

NEW YORK

State SSA Director

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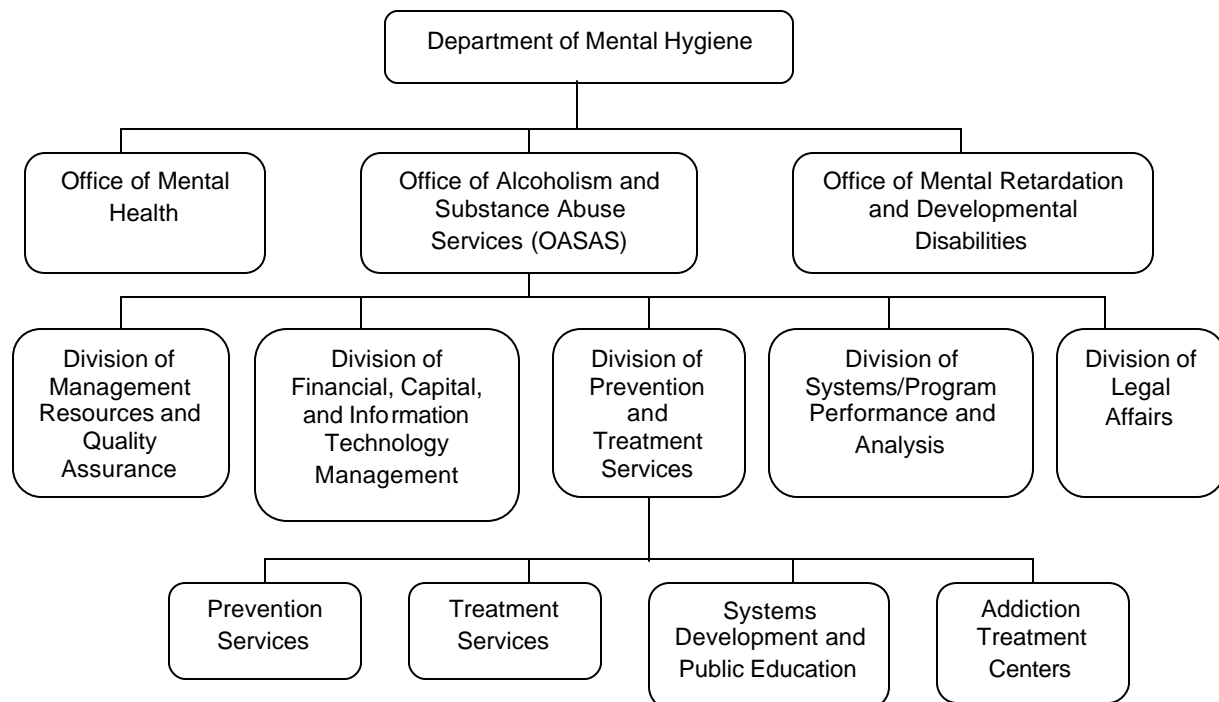
Web site: www.oasas.state.ny.us/www/home.cfm

Structure and Function



In New York, the Office of Alcoholism and Substance Abuse Services (OASAS) is the designated Single State Agency (SSA) for administration of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Located within the Department of Mental Hygiene, OASAS has cabinet-level status. It operates 13 Addiction Treatment Centers that provide short-term inpatient rehabilitation treatment services and oversees the Nation's largest and most diverse addiction system, comprising more than 1,200 licensed treatment and 300 prevention providers. Through this system, OASAS plans for the future; strengthens communities, schools, and families through prevention; assures accessible, cost-effective, quality services; monitors services to ensure they are delivered according to applicable standards and in the best interest of New Yorkers; meets individual needs through specialized services; links programs with research to improve results; and promotes a productive, well-trained workforce.

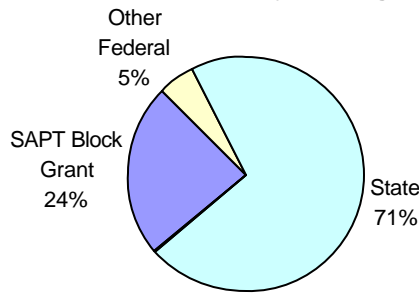
Single State Agency Structure



Single State Agency Funding Overview

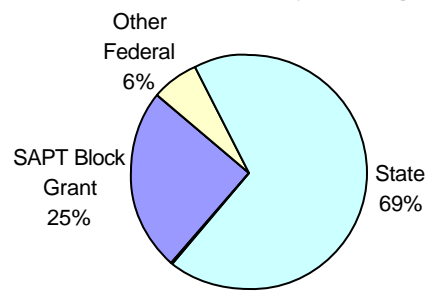
Between FYs 2000 and 2003 SSA expenditures in New York increased slightly but steadily from \$445.1 to \$464.3 million. In FY 2003, the State provided 69 percent of total SSA funding, the Block Grant provided 25 percent and other Federal sources provided 6 percent. This distribution has remained similar since FY 2000.

