

THOMAS P. DINAPOLI  
STATE COMPTROLLER



110 STATE STREET  
ALBANY, NEW YORK 12236

STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER

June 18, 2025

Chinazo Cunningham, M.D.  
Commissioner  
Office of Addiction Services and Supports  
1450 Western Avenue  
Albany, NY 12203

Re: Addiction Support Services  
During Emergencies  
Report 2024-F-39

Dear Dr. Cunningham:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Office of Addiction Services and Supports (OASAS) to implement the recommendations contained in our initial audit report, *Addiction Support Services During Emergencies* (Report [2021-S-35](#)).

**Background, Scope, and Objective**

The tragic, cumulative, and often fatal consequences of alcohol and substance use disorders are a continuing concern in New York and nationally. These disorders are treatable conditions that require a coordinated network of services. To help prevent interruptions in treatment and related loss of progress and momentum, addiction treatment providers must make efforts to ensure the accessibility and continuity of their services during an emergency, such as a fire or an evacuation. OASAS operates 12 Addiction Treatment Centers and oversees more than 200 providers that it has certified to operate over 1,700 substance use disorder and problem gambling treatment and prevention programs (Programs) across the State. These Programs serve an average of 730,000 individuals in New York per year.

OASAS certifies providers to operate Programs for a specified period that can be between 6 months to 3 years, at which time recertification is required. OASAS conducts unannounced recertification reviews to assess providers' compliance with regulatory requirements. Additionally, OASAS may conduct interim or focused reviews (referred to as Regional Office reviews) to determine whether providers are operating their Programs in a safe and suitable manner for residents as well as following key policies. OASAS personnel use review instruments, which are lists of questions and areas to address, specific to each Program type (e.g., inpatient, residential, opioid treatment) and site visit type (recertification or Regional Office reviews). These review instruments guide the review activities and help determine whether Programs are operating in accordance with requirements.

OASAS issues guidance, referred to as Local Service Bulletins (LSBs), to providers to address current and developing issues and may include administrative directives that providers

must follow. In August 2019, OASAS issued “Requirements Under the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant” (hereafter referred to as LSB 1) that applied to all OASAS-funded prevention and treatment service providers requiring them, under certain circumstances, to maintain waiting lists for clients awaiting treatment. Additionally, in September 2019, OASAS issued “Emergency Preparedness for Chemical Dependence Treatment Providers” (LSB 2) and “Emergency Preparedness for Opioid Treatment Providers” (LSB 3). LSB 2 applied to all residential treatment providers, inpatient rehabilitation providers, and medically managed/inpatient withdrawal and stabilization providers, while LSB 3 applied to all outpatient opioid treatment programs. Per LSB 2 and LSB 3, each applicable provider is responsible for developing, maintaining, and updating an Emergency Preparedness Plan (Plan) to help them prepare for, respond to, and/or recover from an internal or external emergency that may present an immediate danger to personnel, patients, Programs, and/or property. The objectives of each Plan are to:

- Identify, assess, and prioritize vulnerabilities to emergencies or disasters and the resources available to prevent or mitigate, respond to, and recover from them.
- Outline short-, medium-, and long-range measures to improve the capability to respond to and recover from an emergency or disaster.
- Provide for the efficient utilization of all available resources during an emergency or disaster.
- Ensure the continuity of operations in times of emergency or disaster situations.

Although Plans are not required to include specific content or address specific emergency situations, according to the LSBs, providers must review their Plans annually and re-evaluate it following any incidents. As any new information is learned or an unanticipated emergency arises (such as the COVID-19 pandemic [pandemic]), a provider should update its Plan accordingly. Further, LSBs from May 2024 state that, during recertification or a site visit from an OASAS Regional Office, OASAS personnel will review the “Command and Control” document—a document created by the provider attesting to completion of its required annual review of its Plan.

In 2013, due to the devastation of Superstorm Sandy, the State created the New York State Evacuation of Facilities in Disasters System (eFINDS). The eFINDS application is managed by the Department of Health (DOH) and uses barcoded wristbands to track in real time the location of individuals being cared for in facilities and on-duty staff when relocation occurs during an emergency. To use eFINDS, providers must have access to the Health Commerce System and have at least one assigned Coordinator and one assigned User. OASAS reminds newly certified residential Programs of the reporting requirements, including eFINDS requirements. In the event of an emergency, all OASAS-certified residential Programs will use the barcoded wristbands to monitor where a patient gets evacuated from and relocated to. Patients’ locations will be updated and tracked using hand-held scanners, mobile applications, or paper tracking in the event of power outages.

