Young Adults. Through this roundtable, the Committee heard that key components to battling this growing public health crisis include increasing education for physicians and other health care providers regarding the abuse of prescription drugs, and raising the awareness of the general public, including parents and youth about the dangers and consequences of prescription drug abuse.

I look forward to working with you and my Assembly colleagues in order to ensure that effective, evidence-based prevention, treatment, and recovery services are accessible to all individuals and families who are impacted by drug addiction, alcoholism, and problem gambling.

On behalf of myself and all the members on the Assembly Committee on Alcoholism and Drug Abuse, I would like to express my sincere appreciation and gratitude for your support and encouragement throughout the Legislative Session.

Sincerely,

A handwritten signature in black ink that reads "Steven Cymbrowitz". The signature is written in a cursive, flowing style.

Steven H. Cymbrowitz  
Chairman  
Assembly Committee on Alcoholism and Drug Abuse

**2011 ANNUAL REPORT  
OF THE  
NEW YORK STATE ASSEMBLY  
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Steven Cymbrowitz  
Chair**

**Committee Members**

**Majority**

Carmen E. Arroyo  
Inez D. Barron  
Marcos A. Crespo  
Michael G. DenDekker  
Andrew Hevesi  
Crystal D. Peoples-Stokes  
Linda B. Rosenthal  
Eric Stevenson

**Minority**

Ranking Member-Mark Johns  
George Amedore  
Robert Castelli  
Andy Goodell

**Committee Staff**

Lena DeThomasis – Office Manager/Committee Clerk

**Program and Counsel Staff**

Simonia Brown – Assistant Secretary for Program and Policy  
Jillian Faison – Associate Counsel  
Willie Sanchez – 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 and works closely with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure that policies and initiatives carried forward by the Assembly Majority will improve access and enhance prevention, treatment, and recovery services.

The Office regulates, licenses, and funds nearly 1,300 local, community-based programs, and chemical dependence treatment programs; provides a comprehensive education and prevention program through more than 1,550 programs found in schools and communities and; monitors gambling and substance abuse trends in the state.

According to OASAS, there are nearly 20,000 provider, staff and volunteers within the service provider community who, on any given day, assist roughly 110,000 individuals seeking a wide variety of services. This includes the State's direct operation of 12 Addiction Treatment Centers (ATC's), which provides inpatient rehabilitation services to 10,000 persons per year.

## **II. STATE BUDGET HIGHLIGHTS**

The State's fiscal climate complicated already difficult decisions regarding funding priorities. Looking forward to the upcoming State Fiscal Year (SFY) 2012-2013 budget cycle the Committee will fight for the investment of additional resources for the prevention, treatment, and recovery services needed for those who are suffering from addiction.

### **A. Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

The State Fiscal Year (SFY) 2011-2012 Enacted Budget included a proposal that will expand the use of SBIRT for alcohol/drug abuse beyond the emergency room setting and into primary health care settings. According to the Medicaid Redesign Team, New York State will realize a savings of \$850,000 in the SFY 2011-2012 with state savings increasing to \$1.7 million in the SFY 2012-2013.

The implementation of SBIRT in primary health care settings (hospitals, outpatient clinics and private physician offices) will allow for the early detection of risky alcohol and drug use. Applied as a comprehensive, integrated, public health approach it can result in early intervention which helps to avert the serious and costly health consequences of undetected substance abuse.

### **B. Managed Addiction Treatment Services (MATS)**

Chronic users of illegal substances account for a large percentage of the expenditures for Medicaid-funded substance abuse services. Without coordinated care, they often cycle in and out of the substance abuse treatment system, including expensive detoxification and in-patient services. This pattern is not only costly to the State, but also results in diminished recovery outcomes. In 2007, OASAS provided funding to New York City to develop and implement a care coordination program for high-end users of substance abuse services, called Managed Addiction Treatment Services (MATS). Its goal is to promote recovery and self-sufficiency through case management services to assure effective and appropriate access to needed treatment services for voluntary participating, high cost, and chemically dependent (CD) Medicaid eligible recipients. MATS also provides significant savings through the reduction of unnecessary or excessive utilization of Medicaid services.

