

## **OASAS and the Courts: Sean Byrne**

John Caher: Welcome to Amici, news and insight from the New York courts. I'm John Caher.

Today, we are joined by Sean Byrne, Executive Deputy Commissioner at the New York State Office of Addiction Services and Supports, or OASAS.

OASAS is a state agency that oversees some 1,700 prevention, treatment and recovery programs, and the entity responsible for coordinating the state-federal commitment to addiction services. It directly operates a dozen addiction treatment centers to assist New Yorkers struggling with alcohol and or chemical dependencies or compulsive gambling disorder.

Mr. Byrne brings to this position a wealth of experience in criminal justice. He is an attorney who clerked for a Court of Appeals judge. He was counsel to the state director of criminal justice, and he is former acting commissioner of the Division of Criminal Justice Services.

Sean, welcome to Amici. In the introduction, I provided a brief overview of OASAS. Let's drill down a little bit if we could. What is OASAS? What does it do and how does it do it?

Sean Byrne: OASAS is the Office of Addiction Services and Supports and, as you said, it's a state agency that oversees roughly 1,700 prevention, treatment, harm reduction, and recovery services organizations throughout the state. These programs deliver services to some 680,000 people a year, John, if you can believe it.

John Caher: Wow.

Sean Byrne: And OASAS regulates, certifies, does compliance oversight, and in many instances, funds these programs to deliver services. In addition to that, OASAS is a direct service provider. We run 12 addiction treatment centers located throughout the state, and these centers are all inpatient rehab levels of care. I should say all but one, I think, is inpatient rehab level of care, which is the highest level of care in our system. It's for people who need to have their substance use disorder addressed in a residential context with 24 hour a day residential services. They have a need for medical services, mental health services, things of that nature.

John Caher: You just mentioned a number, 680,000.

Sean Byrne: Yes.

John Caher: Which is both impressive and kind of alarming. Have we seen a greater incidence of use disorders as a result of COVID?

Sean Byrne: Let me break the 680,000 down for you a little bit. About 230,000 of that, John, is the number of unique individuals treated in our system that receive substance abuse treatment services. In addition to that, several hundred thousand, I don't have the exact number for you, receive prevention services from us, or receive recovery services, or harm reduction services. The actual treatment number is 230,000, give or take. On any given day of the week, we have a hundred thousand people in the treatment system. I'm sorry, your further question was have we seen an increase during the time of COVID?

John Caher: Yes.

Sean Byrne: Well, the answer, John, is that at the onset of COVID, we actually saw a temporary drop off in the number of people seeking services in our system, in our residential services, in our outpatient services, in our opioid treatment programs, pretty much across the board. But during the time of COVID, that rebounded and in many categories there are now more people in care than there were pre COVID.

John Caher: Yeah, I think we've seen similar statistics within the courts. For instance, with domestic violence, initially there was a drop off and then there was a great big increase. The courts are not unlike OASAS in that we did not have the luxury of being able to shut down, being able to pause. Battered women don't cease to be battered because there's a pandemic. Abused children don't cease to be abused. Crime doesn't stop happening, and from your standpoint, substance abuse issues don't stop just because there's a pandemic, right?

Sean Byrne: Right. Absolutely right. So OASAS itself is a 24-hour a day, seven day a week, 365-day a year direct service provider to people in need of substance use disorder treatment services. None of that stopped during COVID-19. In addition, the community-based programs that we certify and fund across the state, continued to provide substance use disorder services; they continued to operate throughout COVID as well

How could we possibly close down or pause? We take care of very sick people. So, emphatically no, we didn't close during COVID. We did everything we could to keep things operating on an even keel during that time.

John Caher: Sean, the CDC released some statistics just in the last several days, I believe, showing a dramatic increase in addiction across the nation. What trends are you seeing internally?

Sean Byrne: Well, I can tell you what the CDC data says about overdose deaths in society. It's tragic data.

They predict that when the final count is done, 107,622 people will have died in the United States of America due to a substance use disorder. That's a 12% increase in 2021 over 2020. One year, 12% increase.

Right now, death by overdose is the leading cause of accidental death in America. More people die of overdose than die of homicide or suicide or an automobile accident in America. In New York state, the latest 12-month data we have is that 5,179 New Yorkers passed away over a 12-month period, which is a 3% increase over the prior year.

Those numbers are just appalling. They're just appalling and we're doing everything across both the OASAS system and across the New York State Administration to address all of the causes of substance use disorder, and to try and reduce those numbers so that we never have another year where the numbers are like they are now.

John Caher: I hope that's the case. I'm sure a fair number of your clients become our clients. There's a fair amount of overlap, and we operate, as you well know, several specialty courts—drug treatment courts, opioid courts, mental health courts, veterans' treatments courts—and addiction can come into play in any or all of those. So how can OASAS work with those courts and for defendants who, but for their addiction, may not be committing crimes.

Sean Byrne: OASAS already has a very positive working relationship with the Unified Court System, and particularly with the specialty courts. We have services that are actually resident in the drug treatment courts that exist in every jurisdiction across the state of New York.