FY 2000 Expenditures by Funding Source

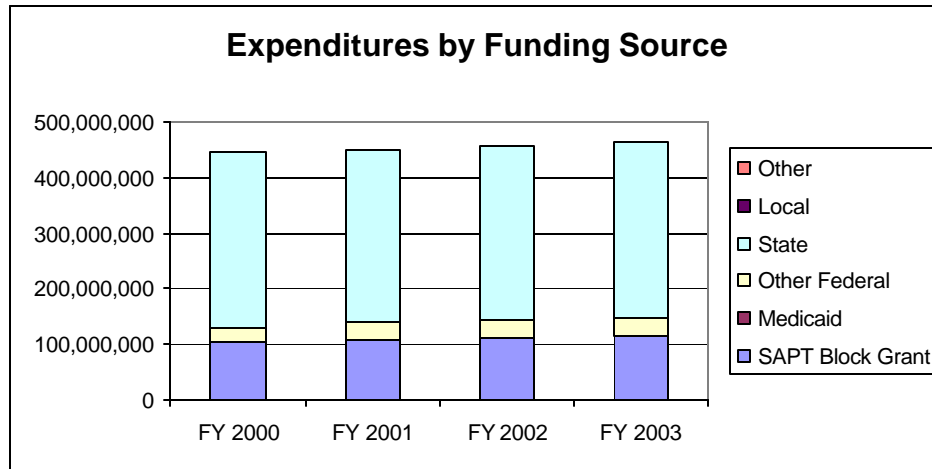


N=\$445,087,064

FY 2003 Expenditures by Funding Source



N=\$464,284,480



Single State Agency Expenditures From All Funding Sources

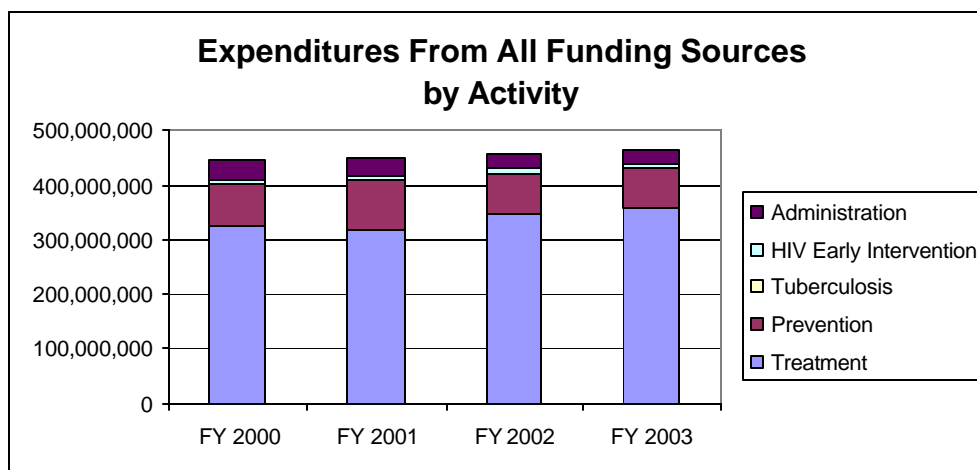
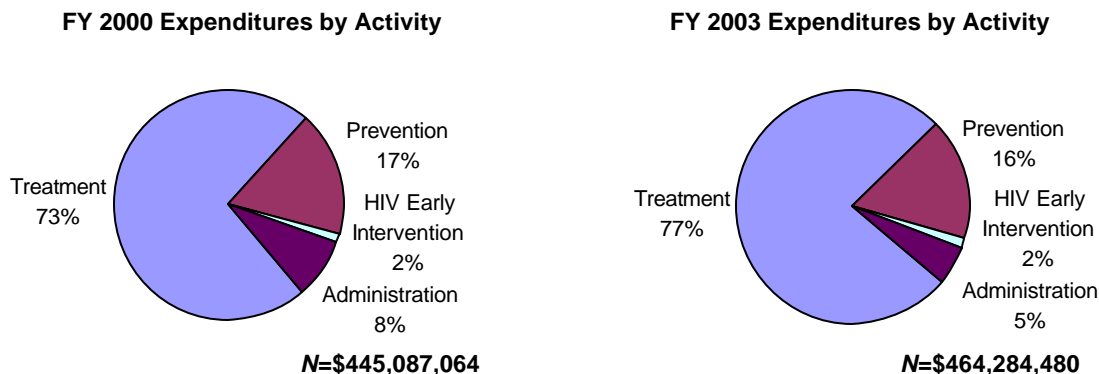
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	104,711,014	24	108,498,254	24	111,896,675	24	115,999,936	25
Medicaid	0	0	0	0	0	0	0	0
Other Federal	22,564,531	5	32,531,701	7	30,797,267	7	29,545,085	6
State	317,811,519	71	309,733,486	69	315,533,798	69	318,739,459	69
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	445,087,064	100	450,763,441	100	458,227,740	100	464,284,480	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