The 2011-2012 Enacted Budget expanded the MATS program to approximately 3 times its size allowing for nearly 1,500 additional participants that will receive coordinated and effective treatment services.

### **C. Human Services Cost of Living Adjustment (COLA)**

The Enacted State Budget deferred the Cost of Living Adjustment (COLA), for the SFY 2011-2012. Those impacted will be human service providers in the Office of Mental Health, the Office for People with Developmental Disabilities, the Office of Alcoholism and Substance Abuse, the Office of Children and Families, and the State Office of the Aging.

### **III. SIGNIFICANT LEGISLATION – 2011**

The Committee is dedicated to the advancement of legislation that would ensure the highest quality of care for persons with substance abuse issues. Accordingly, the Committee reported a number of important pieces of legislation during the 2011 session. These included:

#### **A. PREVENTION**

##### **1. Improved Care for Women (A.1078; Jaffee/S.3279; Hassell-Thompson; Chapter 265)**

The Committee convened a roundtable discussion regarding alcohol and chemical dependency services available to women. It was held jointly by the Assembly Committee on Alcoholism and Drug Abuse and the Assembly Task Force on Women's Issues. The roundtable was attended by community providers and advocates. During the roundtable, concerns were raised that many women are not diagnosed with an addiction disorder because healthcare providers often do not screen for alcoholism and chemical dependency. This concern is supported by data from the American Journal of Preventive Medicine, which confirms that only 8.7 percent of people with drinking problems reported receiving any screening or advice from their primary-care physician. Furthermore, it was discussed that when health care providers do screen for addiction, the health care provider typically does not know what questions to ask, or how to elicit a truthful answer from the patient regarding alcohol or drug use.

This bill requires the Commissioner of the Office of Alcoholism and Substance Abuse Services, in consultation with the Commissioner of the Department of Health, to provide and publish educational materials for health care providers regarding screening, assessment, and diagnosis of women for alcoholism and chemical dependency.

##### **2. Youth Substance Abuse (A.6815; Cymbrowitz/S.4846; Klein; Chapter 283)**

Overall, youth substance use is on the rise. According to the Substance Abuse and Mental Health Service Association (SAMHSA) 2009 National Survey on Drug Use and Health (NSDUH), after a number of years of declining use, overall drug use for youth 12 years and older rose by nine percent.

Data from the NSDUH and the most recent Monitoring the Future study show that marijuana use, which had been rising among teens for the past two years, continued to rise in 2010 for grades 8, 10, and 12. There has also been a significant increase in the number of young adults using prescription drugs non-medically. In 2010, the National Institute of Drug Abuse (NIDA) reported that after marijuana use, prescription drugs and over-the-counter medications account for most of the top drugs abused by 12th graders in the past year. In New York State, a survey conducted in 2008 by the Office of Alcoholism and Substance Abuse Services (OASAS) found that prescription pain killer abuse is higher in New York compared to the national rate (18% of NYS high school seniors vs. 13% nationally).

Similarly, underage drinking among America's youth remains high. Alcohol remains the most heavily abused substance by America's youth. Approximately 6.9 million teens are considered binge drinkers, meaning the consumption of more than five drinks on any one occasion. Additionally, more than two million teens are classified as heavy drinkers which for men, is typically defined as consuming an average of more than 2 drinks per day and for women, as consuming an average of more than 1 drink per day .

This bill renames the "Advisory Council on Underage Alcohol Consumption" to the "Advisory Council on Underage Alcohol Consumption and Youth Substance Abuse" and expands the Council's focus to respond to the national trend of both increased drug and alcohol abuse among youth 12 years of age and older.

### **3. Problem Gambling Education** (A.2425B; Rivera/S.4885; Klein; Reported to the Committee on Ways Means)

Problem gambling affects nearly one million adult and adolescent New Yorkers. A study by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) found that 5 percent of adults or 668,000 adults experienced problem gambling behaviors within the past year. Additionally, a survey of 7th through 12th graders found that 10 percent, or 140,000, experienced problem gambling in the past year.