As reported in the Office of the New York State Comptroller’s November 2022 report, [“Continuing Crisis: Drug Overdose Deaths in New York,”](#) the number and rates of New York’s drug overdose deaths decreased between 2017 and 2019. However, the pandemic and resulting upheaval of people’s everyday lives (e.g., social isolation and stress) disrupted that

trend. According to OASAS data,<sup>1</sup> New York's drug overdose deaths rose 76% from 2019 to 2023 before declining by 32% in 2024. The National Institute on Drug Abuse's research on comorbidities involving COVID-19 and substance use indicates that factors related to the pandemic likely contributed to the increasing trend in drug overdose deaths.

During the pandemic, enrollment in certified bedded treatment Programs—services essential to support long-term recovery according to OASAS—decreased 28% between May 2019 and May 2022. The decreases in enrollment were due to several factors, such as fears of contracting COVID-19, OASAS directives limiting admissions to some services, fewer people being required to enter court-ordered treatment as a result of court closures, and providers' adjustments to enrollment to adhere to social distancing.

The objective of our initial audit, issued in November 2023, was to determine if OASAS offered adequate guidance to providers to help ensure they're able to deliver addiction support services during emergency situations. The audit covered the period from January 2019 through November 2022. The audit found OASAS could improve the extent and clarity of its guidance to include strategies for providers to manage and mitigate prolonged service disruptions and continue to deliver addiction support services. There were also weaknesses in OASAS' monitoring of providers' Plans. Specifically, OASAS personnel reviewed Plans only at initial certification, despite guidance indicating they will review them during later site visits. Further, OASAS should do more to ensure that certain tools providers use—such as eFINDS and waiting lists—are in place and suitable for managing services to their clients. The weaknesses we identified indicated that Programs may not be adequately prepared for emergency situations, which could compromise safety and continuity of care.

The objective of our follow-up was to assess the extent of implementation, as of May 2025, of the three recommendations included in our initial audit report.

### **Summary Conclusions and Status of Audit Recommendations**

OASAS officials made little progress in addressing the problems we identified in the initial audit report. There have been some revisions to certain guidance; however, OASAS has not implemented procedures to ensure providers' Plans address prolonged disruptions of service and that providers have appropriate access to eFINDS, or to improve the information in providers' waiting lists. OASAS officials claim that all recommendations have been appropriately implemented and strongly disagree with our observations; however, they will continue to review areas identified in this report to identify if additional advisements to providers are warranted. Of the initial report's three audit recommendations, none have been implemented.

### **Follow-Up Observations**

#### **Recommendation 1**

*Review and revise the LSBs, site review instruments, and any other guidance, as considered necessary, to:*

- Incorporate provisions that address providers' plans to manage and mitigate prolonged disruptions in service.*
- Clearly describe the responsibilities of both providers and OASAS personnel related to Plans, eFINDS readiness, and waiting list requirements.*

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<sup>1</sup> OASAS' NYS Overdose Death [Dashboard](#)

## Status – Not Implemented

Agency Action – OASAS revised its LSBs in May 2024; however, the revisions did not include provisions to address providers' Plans to manage and mitigate prolonged disruptions in service. For example, the Plan approval step of the 10-Step Planning Process—a method for providers to use for developing, testing, and implementing their Plans—was revised by simply replacing the use of the command and control document with an Annual Plan Attestation (Attestation) document, which can be developed by the providers. The Attestation serves as documentation that a provider's Chief Executive Officer (CEO), or a member of its board of directors, has reviewed its Plans and determined they are current and will be reviewed by the OASAS Regional Office as part of a recertification review, or by any other OASAS bureau, as appropriate. However, although OASAS revised its terminology, the process for providers to review their Plans remained the same from our initial audit (i.e., providers are required to annually review and approve their Plans and document their review). OASAS reviews continue to look at ensuring only that providers have documented their review and approval of Plans—not ensuring Plans contain certain emergency procedures.