More than three-fourths (77 percent) of FY 2003 SSA expenditures were spent on treatment services, followed by 16 percent on prevention services and 5 percent on administration costs. This distribution has remained relatively stable since FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	270,415,078	61	318,072,428	71	346,058,897	76	357,775,191	77
Alcohol Treatment	24,978,688	6	0	0				
Drug Treatment	30,844,958	7	0	0				
Prevention	75,567,372	17	92,466,624	21	75,134,231	16	74,922,798	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	7,355,541	2	6,338,552	1	10,641,333	2	7,272,509	2
Administration	35,925,427	8	33,885,837	8	26,393,279	6	24,313,982	5
Total*	445,087,064	100	450,763,441	100	458,227,740	100	464,284,480	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

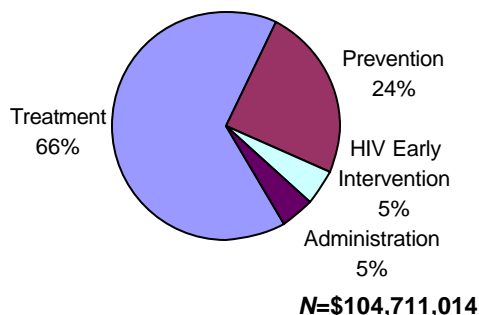
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

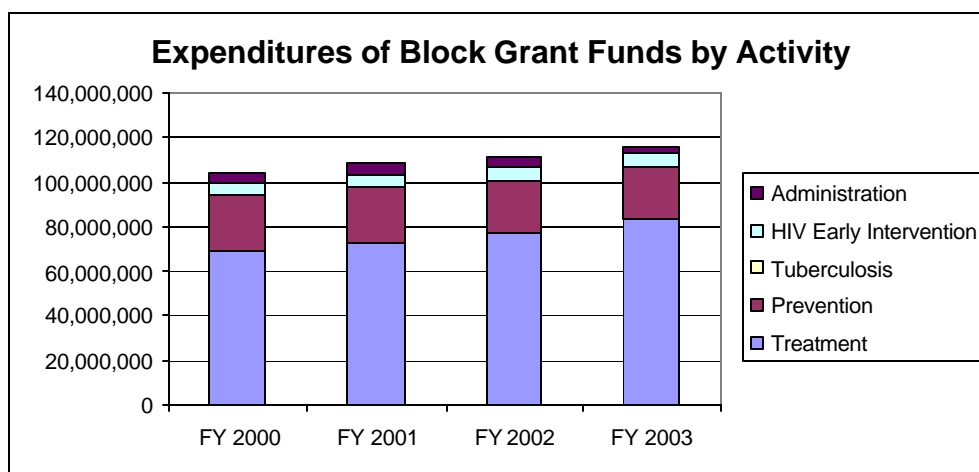
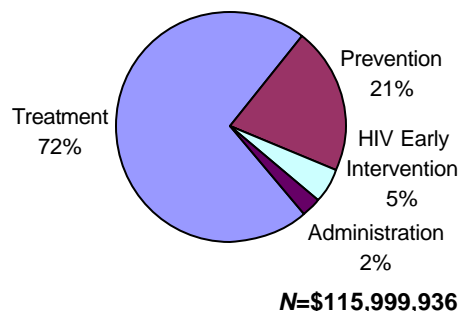
Expenditures of Block Grant Funds

Block Grant expenditures in New York have increased slowly but steadily since FY 2000. In FY 2003, they reached \$116 million. Most (72 percent) of the FY 2003 funds were spent on treatment services (up from 66 percent in FY 2000), and 21 percent on prevention services (down from 24 percent in FY 2000).

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	13,769,440	13	73,084,861	67	77,671,088	69	83,470,927	72
Alcohol Treatment	24,978,688	24	0	0				
Drug Treatment	30,556,640	29	0	0				
Prevention	25,534,948	24	24,668,598	23	23,337,739	21	23,845,680	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	5,236,603	5	5,424,913	5	5,594,848	5	5,800,010	5
Administration	4,634,695	5	5,319,882	5	5,293,000	5	2,883,319	2
Total*	104,711,014	100	108,498,254	100	111,896,675	100	115,999,936	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

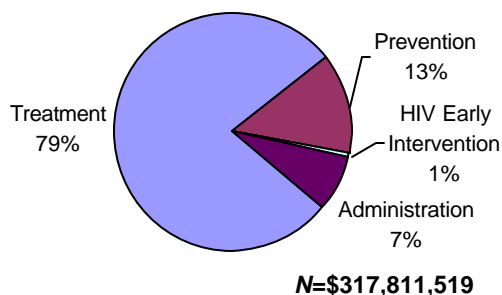
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