A study conducted by The National Opinion Research Center (NORC) at the University of Chicago estimated that the aggregate annual costs of problem gambling caused by job loss, unemployment benefits, welfare benefits, poor physical and mental health, as well as substance abuse total approximately \$5 billion dollars per year. The report also noted that children of compulsive gamblers are more likely to engage in delinquent behaviors such as smoking, drinking, and using drugs. Also, these youth are at higher risk of developing compulsive gambling behaviors themselves.

This bill would require the Office of Alcoholism and Substance Abuse Services (OASAS) in consultation with the State Education Department (SED) to develop curriculum for a course of instruction in adolescent problem gambling which may be provided at the option of any school in grades 4-12. The curriculum would be made available on the websites of OASAS and SED.

## **B. PRESCRIPTION DRUG ABUSE**

### **1. Prescription Drug Abuse Awareness Campaign** (A.7805; Cymbrowitz; Reported to the Committee on Ways and Means)

Prescription drug abuse is the nation's fastest-growing drug problem. Data from the National Survey on Drug Use and Health (NSDUH) shows that nearly one-third of people aged 12 and over that used drugs for the first time in 2009 began by using a prescription drug non-medically. The same survey found that over 70 percent of people who abused prescription pain relievers obtained them from friends or relatives, while approximately 5 percent got them from a drug dealer or from the internet. Additionally, the latest Monitoring the Future study, the Nation's largest survey of drug use among

young people administered by the National Institute on Drug Abuse (NIDA), showed that prescription drugs are the second category of drugs after marijuana that are most often abused.

This bill requires the Commissioner of the Office of Alcoholism and Substance Abuse Services (OASAS) in consultation with the Commissioner of the Department of Health (DOH) to develop a prescription drug awareness campaign regarding the dangers of misuse and abuse of prescription drugs.

## **2. Primary Care Education on Prescription Drug Abuse (A.7807; Cymbrowitz; Reported to the Committee on Ways and Means)**

Prescription drug abuse is a public health crisis in New York State and across the nation. A critical component to the prevention of prescription drug abuse is educating health care providers who are most often prescribing the medication being abused. By increasing their knowledge and awareness of prescription medication addiction, health care providers can begin to detect misuse or abuse amongst their patients and prevent the serious consequences associated with prescription drug addiction.

According to a report issued by the Office of National Drug Control Policy (ONDCP), most health care professionals receive little training on the importance of appropriately prescribing and dispensing opiates in order to prevent addiction. Further, most healthcare providers have received minimal training on how to recognize substance abuse in patients under their care. A survey by the National Center on Addiction and Substance Abuse at Columbia University reflects the gaps in knowledge showing that only 40 percent of doctors were trained to identify prescription drug abuse and addiction.

This bill requires the Office of Alcoholism and Substance Abuse Services (OASAS) in consultation with the Department of Health (DOH) to develop educational materials which will assist health care providers in recognizing symptoms of prescription drug abuse; provide evidence based screening instruments; and identify resources to health care providers for the purpose of patient referrals to treatment.

## **C. ADVOCACY & TREATMENT**

### **1. Patients Rights (A.48; Ortiz/S.4447; Huntley; Passed the Assembly)**

The Committee believes persons suffering from chemical dependency be entitled to the same rights and protections that are afforded to persons seeking other forms of medical care.

This bill requires that patients, who are undergoing treatment for chemical dependency be informed of their rights and the essential protections to which they are entitled. Some of these rights and protections include: being fully informed of their proposed treatment, including its adverse affects; having confidentiality in treatment and access to personal and treatment records; reporting grievances regarding services to any staff of the facility; and the right to civil and religious liberties.

**2. Advisory Council on Alcoholism and Substance Abuse Services (A.2059; DenDekker/S.3251; Klein; Delivered to the Governor)**

Pursuant to New York State Mental Hygiene Law § 19.05, the New York State Advisory Council on Alcoholism and Substance Abuse Services consists of representatives from the consumer, provider, and private payor communities and is charged with: assisting the OASAS Commissioner in the establishment of statewide goals and objectives; reviewing applications of incorporations, the establishment or construction of a facility; making recommendations regarding the enhancement of services; and reviewing all proposed rules and regulations.

