Substance Abuse Committee  
September 19, 2018

Present: Brian Hart, Joel Yager, Glenn Jarvis, Ashely Kerrick, Linda Waite, Jennifer Emery

Excused: Erin Doyle

Minutes:

Approved without changes

Director of Community Services Report – Brian Hart

- **OASIS – Rob Kent**: Brian Hart shared information that he received from Rob Kent in an email: The use of medical marijuana in OASAS certified and/or authorized programs (Attached). The document has links, so that you can look up what patients can access, what’s allowed and what is not allowed etc. We now have a CBD shop in our area. People are using it as an opioid alternative to MAT. Those who are mandated still have to go to treatment. But they have seen a drop in those who are not mandated. They need to develop a breathalyzer that detects THC Levels. The question was asked if this is legalized, what is this going to do to society. We will just have to watch and see. They will need to do public forums so people can voice their opinion, before it becomes law. Because Medicaid is covered by the Federal Government, it will not pay for medical marijuana.

- **i-Matter Home for Women Update**: Brian met with Scott Lowmaster and got an update on the situation. The news reported that the city was shutting it down due to zoning issues (not enough smoke detectors & the house was not zoned for what they are using it for). Even though the fire department said there were enough smoke detectors wired in, the city is requiring them to put in more, which they accommodated within 124 hours. The I-Matter Foundation has hired an experienced Attorney to work on this case. The Attorney is saying that for those living in a single residence occupancy - “Family” is defined as whoever is in the home – those who are eating/sharing together. There are many people who have like minds and issues who are living/renting together who are not family or married. They are not running a boarding home. This Attorney has won this kind of case before and he has sent a lengthy document to the city. The City has not responded, nor has it taken any further action to close the women’s home. We will have to see how all this plays out. The I-Matter Foundation is also working on a second men’s home.

- **SARA Update**: The Media Committee is moving forward and finalizing TV and Radio advertisements. The APP was tested and had positive feedback from the i-Matter Festival. They are working on getting the APP out there for free, and helping people connect with services that are close to them. The Social Detriments Committee is working on a project to get healthy food out to those who are going through addiction. They are going to open up a food pantry within the clinic at Trinity. They are asking for donations of canned goods, toilet paper, paper towels etc. They are speaking with local farmers for fresh
fruits/vegetables — these will be given out the same day. They have 700 people that are in need of these items. Committee members can bring can goods to the meeting every month to donate to the pantry. The pantry will be located in the lobby at Trinity and a peer will be in charge of it. Glenn Jarvis from New Dawn spoke about the Good Samaritan Law and how an Officer comes once a month. From January 1st thru July 31st they have had a total of 219 come through detox/bsu. Not all of them stay. We need to find out what the numbers are after hours, because the spreadsheet doesn’t have that included. There is a need to look at the after-hours intake process. Mixed-med is no longer in the ER and they are diverting them to Arnot. The AMA has been talking about a lot of people that are medically unstable. Vivitrol Rep — they will provide one free shot in New Dawn. They will do an expedited admission process, and ER does the Lab Work to check for Opioids in their system. If there are none in the system, then Vivitrol shot can be administered.

- **Review of Local Plan for due diligence process:** Housing — one project has been submitted and approved. It will have 20 beds with 5 of them for Substance Abuse and 5 of them for Mental Health. Peers — This has been successful and they have integrated within the ER and New Dawn. Having the Peers come to New Dawn gives the clients hope that they will be successful too. Do we need a licensed detox? We need to look at the data to make that determination. Expand New Dawn beds? We need to look at the data, and write up a formal proposal. Brian Hart is definitely interested. As for BSU and New Dawn combining, sharing staff, working on co-occurring issues with a dual recover approach — still working on this. They will be moving them both to Arnot at some point. It will be challenging once they close St. Joe’s ER and they are transporting from Arnot to BSU/New Dawn at St. Joe’s. There was discussion about Methadone. We have to prove that we need it and how much, and no one wants to have a methadone clinic in their back yard.

Connecting with Health Home - If they are receiving HARP, they are not getting the HBCS waiver services. The state keeps pushing, and says they will bring in their own people if we don’t market this and get people set up with a Health Home. The bigger challenge is providing enough services, and what will happen once Value Based Payments come into play.

**Sharing by Community Members**

- **Trinity** — They are working on their Horseheads project, and it will be two years in the making. The State wants the site moved to a different area. They want the Church to come up the money. The state should cover this, if they are requesting it. With 2.3 million you can build a state of the art facility. A 25 bed detox, they are excited about it and to bring their supports to the location. There are some unexpected delays in that OASAS has requested about $100,000 in changes to the plan, and would like the owners of the property (The Journey Center) to fund the changes, which Brian has advised them not to do as these changes should be funded by OASAS instead. They had their Walk for Recovery at Eldridge Park. The only issue they had was the Food Truck. They had a good time and took notes for next year. Now they are looking forward to their Benefit & Fundraiser at the Watkins Glen Race Track.
The next meeting is scheduled for October 17, 2018

Frequently Asked Questions – Use of Medical Marijuana in OASAS Certified and/or Authorized Programs

These Frequently Asked Questions (FAQs) will assist OASAS programs in the development and implementation of policies and procedures when providing services to patient’s certified in the NYS Department of Health Medical Marijuana Program. For additional information, please also review the NYS Department of Health (DOH) website at https://www.health.ny.gov/regulations/medical_marijuana/.