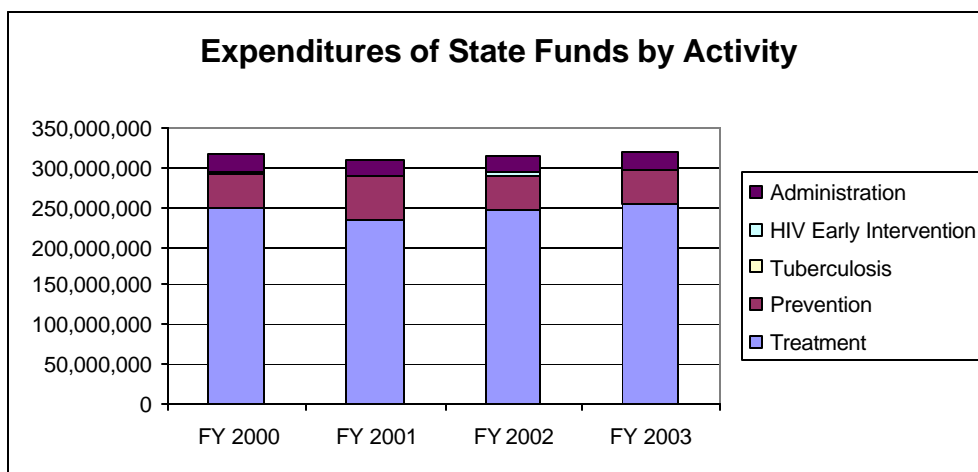
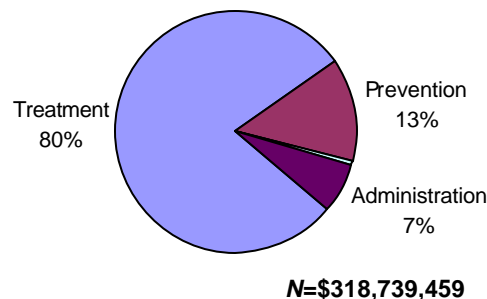
Expenditures of State Funds

State expenditures increased slightly from \$317.8 million in FY 2000 to \$319 million in FY 2003. Nearly all of the funding (80 percent) in FY 2003 went toward treatment services, 13 percent toward prevention services, and 7 percent toward administration costs. This distribution remained relatively stable since FY 2000.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	249,625,498	79	233,635,757	75	247,803,140	79	253,564,695	80
Alcohol Treatment	0	0	0	0				
Drug Treatment	288,318	0	0	0				
Prevention	42,176,565	13	55,155,061	18	41,891,149	13	42,507,362	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,118,938	1	913,639	0	5,046,485	2	1,472,499	0
Administration	23,602,200	7	20,029,029	6	20,793,024	7	21,194,903	7
Total*	317,811,519	100	309,733,486	100	315,533,798	100	318,739,459	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

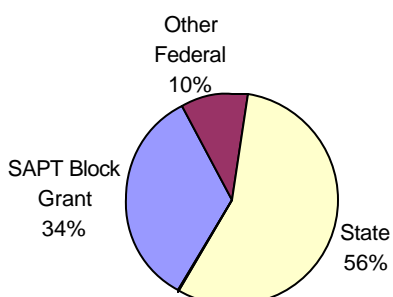
OASAS' Division of Prevention and Treatment Services was created to functionally locate in one organizational entity an integrated continuum of prevention, treatment, and recovery resources for chemical dependence and compulsive gambling which would facilitate OASAS' development of policies and practices for the field. Its Bureau of Prevention adopted a risk and protective factor framework that guides the operation of the entire prevention system. Field offices (located organizationally within the Division of Systems/Program Performance and Analysis) provide extensive support to prevention providers and local governmental units.

Prevention Funding and Expenditures

Using Federal discretionary grants and the State Incentive Cooperative Agreement, New York's prevention spending increased in FY 2001 (to \$92.5 million) and then, with these grants' ending, declined to \$74.9 million in FY 2003. Comparing the initial period of this report (FY 2000) to FY 2003, however, the proportion of expenditures from the different funding sources remained relatively stable. In FY 2003, the largest source of prevention funds was the State (providing 57 percent of the total), followed by the Block Grant (32 percent) and other Federal funds (11 percent).

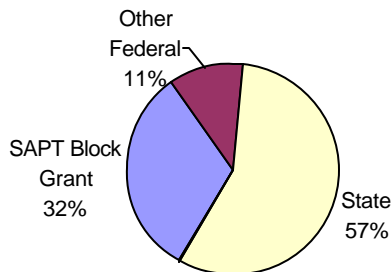
Between FYs 2000 and 2002 Block Grant prevention expenditures per capita declined slightly (from \$1.34 to \$1.22 per capita); in FY 2003, they totaled \$1.24 per capita.