According to a 2004 National Survey on Drug Use and Health (NSDUH), 2.5 million adults in the nation have a co-occurring serious mental illness and substance abuse disorder. Studies have shown that between 40-60 percent of individuals presenting in mental health settings have a co-occurring substance abuse diagnosis and 60-80 percent of individuals presenting in a substance abuse facility have a co-occurring mental health disorder.

Additionally, alcoholism and substance abuse is a growing problem among those with developmental disabilities. As deinstitutionalization has occurred, many individuals with mild or moderate developmental disabilities are now living within the general community where there is increased access to alcohol and drugs. While integration in the community is important, integration of alcohol and substance abuse treatment has not kept pace with deinstitutionalization.

This bill would add to the Advisory Council of the Office of Alcoholism and Substance Abuse Services (OASAS) representatives of programs that provide services to individuals diagnosed with a co-occurring mental health disorder or a developmental disability and a substance abuse disorder and consumer representatives of such services. This will allow the Council to make recommendations to the Commissioner that will ensure the Office's statewide goals and objectives reflect the needs of this population; that the capacity for treatment meets the demand for services; and the services being delivered are clinically appropriate.

**3. Supporting the Expansion of SBIRT (A.7804; Cymbrowitz; Passed the Assembly)**

Screening, brief intervention and referral to treatment (SBIRT) is an evidence-based practice model which is proven to be successful in modifying behavioral patterns with at-risk substance users and in identifying individuals who are in need of more extensive, specialized treatment. The implementation of SBIRT in primary health care settings (hospitals, outpatient clinics and private physician offices) will allow for the early detection of risky alcohol and drug use. Applied as a comprehensive, integrated, public health approach it can result in early intervention which helps to avert the serious and costly health consequences of undetected substance abuse.

The 2011-2012 New York State Enacted Budget included a proposal that will expand the

use of SBIRT for alcohol/drug abuse beyond the emergency room setting. According to the Medicaid Redesign Team, New York State will realize a savings of \$850,000 in the 2011-2012 State Fiscal Year (SFY) with state savings in the 2012-2013 SFY and in the outlying years increasing to \$1.7 million.

The expansion of SBIRT beyond the emergency room will require health care professionals to learn a new set of skills and become familiar with new administrative processes. This legislation requires the Office of Alcoholism and Substance Abuse Services (OASAS) in consultation with the Department of Health (DOH) to develop training materials for health care providers and qualified health professionals to enable the implementation of SBIRT.

**4. Services for Veterans** (A.7806; Cymbrowitz/S. 4466A; Huntley; Reported to the Committee on Ways and Means)

Through their service, many military personnel were exposed to or have experienced trauma, placing many of them in high risk categories for triggering underlying conditions, such as post traumatic stress disorder (PTSD), substance abuse and other mental health conditions. According to the Mental Health Association of NYC (MHA-NYC) veterans are twice as likely as the general population to suffer from post-traumatic stress disorder, depression or substance abuse. In New York, programs which are certified by the Office of Alcoholism and Substance Abuse Services treated nearly 14,000 veterans for alcohol or substance abuse in the past year, but, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that approximately 75,000 New York veterans suffer from alcoholism or chemical dependence.

This bill requires OASAS, in collaboration with the Division of Veteran Affairs (DVA) to review programs operated by OASAS to ensure they are meeting the needs of New York State's veterans and to make improvements upon such programs. Furthermore, OASAS in collaboration with the DVA and the Office of Mental Health (OMH) would review and make recommendations to improve programs that provide treatment, rehabilitation, relapse prevention, and recovery services to veterans who have served in a combat theatre or combat zone of operations and have a co-occurring mental health and alcoholism and/or substance abuse disorder.