So, a person that's going before a drug treatment court can get assessed, John, and from that assessment there can be a referral to the appropriate level of treatment in the OASAS system. And then courts, like the specialty opioid courts that actually began in Buffalo, New York, those courts will basically defer prosecution, get a person assessed, and make a referral to a treatment program, John. Usually, the person can be in treatment within 24 hours of arrest. So, there's a significant incentive for people involved with the criminal justice system to participate in these courts and to seek treatment in our system.

In addition to that, we do have direct working relationships with family courts, and in fact, OASAS works with the Unified Court System, OMH, the Office of Children and Family Services on the statewide Court Improvement Project, which focuses on family courts. This collaboration seeks to enhance system communication, providing training on evidence-based practices to improve outcomes for families. Substance use disorder doesn't know any boundaries. It's involved in the fact patterns that family court judges see, and the fact patterns that veterans' court judges see, and mental court judges as well. It's pretty much a given.

John Caher: I would imagine. Now, the specialty courts, or maybe all the courts work on kind of a carrot and a stick approach. In the treatment realm, how has bail reform impacted that carrot and stick dynamic?

Sean Byrne: That's an interesting question, John.

I think one could easily certify that, in the past, people opted to enter treatment as an alternative to facing the prospect of pre-trial detention in a county or local jail. Bail reform has removed a lot of the possibility that somebody that gets arrested for a non-violent drug related crime is going to see any form of pretrial detention. So, bail reform could well have had a depressive impact on the number of people that seek substance use disorder treatment as a consequence of their arrest.

Even before the bail reform, many of the drug law amendments, for example the 2009 drug law amendments, reduced the prospects or probabilities that one would go to incarceration in a state correctional facility. And as such, that too was something of a disincentive for people to seek out alternative treatments, alternatives to incarceration in the form of substance use disorder treatments in our system.

John Caher: That may be an unintended consequence, I guess.

In her recent budget testimony, Dr. Cunningham, Commissioner Cunningham, spoke of prevention and the need for public awareness and early interventions. What is OASAS doing to address these problems proactively?

Sean Byrne: OASAS has an extensive prevention system, probably the largest in the country, in the prevention realm. Our services are evidence-based, and they're designed for every age group across the lifetime because SUD is a challenge for persons in all ages. Addiction prevention in New York State is based on risk and protective factors, and we try and build a framework where we can introduce protective factors into people's lives so that there's less of a risk that they will use

substances, and if they do use substances, less of a risk that they will use them in an abusive manner.

So for example, OASAS prevention providers offer services in a wide range of formats, in educational programs, workshops, training sessions, all of it in the community and in schools as well, I might add. They also work on policy development to reduce underage drinking and to create positive alternatives for youth so that youth might not ever take that first illicit substance or substance that will get them into trouble.

We have a comprehensive system of culturally competent and relevant evidence-based practices, everything from life skills, so as to introduce protective factors in the home, to teen intervention for teenagers to positive parenting programs. Basically, John, I could go on and on, but we have a full spectrum of prevention programs designed to serve people across the lifespan.

John Caher: So, education is important, and I guess if I understand what you're saying, although I don't think you'll reach this goal, your basic goal is to put yourself out of business.

Sean Byrne: Yeah. That would be the best reward one could get. If we didn't have to be in business, that would be fantastic.

John Caher: I guess we could say the same for much of what the court system does as well. Tell me about the Division of Harm Reduction the Commissioner referred to also in her recent budget testimony. What is that?

Sean Byrne: Okay, so Commissioner Cunningham, Chinazo, is an expert in harm reduction services. I have to tell you that Governor Hochul made an exceptional choice when she chose Chinazo Cunningham to be her commissioner here at OASAS.

Chinazo is one of those unique individuals that has walked the walk. She is a physician, sure. That's indisputable. She is addiction certified, of course, as a specialty. But in addition to providing those services in a hospital system, she would, nights, walk through different buildings and sections of the Bronx offering healthcare services in the buildings, in single room occupancies, to people, reaching out to them to see whether or not there was something that she could do to help them to address the symptoms of and causes of substance use disorder.

And what she learned through all of this, John, is that when somebody makes a series of contacts with a prospective client, a prospective patient, they build a relationship with those people. Her findings are that through, basically, nine contacts with a person, you build a trust relationship, and that person starts to

actually be receptive and open to taking services from you when they might not originally have done so. Perhaps initially, it's just a person on the street who will come in for a hot meal, or for a shower, or for warmer clothing during the winter months. But then, after another contact or two, they'll let you take care of a wound on their arm, or let you make a referral for them to a homeless shelter, or to a housing program, or to other places where you can get help with social determinants of health.

Harm reduction is, in a nutshell, meeting people where they are, having a low threshold to your engagement with those people, and providing services unconditionally. That's what harm reduction is. So, in our system, up basically until 2021, we had prevention, treatment, and recovery. Today, we have prevention, treatment, harm reduction, and recovery, and that additional concentration, or focus, is something that Chinazo has brought with her and put a specific emphasis on here at OASAS.