Patient Access to Medical Marijuana

1. How can a patient access medical marijuana?

A patient may access medical marijuana if they have been diagnosed with one of several severe debilitating or life-threatening conditions identified by the DOH, including opioid use disorder (OUD), or any condition for which an opioid could be prescribed. Additional information on conditions that will qualify for medical marijuana certification can be found on the DOH Medical Marijuana website. To access medical marijuana for a diagnosed OUD, the patient must be concurrently enrolled in a treatment program certified pursuant to Article 32 of the Mental Hygiene Law.

A patient must be issued a certification from a practitioner who is registered with the DOH Medical Marijuana Program, then register with the DOH and receive a Registry Identification Card, in order to access medical marijuana. Additional information about the Medical Marijuana Program can be found on the Medical Marijuana Program’s website using the following link: http://health.ny.gov/regulations/medical_marijuana/patients/.

2. How can a patient obtain medical marijuana once they are certified?

Once a patient receives a certification from a registered practitioner, the patient must register through the DOH online Patient Registration System. Detailed instructions on the registration process, including registering on behalf of a minor, may be found on the DOH website.

Once registered, patients will receive a Registry Identification Card within seven to ten days, allowing them to visit a dispensing facility to obtain medical marijuana products. Patients may also print a temporary Registry Identification Card, which can be used in conjunction with a government issued photo identification to purchase medical marijuana products from a registered organization’s dispensing facility. Dispensing facility locations may be found on the DOH website.

3. How can a patient find a registered practitioner?

A list of registered practitioners may be found on the DOH website using the following link: https://health.ny.gov/regulations/medical_marijuana/practitioner/public_list.htm. A patient’s
treating practitioner may also make a referral to a registered practitioner using the Medical Marijuana Data Management System located within the DOH Health Commerce System (HCS).

4. Are OASAS practitioners employed at an OASAS certified and/or authorized program required to register with the DOH to certify patients for medical marijuana?

No. Practitioners currently working within OASAS certified programs are not required to become registered to certify patients for medical marijuana however, they may voluntarily register to participate in the program.

**Practitioner Registration with the Department of Health**

5. **How does a practitioner register with the DOH?**

Practitioners interested in certifying patients for medical marijuana are required to take an online course approved by the DOH. Upon successful completion of the course, the practitioner will receive a course completion certificate. At which time, the practitioner may log into the Health Commerce System and complete the registration process in the Medical Marijuana Data Management System. Additional information may be found on the DOH website.

6. **Which practitioners are eligible to certify patients for medical marijuana?**

NYS licensed physicians, physician assistants and nurse practitioners who complete the required approved medical marijuana courses listed on the DOH website. Physician assistants must be under the supervision of a physician who is registered with the DOH Medical Marijuana Program.

7. **Are there any other requirements for a practitioner to register to certify patients for medical marijuana?**

Yes. Practitioners must possess a valid DEA registration in order to register for the Medical Marijuana Program and certify patients.

**Paying for Medical Marijuana**

8. **Can OASAS State Aid or Medicaid be used to cover the cost of medical marijuana products?**

No. Neither OASAS State Aid nor Medicaid may be used to cover the cost of medical marijuana products. Patients must self-pay for any medical marijuana products they obtain.

9. **Can private insurance be used to cover the costs of medical marijuana products?**

The answer to this question will require consultation with the patient’s insurance company. For additional information on health insurance coverage for medical marijuana see [https://www.dfs.ny.gov/insurance/circltr2017/c2017_06.htm](https://www.dfs.ny.gov/insurance/circltr2017/c2017_06.htm).
10. Can Medicaid or private insurance be used to cover the cost of an office visit which results in a patient certification for medical marijuana?

If office visits are covered under the insurance policy or contract, and the insured patient receives services during an office visit that are also covered under the insurance policy or contract, the insurer may not deny coverage for the office visit. However, coverage for office visits solely to obtain a medical marijuana certification is not required.

**Use of Medical Marijuana by Patients admitted to an OASAS Program**

11. Must an OASAS program admit and/or provide treatment to a patient who is certified to use medical marijuana?

Yes. OASAS programs must not discriminate against any patient on the basis of any lawfully prescribed or dispensed and properly monitored medication. The program may consult the certifying medical marijuana practitioner as necessary when developing the treatment/recovery plan. Use of medical marijuana must be addressed as part of the patient’s treatment/recovery plan.

12. For an OASAS inpatient or residential program, how should medical marijuana be administered or stored for patients admitted to the program with a valid medical marijuana certification?