## **IV. LEGISLATIVE HEARINGS**

### **A. Prevention of Underage Alcohol Consumption**

#### **New York State Assembly Committee on Alcoholism and Drug Abuse**

*Wednesday, May 25<sup>th</sup>, 2011 at 10am  
Legislative Office Building, 2<sup>nd</sup> floor  
Roosevelt Hearing Room C  
Albany, New York*

According to the Youth Development Survey (YDS) conducted by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), it is estimated that, over 900,000 underage youth statewide consume alcohol each year and one out of every three 13 year-olds in New York State has tried alcohol. In 2007, underage drinking cost New York State \$3.5 billion due to work loss, medical care and other problems associated with the use of alcohol by youth. Further, it has been reported that in 2007, underage drinking represented 17 percent of all alcohol purchased in New York State, totaling over \$2 billion dollars.

Witnesses providing testimony included the Commissioner of the Office of Alcoholism and Substance Abuse Services (OASAS), law enforcement officials, alcohol and substance abuse prevention and treatment providers, and other health and mental hygiene officials. The Committee heard testimony that emphasized the need for collaboration between alcohol and substance abuse providers, State agencies, and local prevention and law enforcement agencies. Testimony also focused on the need for environmental strategies such as public awareness initiatives to counteract the heavy influence alcohol advertising has on motivating youth to begin drinking at an early age. Some witnesses raised concern about current funding levels for prevention services and the dire need of increased investment in such programs. The Committee agrees that effective prevention programs need to be funded appropriately in order to contribute to the collective goal of reducing underage alcohol consumption.

### **B. Prevention of Problem Gambling**

#### **New York State Assembly Committee on Alcoholism and Drug Abuse and the New York State Assembly Committee on Racing and Wagering**

*Wednesday, June 15<sup>th</sup>, 2011 at 10am  
Legislative Office Building, Room 711-A  
Albany, New York*

Problem gambling affects nearly one million adult and adolescent New Yorkers. A study by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) found that 5 percent of adults or 668,000 adults exhibited problem gambling behaviors within the past year. Additionally, a survey of 7th through 12th graders found that 10

percent, or 140,000 of these students, experienced problem gambling in the past 12 months.

The Assembly Committee on Alcoholism and Drug Abuse, along with the Assembly Committee on Racing and Wagering, invited experts on the prevention of problem gambling to explore the most effective way to deliver prevention and treatment services for problem gambling.

The Committee will work with the prevention community and all stakeholders, including colleagues in the Assembly to raise awareness of the consequences of problem gambling, monitor the expansion of gambling opportunities in New York State and encourage the introduction of an initiative that will dedicate a percentage of new gambling revenue to the prevention and treatment of problem and compulsive gambling.

### **C. Prescription Drug Abuse**

#### **The New York State Assembly Committee on Alcoholism and Drug Abuse**

*Tuesday, August 9<sup>th</sup>, 2011 at 11am  
250 Broadway, 22<sup>nd</sup> Floor  
Conference Room 2225  
New York, New York*

According to the findings of the 2009 National Survey on Drug Use and Health compiled by the Substance Abuse and Mental Health Services Administration, prescription opiate abuse is the nation's fastest growing drug problem. The findings reveal that nearly one-third of children aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically.

The Roundtable discussion, whose panel of participants included substance abuse prevention and treatment professionals, state officials and law enforcement personnel from across the state highlighted issues such as offering continuing medical education (CME) programming for physicians and other healthcare providers on prescription drug abuse, increasing the awareness of parents, adolescents and young adults concerning the dangers of prescription drug abuse, and the proper disposal of unused prescription opioids. Panelists also voiced concern regarding barriers to treatment, such as the inability of many families to meet the insurance co-payment required for their children to receive long term drug treatment and the reluctance of some schools to refer their students to treatment.