FY 2000 Prevention Expenditures by Funding Source

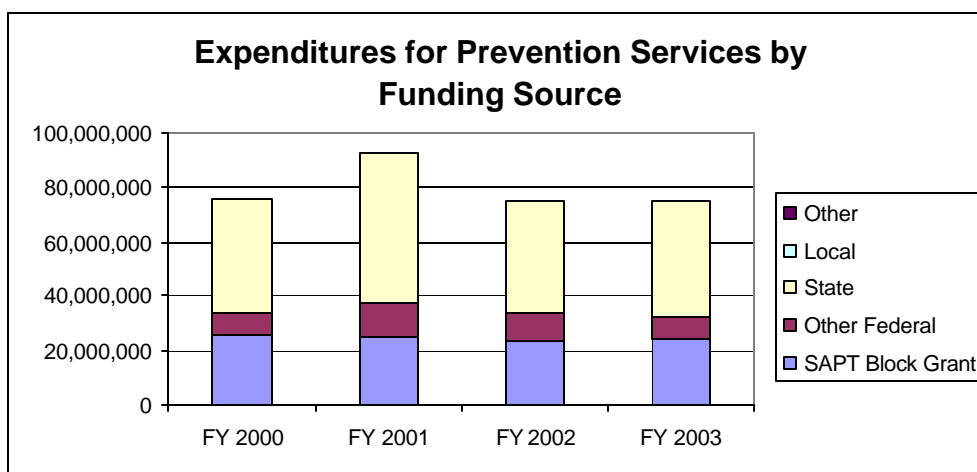


N=\$75,567,372

FY 2003 Prevention Expenditures by Funding Source



N=\$74,922,798



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	25,534,948	34	24,668,598	27	23,337,739	31	23,845,680	32
Other Federal	7,855,859	10	12,642,965	14	9,905,343	13	8,569,756	11
State	42,176,565	56	55,155,061	60	41,891,149	56	42,507,362	57
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	75,567,372	100	92,466,624	100	75,134,231	100	74,922,798	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

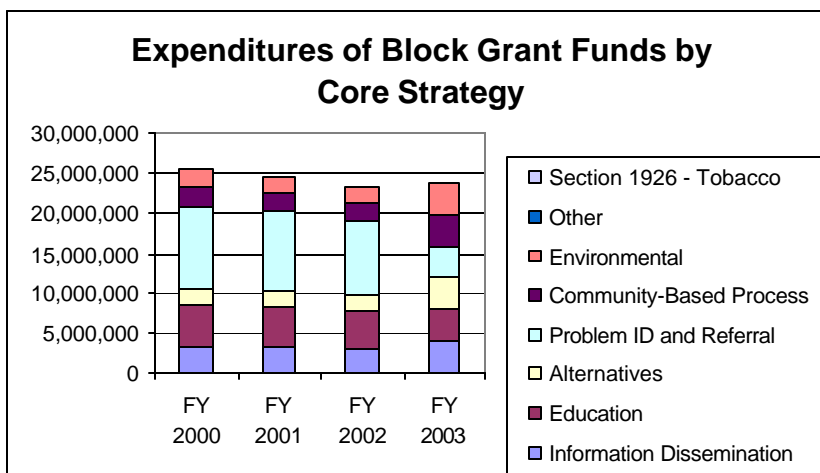
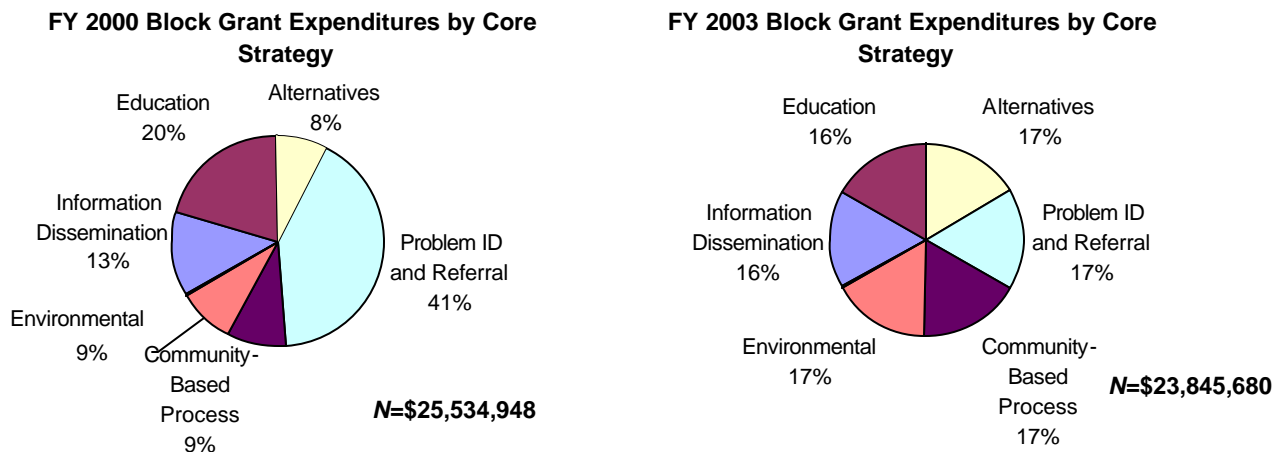
Core Strategies

Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	A listserv is operated by the NE CAPT and moderated by OASAS. Revisions were made to the OASAS Web page to provide a more visible prevention component.
Education	A training component was developed to assist local providers and communities to use data for effective planning.
Alternatives	Local partnerships generate alternative strategies identified through the Communities That Care planning process.
Community-Based Processes	A working relationship with the Office of Juvenile Justice and Delinquency Prevention's Underage Drinking National Technical Assistance Center supports underage drinking teams in the State. Media literacy training is provided at the local level.
Environmental	Strategies include the distribution of the Healthy Campus Communities manual on college alcohol and other drug use prevention.
Problem Identification and Referral	Programming supporting this strategy focuses on high-risk youth (indicated populations within the IOM model) and features both curriculum-based interventions and at-risk counseling approaches. Two SAMHSA Model Programs used across the State are Reconnecting Youth and Project Success. Other approaches include short-term problem resolution focused individual, family, group, and crisis counseling and referral and Student Assistance-based models.

Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for core prevention strategies has remained relatively stable over time, declining from \$25.5 million in FY 2000 to \$23.8 million in FY 2003. The distribution of funds has changed. In FY 2003, New York spent an equal proportion of funds (17 percent) on all of the six core strategies. This represents a change from previous years when problem identification and referral constituted 41 percent, education constituted 20 percent, and information dissemination accounted for 13 percent.



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	3,319,543	13	3,206,917	13	3,033,906	13	3,974,280	17
Education	5,106,990	20	4,933,720	20	4,667,548	20	3,974,280	17
Alternatives	2,042,796	8	1,973,488	8	1,867,019	8	3,974,280	17
Problem ID and Referral	10,469,329	41	10,114,125	41	9,568,472	41	3,974,280	17
Community-Based Process	2,298,145	9	2,220,174	9	2,100,397	9	3,974,280	17
Environmental	2,298,145	9	2,220,174	9	2,100,397	9	3,974,280	17
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	25,534,948	100	24,668,598	100	23,337,739	100	23,845,680	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

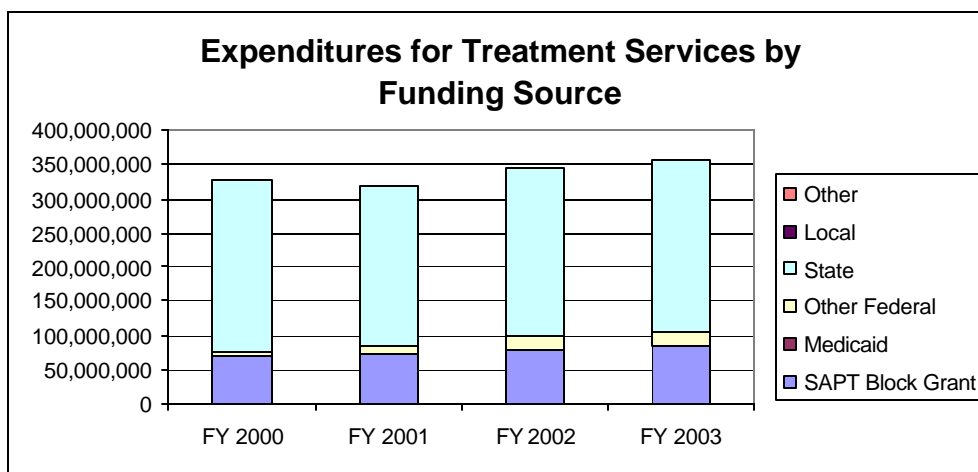
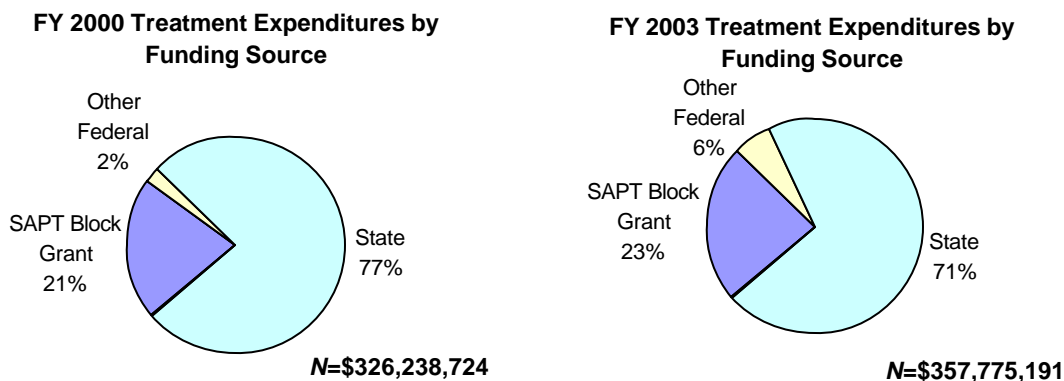
OASAS oversees a treatment continuum of care that includes crisis, inpatient rehabilitation, residential, outpatient, and methadone treatment services, and itself operates 13 Addiction Treatment Centers. Through OASAS' Division of Systems/Program Performance and Analysis, OASAS brings together information and processes in order to identify emerging needs and capture trends, identify and assist struggling providers, develop and adopt evidence-based practices, and evaluate data for components that determine success.