Inpatient and residential programs have two options for allowing certified patients to access medical marijuana:

- Patients may hold and self-administer their medication in accordance with OASAS Local Services Bulletin No. 2012-04: Medication Administration Policies for the Administration of Medications in OASAS Intensive Residential Programs.

- An inpatient or residential treatment program certified pursuant to Article 32 of the Mental Hygiene Law may seek designation as a caregiver with the DOH Medical Marijuana Program. Such status will permit facilities to hold and/or administer medical marijuana on behalf of a certified patient.

13. Is an OASAS certified program required to become a registered caregiver for a patient?

No. Becoming a registered caregiver is optional. Program policies and procedures should address a process by which a program and patient determine if/when such program registration is appropriate. See options listed under question #12.

14. How does an OASAS facility register as a designated caregiver for a patient?
A designated caregiver facility form is available on the DOH Medical Marijuana Program website using the following link: https://health.ny.gov/forms/doh-5256.pdf. This form must be completed by the patient, or by an appropriate person over twenty-one years of age if the patient is under the age of eighteen or otherwise incapable of consenting to medical treatment. Once the patient designates the facility as a caregiver on the form, the facility must complete the additional sections of the form to register with the DOH Medical Marijuana Program.

There is a $50 registration fee to become a designated caregiver facility; however, the DOH is currently waiving all registration fees. There are reporting requirements that accompany registration as a designated caregiver facility.

15. Does an OASAS facility choosing to become a designated caregiver do so for each individually certified patient?

Yes. A designated caregiver facility form and the registration process must be completed for each certified patient admitted to an inpatient or residential program. A single facility may become a designated caregiver for up to five (5) certified patients at any given time. For information on how to expand capacity beyond five certified patients see the instructions on the facility caregiver form posted on the DOH website: http://health.ny.gov/forms/doh-5256.pdf.

16. Who within an OASAS facility may oversee patient self-administration of approved medical marijuana products?

Any employee of a facility may oversee a patient self-administer approved medical marijuana products. Such employee must be trained by a registered nurse and deemed appropriate by the facility and should be identified in the program’s policies and procedures regarding medical marijuana and in the patient’s treatment/recovery plan.

17. If a facility allows a patient to self-administer medical marijuana products, how should medical marijuana products be safely stored at the facility and who is responsible for monitoring the patient while they self-administer the medical marijuana products?

Facilities should obtain secure storage lockers, which can be placed in a designated location within the facility. Program policies and procedures should address medical marijuana storage for patients that will be allowed to self-administer medical marijuana products with staff oversight.

Any employee of a certified program may oversee a patient self-administer approved medical marijuana products. Such employee must be trained by a registered nurse and deemed appropriate by the program and should be identified in the program’s policies and procedures regarding medical marijuana and in the patient’s treatment/recovery plan.

18. If a facility is designated as a caregiver for a certified patient, how should medical marijuana products be safely stored at the facility?
Programs that plan to register as a designated caregiver facility on behalf of a certified patient should develop policies and procedures in advance of seeking registration. Such policies and procedures should provide information on how medical marijuana will be stored in a secure manner. Facilities should consider storage of medical marijuana with other medications or creating new storage capacity.

19. How should medical marijuana products be returned or disposed of upon patient discharge?

Medical Marijuana products should be returned to the patient upon discharge from the program. For medical marijuana products left with a program for more than thirty (30) days after a patient is discharged, medical marijuana products should be disposed or destroyed. Destruction and recordkeeping should be included in the program’s policies and procedures. Destruction must be done in a manner that renders the products unrecoverable. Approved medical marijuana products cannot be disposed of using medication drop boxes, DEA drug take-back events or via Bureau of Narcotic Enforcement drug destructions.

Medical Marijuana products should not be flushed down the toilet or drain, they must be removed from original containers and should be mixed with an undesirable substance, such as cat litter or used coffee grounds. For more information:

**Guidelines Specific to Medical Marijuana for the Treatment of an Opioid Use Disorder**

20. Can a patient be certified for medical marijuana to treat their opioid use disorder?

Yes. Provided that patient is concurrently enrolled in a treatment program certified by Article 32 of the Mental Hygiene Law. Patients certified for medical marijuana for purposes of treating their OUD should be certified for 3-month time periods. Every three months the certifying practitioner has to confirm that the patient is engaged in treatment.

21. Must a patient be admitted to an OASAS certified program in order for certification for medical marijuana to treat an opioid use disorder?

Yes. A patient must be admitted to an OASAS certified program to treat a diagnosed opioid use disorder for that patient to become certified for medical marijuana.

OASAS certified programs must validate a patient’s admission and diagnosis if requested by the patient. The OASAS program should provide a letter validating that the patient is admitted to an OASAS program and list the admission date.

22. Are practitioners in an OASAS certified programs required to become registered with the Department of Health to certify patients for medical marijuana to treat an opioid use disorder.
No. Practitioners in OASAS certified programs may register to certify patients for medical marijuana but are not required to do so. However, practitioners must validate that the patient is admitted to an OASAS certified or authorized program if requested.