**APPENDIX A**

**2011 SUMMARY OF ACTION ON BILLS REFERRED TO THE ALCOHOLISM  
AND DRUG ABUSE COMMITTEE**

<b><u>Final Action</u></b>	<b><u>Assembly Bills</u></b>	<b><u>Senate Bills</u></b>	<b><u>Total Bills</u></b>
Bills Reported With or Without Amendment			
To Floor; Not Returning to Committee	3	0	3
To Ways and Means	6	0	6
To Codes	0	0	0
To Rules	0	0	0
<b>TOTAL</b>	<b>9</b>	<b>0</b>	<b>9</b>
Bills Having Committee Reference Changed			
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
Senate Bills Substituted or Recalled			
Substituted	0	0	0
Recalled	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
Bills Never Reported, Held in Committee	8	0	8
Bills Never Reported, Died in Committee	0	0	0
Bills Having Enacting Clause Stricken	1	0	1
<b>TOTAL BILLS IN COMMITTEE</b>	<b>18</b>	<b>0</b>	<b>18</b>
Total Number of Committee Meetings Held	<b>3</b>		

**APPENDIX B**

**LAWS ENACTED DURING THE 2011 SESSION**

<b>CHAPTER NO.</b>	<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>DESCRIPTION</b>
<b>Chapter 265</b>	<b>A.1078 (Jaffee)</b>	<b>S.3279 (Hassel-Thompson)</b>	Requires the Office of Alcoholism and Substance Abuse Services (OASAS), in consultation with the Department of Health (DOH), to provide and publish educational materials for health care providers regarding screening, assessment, and diagnosis of women for alcoholism and chemical dependency.
<b>Chapter 283</b>	<b>A.6815 (Cymbrowitz)</b>	<b>S.4846 (Klein)</b>	Renames the “Advisory Council on Underage Alcohol Consumption” to the “Advisory Council on Underage Alcohol Consumption and Youth Substance Abuse”. The bill will expand the Council’s focus to respond to the national trend of increased drug abuse among youth 12 years of age and older.

## APPENDIX C

### 2012 COMMITTEE OUTLOOK

Addiction resonates across every system in New York State. The Committee is committed to supporting the collaboration of the public health and safety, welfare and education sectors in order to reduce substance abuse and its consequences. The Committee will also monitor the establishment of effective evidence-based strategies to address the disease of addiction so that we may foster long-term recovery, improve lives, strengthen outcomes, and see a safer, healthier New York.

The Committee will continue to advocate for resources that will enable programs to meet the demand for alcohol and chemical dependence and problem gambling services; increase access and eliminate barriers to services for those who are in need; provide the appropriate tools, information, and opportunities for training so that provider staff and other professionals may be aware of and utilize the most recent clinical advancements in the field of chemical dependency and problem gambling; and raise awareness and reduce stigmas regarding alcohol and chemical dependence and problem gambling.

In addition, the Committee will work with the Legislature and the Governor's Office to continue to advance public health policy regarding the prevention of, treatment for, and recovery from addiction. As we have learned over the years, policies that are punitive in nature are counterproductive, continue the cycle of addiction, and cost New York State millions of dollars in healthcare, criminal justice, public assistance, child welfare, and domestic violence services when addiction goes untreated.

Lastly, the Committee, in collaboration with advocates, service providers, and state agencies will identify critical issues facing the chemical dependence community, individuals, and families who are impacted by addiction. Through this process the Committee will develop new initiatives and legislation that potentially could expand upon and strengthen the system of addiction services. During the 2012 Legislative Session some of these issues may include:

#### **The Expansion of Gambling Opportunities in New York State**

On September 7<sup>th</sup>, 2011, a hearing was convened to explore the benefits of the expansion of gambling through tribal gaming or, by amending the State Constitution to allow for development by non-tribal parties. Additionally, the Interior Department of the Federal Government reversed the prior administration's determination that off-reservation casino projects had to be within commuting distance for the tribe's reservation residents.

The Committee will monitor this issue closely and will advocate for an initiative that will dedicate a percentage of gambling revenue to the prevention and treatment of problem and compulsive gambling.

