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OFFICE OF THE STATE COMPTROLLER

May 7, 2020

Ms. Arlene González-Sánchez
Commissioner
Office of Addiction Services and Supports
1450 Western Avenue
Albany, NY 12203

Re: Problem Gambling Treatment Program
Report 2020-F-5

Dear Commissioner González-Sánchez:

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 to implement the recommendations contained in our audit report *Problem Gambling Treatment Program* (Report [2018-S-39](#)).

Background, Scope, and Objective

The Office of Addiction Services and Supports (OASAS) oversees one of the nation's largest addiction services systems, with approximately 1,600 prevention, treatment, and recovery programs, as well as directly operating 12 inpatient Addiction Treatment Centers. As of August 2019, OASAS also operates seven regional problem gambling Resource Centers, which collectively cover all 62 counties in New York State. Resource Centers provide community awareness presentations and help connect people to the resources they need. OASAS also has a toll-free HOPEline, which provides callers with information and referrals for treatment. Other problem gambling treatment options exist through, for example, licensed private practitioners and county-funded mental health programs.

As stipulated in the Mental Hygiene Law and the New York Codes, Rules and Regulations (14 NYCRR 857.1), OASAS' responsibility for administering the State's problem gambling treatment program includes: defining problem gambling services; developing and ensuring access to prevention, treatment, and recovery services; developing minimum standards for treatment; establishing core competencies for treatment professionals and service providers; and educating providers of other addictive disorder treatment and mental health services about problem gambling treatment services.

Our initial audit report, issued on February 5, 2019, sought to determine whether OASAS had sufficient treatment programs for problem gamblers. We found that OASAS had defined problem gambling treatment, developed minimum standards for treatment, and established core competencies for treatment professionals and service providers. We also found that, since 2006, OASAS had not conducted a comprehensive needs assessment or social impact study

to identify the number or location of individuals in need of such services. As such, our audit was unable to determine whether OASAS had a sufficient number of treatment programs available for problem gamblers or if OASAS' limited resources were applied where they were needed most.

The objective of our follow-up was to assess the extent of implementation, as of March 13, 2020, of the two recommendations included in our initial audit report.

Summary Conclusions and Status of Audit Recommendations

We found that OASAS has implemented both recommendations from our initial audit report.

Follow-Up Observations

Recommendation 1

Conduct a comprehensive needs assessment and social impact study for problem gambling.

Status – Implemented

Agency Action – Since our original audit, OASAS has entered into contracts with two research companies to develop and conduct statewide surveys that capture data about problem gambling. The first contractor will develop and conduct a statewide survey of adults (18 and older) to produce a statistically valid estimate of the prevalence of gambling and problem gambling; demographic characteristics of problem gamblers, such as age and gender; attitudes toward gambling and gambling behaviors; and awareness of resources for problem gambling services. The survey results are to be reported to OASAS in nine different geographic groupings, with an expected completion date of December 2020.

The second contractor will develop and conduct a statewide survey of students in grades 7 through 12 regarding alcohol and substance use, gambling, and other problem behaviors, and associated risk and protective factors. Data collection time frames are September-December 2020 and September-December 2022. Once the contractors have submitted the survey results, OASAS officials will be responsible for analyzing the data to identify areas in need of problem gambling treatment services and related social impact.

Recommendation 2

Continue efforts to ensure problem gambling treatment programs (OASAS and approved providers) are reasonably accessible to all State residents regardless of their ability to pay.

Status – Implemented

Agency Action – Since our original audit, OASAS has taken steps to expand problem gambling treatment program access to all State residents, regardless of their ability to pay. In March 2019, OASAS issued revised regulations allowing all OASAS-certified providers to apply for a designation to deliver problem gambling services in a certified or otherwise authorized setting. Additionally, the revised regulations allow OASAS-approved programs to submit claims for gambling-only services if the Centers for Medicare & Medicaid Services has also approved the services. OASAS officials believe that this step expands access to treatment over its more extensive network of OASAS providers.

In addition, as of August 2019, seven OASAS Resource Centers are operating in the Finger Lakes, Northeast, New York City, Long Island, Mid-Hudson, Central, and Western regions. Each Resource Center provides presentations that increase public awareness of problem gambling and connect those affected by problem gambling to appropriate resources. According to OASAS officials, the regions collectively cover all 62 counties in the State.

Furthermore, as of February 2020, OASAS officials advised that they had approved 137 private practitioners, located across 36 counties, to receive problem gambling treatment referrals. We selected a random sample of 40 of the 137 providers and verified that all 40 provide problem gambling treatment services. Per OASAS' Resource Center policies and procedures, uninsured and underinsured people who enter through the approved private practitioner system do not have to pay for services. The approved private practitioner is reimbursed for treatment services through the Resource Center contract with OASAS.

Major contributors to this report were Karen Bogucki, CGFM; Theresa Nellis-Matson, CPA; and Alyssa Ryder.

We thank the management and staff of OASAS for the courtesies and cooperation extended to our auditors during this review.

Very truly yours,

Bob Mainello, CPA
Audit Manager

cc: Steven Shrager, Office of Audit Services
Trisha Schell-Guy, Deputy Counsel