Crisis services are typically short in duration and provided in inpatient or outpatient settings. Inpatient rehabilitation services include intensive evaluation and services in a medically supervised setting. Residential services offer intensive treatment and rehabilitation, community residential services, and supportive living services. Outpatient services are delivered at different levels of intensity based on the severity of problems presented and can include medically supervised services, outpatient rehabilitation services, and non-medically supervised outpatient services. Methadone treatment services administer methadone by prescription in conjunction with a variety of other rehabilitative assistance.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment expenditures increased from \$326.2 to \$357.8 million. In FY 2003, the State provided the majority (71 percent) of treatment funds (down from 77 percent in FY 2000), the Block Grant provided 23 percent and other Federal funds provided 6 percent (up from 2 percent in FY 2000).

Between FYs 2000 and 2002 Block Grant treatment expenditures per capita in New York increased steadily from \$3.65 to \$4.05 per capita. In FY 2003 they continued to increase to \$4.34 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	69,304,768	21	73,084,861	23	77,671,088	22	83,470,927	23
Medicaid	0	0	0	0	0	0	0	0
Other Federal	7,020,140	2	11,351,810	4	20,584,669	6	20,739,569	6
State	249,913,816	77	233,635,757	73	247,803,140	72	253,564,695	71
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	326,238,724	100	318,072,428	100	346,058,897	100	357,775,191	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

New York's SAPT Block Grant application indicates that over 135,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=136,774)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	28,631
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	11,224
Long-term residential	0	0	23,139
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	11,917
Outpatient (non-methadone)	0	0	58,135
Intensive outpatient	0	0	3,728
Detoxification (outpatient)	0	0	0
Total	0	0	136,774

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate that nearly 305,000 persons were admitted to substance abuse programs (where at least one substance is known), of which approximately 62,000 were for alcohol only. Calculations (with imputation) from TEDS data show that approximately 25 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	62,058	23.8
Alcohol in combination with other drugs	242,929	25.7
Total	304,987	25.3

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 1,077,000 persons aged 12 and older (6.8 percent of New York's population) needed, but did not receive, treatment for alcohol use and 435,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in New York.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.77	5.36	15.53	5.50
Needing but not receiving treatment for illicit drug use	2.74	4.98	8.38	1.52

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Planning for prevention and treatment services in the State is undertaken through a 5-year comprehensive, statewide effort; the current “Statewide Comprehensive Plan for Chemical Dependence and Gambling Services for 2006-2010” focuses on performance improvement within the OASAS prevention and treatment systems and reinforces the agency’s commitment to quality prevention, treatment, recovery and support services. In addition and in partnership with local governmental units (LGUs), consisting of New York City and the 57 counties outside the City, OASAS annually produces local services plan guidelines to assist the city and counties develop the local plans that respond to all individuals in need of prevention and treatment services. The guidelines provide information on policies, priorities, and new approaches endorsed by OASAS.

OASAS uses a needs assessment model that determines overall service needs for each county, current resources, and unmet needs. Service-specific need estimates for each county are developed and maintained by OASAS, using survey-based prevalence estimates, U.S. Census data, expert opinion, and current utilization figures from the management information system. Needs assessment data are provided to the counties as part of the local services plan guidelines. The Advisory Council on Alcoholism and Substance Abuse Services reviews and comments on the statewide 5-year plan, among other functions. Membership includes the Commissioner of OASAS, the Chair of the Conference of Local Mental Hygiene Directors, consumers, service providers, and payers of treatment services. All local governments have a community services board.

Evaluation

OASAS uses a variety of mechanisms to ensure that funded and nonfunded programs provide quality services. These mechanisms include data-driven local services planning; project review; certification and inspection; serving as a central coordinating point for complaints against credentialed counselors/prevention practitioners; operating the patient advocacy unit; conducting priority program investigations and targeted compliance reviews; budget preparation and claims and consolidated fiscal reporting; management information system and program performance monitoring; program evaluation that incorporates the Consolidated Client Data System, Workscope/Objective Attainment System, Integrated Program Monitoring and Evaluation System, and conducting evaluations of individual programs and program types; auditing; district and field offices; and local governmental units.