## **Spending and Government Efficiency Commission (SAGE)**

During the 2011 Legislative Session, the Governor established the SAGE Commission. Its charge is to modernize and right-size State government by undertaking a comprehensive review of every agency of New York State government and recommend structural and operational changes therein. As SAGE moves forward with its recommendations regarding State government consolidations, mergers, and restructuring, the Committee will encourage SAGE to consider a plan that: addresses untreated substance abuse disorders that drive State costs up; that eliminates waste; that increases efficiency; and that improves substance abuse delivery service outcomes across all State systems.

The Committee will also advocate for the SAGE Commission to include all relevant stakeholders in the substance abuse community in order to develop a thoughtful approach to creating state government efficiencies that will enhance substance abuse services and improve public safety, while creating significant state savings.

## **Behavioral Health Organizations**

The Medicaid Redesign Team (MRT) found through its research, that individuals who receive SSI or TANF and have complex behavioral health needs which require mental health and substance abuse treatment use fifteen times the amount of Medicaid services as the average beneficiary.

As a result of this finding, the MRT recommended the establishment of interim regional behavioral health organizations (BHOs) to manage carved-out behavioral health services while moving towards a model similar to a managed care plan.

The first phase of this plan establishes regional behavioral health organizations (BHOs) to manage behavioral health services. The BHOs will coordinate healthcare services along with other critical support services such as locating and maintaining housing. This reform is intended to produce savings over the next several years by reductions in costly emergency room visits and inpatient care that could otherwise be avoided.

By 2013, the second phase of the plan is expected to be implemented and would require OMH and OASAS to select plans to manage behavioral health services.

The Committee will continue to monitor the implementation of BHOs and engage in dialogue with OASAS, substance abuse providers and advocates in order to measure the impact of BHOs on the delivery of services.

## **Health Homes**

The MRT also recommended the development of health homes for high risk patients that are suffering from a serious and persistent mental health condition, two chronic conditions, or one chronic condition and are at risk for another. Health homes are a network of providers that are designed to be person-centered systems of care that facilitate access to and coordination of an array of primary and acute physical health services, behavioral health care, and long-term community-based services and supports.

The focus of the program will be on the reduction of avoidable hospitalizations and emergency room visits and therefore, will work with BHOs in this regard.

The Committee hopes to continue to be a part of discussions surrounding the changes in service delivery established by the MRT and will monitor the process to ensure that quality of care has not decreased as a result of this measure.

## **Social Work Licensure**

The social work licensing statute, as enacted in 2004, contained an exemption from licensure for individuals employed in programs under the auspices of the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, Office of People with Developmental Disabilities, Office of Children and Family Services, and local social service and mental hygiene districts.

This exemption was set to expire on January 1, 2010. As the date neared, it was clear that neither the workforce nor the agencies could come into full compliance and needed an additional extension to prevent a significant workforce disruption. As a result, in SFY 2010-2011, an exemption from licensure compliance was extended to entities operated, regulated, funded, or approved by the Department of Mental Hygiene, the Office of Children and Family Services, the Department of Correctional Services, the State Office for the Aging, the Department of Health, and local governmental units until July 1, 2013.

The process which was outlined by Chapter 132 of the Laws of 2010 has continued to move forward with programs under the jurisdiction of each exempt agency completing a survey which was intended to clarify those activities that require licensure and those that do not in the areas of assessment/evaluation, diagnosis, assessment-based treatment planning, psychotherapy, and treatment other than psychotherapy. The survey also collected information about the licensure and occupational titles of persons who provide services that would be restricted under the law after July 1, 2013, as well as the number of staff that are employed by, or contracted with the exempt entities to provide professional services. The results of the survey were shared with each exempt agency which allowed them to develop and submit a plan, due on July 1, 2011, to the Office of the Professions. Each agency plan identified steps toward licensure, barriers (including costs), and plans for full implementation by July 1, 2013.

As required by law, the Office of Professions will develop a report, due by July 1, 2012, working with the State Board and other stakeholders that will detail the steps required to

implement licensure, including any changes in laws, rules or regulations that may be necessary, alternative pathways to licensure, and the costs of implementation.

The Committee will work with advocates, substance abuse professionals, and other stakeholders to ensure that services will not be interrupted and, that individuals and their families who are suffering from addiction continue to receive quality treatment and care.