John Caher: So the first goal is to prevent the problem in the first place, and from there, if it's too late, if the problem is already there, the idea is to mitigate it.

Sean Byrne: Absolutely right, John.

In the past, treatment had us here as a state agency, as community-based providers around the state, available for people that came to us for services. But we have become, under Dr. Cunningham, much more outward facing, and we're doing outreach now to engage people who may need our services, but haven't expressly asked for them. We try and engage with them, as I said a moment ago, in a very, very low threshold way, and encourage them to work with us to make their lives better and to help them live a healthier life.

John Caher: That is a noble goal. You have an extensive career in criminal justice. What did you learn along the way about the nexus between addiction and crime?

Sean Byrne: Well, books are written on this, right? Certainly, much of crime, John, is money seeking, where people seek money in order to acquire things that they want and need. In this case, potentially, substances, illegal substances, or illicit substances.

Another immense contributor to crime is that category of all the bad acts that people do when they're in altered states of consciousness, and not all crime and the driver of all crime is necessarily linked only to illegal substances. Certainly, the substance that's probably the largest contributor to crime in our society, and has been for decades, and certainly has been the largest reason for people seeking treatment in our system, is alcohol. Consider all of the bad acts that happen, all of the violent acts that people commit, when they've had too much

to drink and they make bad judgments. It's just something that every one of our listeners, everybody that you talk to, knows intuitively. The linkage is there.

John Caher: No question about it. I've heard people recovering from addiction, and I know people personally who have or had a use disorder, say that the day they got arrested was the best day of their life, and I imagine you hear similar things.

Sean Byrne: I have. I have to say that I put that I put that through a prism. I think about it when they say it. I think what they're really trying to say is that the arrest is the event that made them come to terms with their own substance use disorders. It might have been a stimulus that made them think to themselves, "I want to do better for myself, I want to address this issue," and having addressed their SUD helps them live a better and more healthful lifestyle for themselves and for their families. So if you think about it in those terms, it certainly makes sense that people could have that perspective.

John Caher: Oh, absolutely. That's where they hit bottom sometimes and that's maybe where they found the life raft.

Now, you're an attorney, an expert in criminal justice. Your commissioner has a much different background. Dr. Cunningham is a physician and a researcher who has extensively studied addiction from, I think, both a prevention and a clinical treatment standpoint, as you mentioned. How do those two disciplines complement each other in this framework and at OASAS?

Sean Byrne: Interesting question. I think, as I said a moment ago, Chinazo's a really unique person, having both the academic and career experience of medicine and having really, really literally walked the walk in single room occupancies and other settings in the Bronx. She knows the substance use disorder field. She has written literally dozens and dozens of research articles on addiction and substance use disorder. She really doesn't need much counseling and advice in the substance use arena. She's got it locked.

On the other hand, my background is, as you said, criminal justice and in administration with stints in the Executive Chamber of the state, and at the Court of Appeals, and even at the Division of Criminal Justice services with you. So as much as Chinazo doesn't need my help with respect to the whole substance use disorder field, perhaps I could be useful to her from an operational perspective, and because I might have notions about what levers to push that might make things go easier for the agency, make the commissioner's objectives more achievable. That's how I might contribute to it.

John Caher: Sounds like a good team. Now, if judges, courts, or attorneys who are listening to this want more information, if they want to avail themselves to your services in

maybe a particular case, what's the next step? How do they proceed? What do they do?

Sean Byrne: Well, there's a number of routes to accessing our services. As I mentioned to you before, every jurisdiction in the state has a treatment court in it. Treatment courts have relationships or even employees that can provide assessments that can get people into our system.

In addition, John, we have a thing called the "Hope Line." It's a 24 hour a day, seven day a week number that can be called where people can speak with an appropriately trained individual that will help them find access to treatment services in our system. The Hope Line number is 1-877-846-7369.

In addition, we something called the "Find Addiction Treatment Line," which is a website, [www.findaddictiontreatment.ny.gov](http://www.findaddictiontreatment.ny.gov) These services will connect you to treatment, either in our community-based system, or in our state run addiction treatment centers. I want to emphasize, because this is often a concern for people, and it often serves as a psychological barrier to people seeking treatment in our system, but when it comes to admission decisions in our system, no individual is denied treatment in our addiction treatment centers due to an inability to pay. We *always* have a treatment slot for people.

If there is one takeaway theme from today's conversation between myself and you and all of your listeners, it's that we have service programs available all over the state, particularly OASAS-run addiction treatment centers. They're nearby to where the courts are located. We encourage you to use those services so that people that need substance use disorder care in your courts and in your jurisdictions avail themselves of those services. There's capacity available all the time. At any time, we try to run our system at 90% capacity, so there's always a 10% vacancy rate, John, to receive patients into care.

So that's my biggest message for the day: Please use these different tools to get access to our system, use our services, to help people help themselves and get on a path to live in a more healthful life.

John Caher: Sean, thank you so much for your time and your insight on this issue, and thank you for your many decades of service to the people in New York state.

Sean Byrne: Thanks, John.