Additionally, OASAS has not revised its site review instruments accordingly, as they currently reference the use of the command and control document rather than the Plan Attestation procedure. According to OASAS officials, they are in the process of revising the site review instruments. Without detailed guidance for providers to utilize when developing their Plans, OASAS has no assurance that prolonged service disruptions are being considered in providers' Plans.

Lastly, the revisions to the LSBs did not clearly describe the responsibilities of both providers and OASAS personnel related to Plans, eFINDS readiness, and waiting list requirements. For example, the revised LSBs included a requirement that providers must designate a "Data Reporter" and "Administrator" at each facility but does not clearly define these roles and their requirements. The LSBs only indicated that training must be completed at a DOH Learning Management Site. The revisions further stated that an internal audit of supplies and roles should be completed at each facility and that staff assigned to the data reporter and administrator roles are still employed at the facility and that providers must submit an annual attestation confirming full e-FINDS compliance, as outlined by DOH.

### **Recommendation 2**

*Implement a risk-based method to:*

- *Review Plans subsequent to the initial certification.*
- *Verify provider access to eFINDS, including verification that assignments to key roles are current.*

## Status – Not Implemented

Agency Action – OASAS did not implement a risk-based method to review Plans after the initial certification. As previously stated, OASAS guidance still only requires that providers review and approve their Plans and document this review and approval in the form of an Attestation, which can be developed by the providers. Also, we found OASAS is not adequately reviewing that providers submit Attestations or that the Attestations are

signed by the provider's CEO or board member. Therefore, OASAS has no assurance that providers' Plans are being effectively reviewed and approved in accordance with its own guidance. We requested 13 provider Attestations; however, OASAS could only provide six. We found that two of the six Attestations were not signed by the provider's CEO or a board member but by an administrator in one instance and an executive director in the other. For the remaining seven providers, OASAS provided us with the providers' Plans or revisions to their Plans—without support that they were reviewed and approved by an appropriate official.

OASAS officials indicated that a risk-based review of providers' Plans after the initial certification would be too cumbersome and that when the Regional Office visits a Program, they may not have the resources to visit all the providers within a Program, nor would they want to overburden the Program with reviewing multiple providers at one time. OASAS further indicated that its current staffing level is insufficient, and it would be too big an undertaking to review each provider's Plan.

Also, although OASAS included language in its LSBs reminding providers of their eFINDS requirements, it does not have any procedures to verify provider access. OASAS officials stated that they have confirmed with DOH that changes in eFINDS must be implemented by DOH, and that OASAS has reminded providers of the current guidance and requirements. Although system changes would be DOH's responsibility, OASAS should verify its providers have appropriate access to eFINDS.

### **Recommendation 3**

*Improve the use of waiting list information submitted by providers to better support OASAS' decision making and oversight.*

Status – Not Implemented

Agency Action – OASAS did not take steps to improve the use of waiting list information submitted by providers to better support its decision-making and oversight. In a communication to its providers in May 2024, OASAS reminded providers that they must establish and maintain a waiting list, but has not implemented any procedures to determine whether providers have done so. OASAS officials stated that waiting lists, while important, do not have a direct bearing on planning or providing services and in no way impact OASAS' decision-making. Furthermore, while OASAS' regional staff can review a provider's waiting list information and processes, OASAS officials stated that the amount of time involved for staff to determine the accuracy of providers' waiting lists would be prohibitive. According to OASAS, the accuracy of the waiting list system is dependent upon providers updating the system with current information. OASAS officials also stated that providers have been directed to review their existing waiting list program and were offered specific guidance in areas where provider compliance had fallen short. However, upon request, OASAS was unable to provide support that this guidance was provided.

Major contributors to this report were Andre Spar, Kathleen Garceau, and Joseph Southworth.

OASAS officials are requested, but not required, to provide information about any actions planned to address the unresolved issues discussed in this follow-up within 30 days of the report's issuance. We thank the management and staff of OASAS for the courtesies and cooperation extended to our auditors during this follow-up.

Very truly yours,

Scott Heid  
Audit Manager

cc: Steven Shrager, Office of Addiction Services and Supports