Training and Assistance

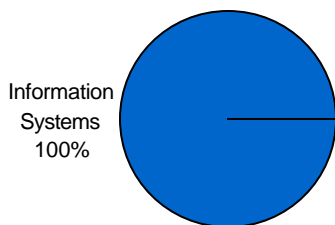
To ensure that a qualified and competent workforce continues to support the service delivery system in the years ahead, OASAS established a Steering Committee on Workforce Development and reengineered the counselor and prevention practitioner credentialing process. OASAS also maintains partnerships with academic institutions to expand the number of colleges/universities that offer course work relevant to New York State’s credentials, hosted Item Writing Workshops to ensure that the international counselor examination is more relevant for New York counselors, and works closely with professional organizations to enhance the addictions workforce.

OASAS develops, revises, and updates existing training curricula designed to reinforce core competencies and provide for more advanced and specialized training and skill development. Training/Technical Assistance Unit staff developed new curricula on “The 12 Core Functions of the Alcoholism and Substance Abuse Counselor” and “The 12 Core Functions of the Alcoholism and Substance Abuse Counselor for Clinical Supervisors.” OASAS continues to focus on overseeing and making training available through the Education and Training Provider Certification System, including the On-Line Training Calendar.

Expenditures of Block Grant Funds for Resource Development Activities

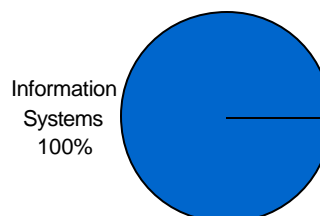
All (nearly \$600,000) of SAPT Block Grant funding for resource development activities in FY 2003 went toward information systems activities.

FY 2000 Block Grant Expenditures on Resource Development Activities

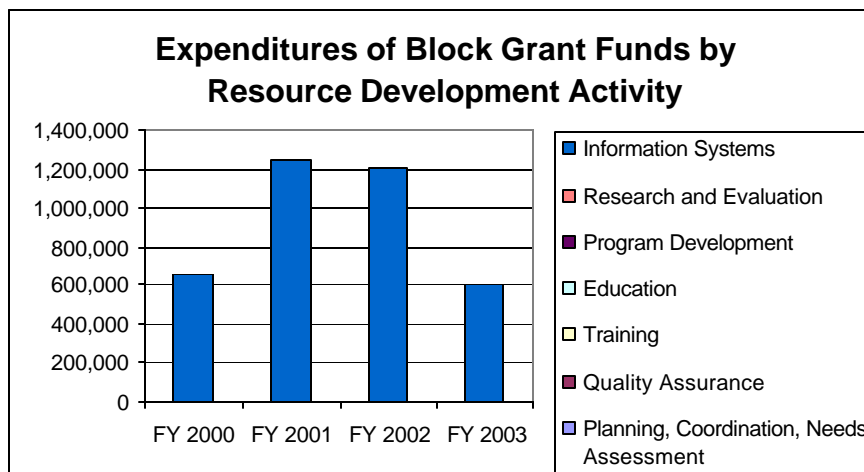


N=\$650,308

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$599,559



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	0	0	0	0	0	0	0	0
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	650,308	100	1,242,180	100	1,210,188	100	599,559	100
Total*	650,308	100	1,242,180	100	1,210,188	100	599,559	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004 New York was awarded \$7.3 million in Center for Substance Abuse Prevention (CSAP) discretionary funds. Nearly all of these (43 of 57 grants awarded) went toward drug-free communities, totaling \$3.9 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	43	3,931,360
Drug Free Communities Mentoring	4	255,718
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	3	953,835
HIV/AIDS Cohort 4 Services	2	699,656
HIV/AIDS Cohort 5 Services	2	500,000
State Incentive Cooperative Agreements	1	750,000
Youth Transition into the Workplace	1	149,981
Total	57	7,304,186

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) discretionary funds in New York are expected to total nearly \$18.8 million in FY 2004. Targeted capacity-HIV/AIDS received the largest dollar amount (at \$6.8 million), followed by homeless addictions treatment (at \$4.2 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	5	1,614,205
CSAT 2004 Earmarks	1	99,410
Effective Adolescent Treatment	1	249,938
Grants for Accreditation of OTPs	1	42,174
Homeless Addictions Treatment	9	4,235,621
Recovery Community Service	3	874,349
Recovery Community Support - Recovery	1	350,000
Residential SA TX	1	500,000
SAMHSA Conference Grants	1	38,100
State Data Infrastructure	1	100,000
Strengthening Access and Retention	1	169,943
Strengthening Communities -Youth	1	749,961
Targeted Capacity Expansion	2	1,000,000
Targeted Capacity - HIV/AIDS	15	6,770,336
TCE Minority Populations	1	500,000
TCE Innovative Treatment	1	499,999
Youth Offender Reentry Program 2004	2	994,928
Total	47	18,788,964

SOURCE: www.samhsa.gov