

New York State

Office of Addiction Services and Supports

1450 Western Avenue Albany, NY 12203

AGENDA

November 17, 2021

The following Certification Applications will be presented to the Behavioral Health Services Advisory Council Project Review Committee.

| Spring Hill Wellness New York, LLC | 2021.042 – New OASAS Provider | Jennifer Berg |
|------------------------------------|-------------------------------|---------------|
| Odyssey House, Inc. | 2021.026 – Capital Project | Michele Woods |

New York State Office of Addiction Services and Supports Bureau of Certification (OASAS)

MEMORANDUM

TO: Janet Paloski, Director

Bureau of Certification

FROM: Jennifer Berg

DATE: October 22, 2021

SUBJECT: Application Review

Applicant: Spring Hill Wellness New York, LLC.

Application #: 2021.042

Purpose: New OASAS Provider: Part 822 Outpatient Services

County: Kings

Project Summary:

Spring Hill Wellness New York, LLC. submitted a Certification Application requesting New York State Office of Addiction Services and Supports (OASAS) approval to become a new- OASAS provider of Part 822 Outpatient and Outpatient Rehabilitation Services to be located at 2275 Coleman Street, Brooklyn, New York 11234-5126.

Services will be offered Monday through Friday 9am to 8pm and on Saturday 9am to 5pm. Patients attending day rehabilitation two or more hours per day will be provided a meal. Spring Hill Wellness New York will provide person-centered treatment that is evidenced, and strength based and utilizes harm-reduction techniques. The applicant is proposing to utilize evidenced based practices of Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI) and Dialectic Behavioral Therapy (DBT) in treatment services. Their services will promote hope and recovery and focus on patient choice and achievable outcomes.

Need:

The applicant cites 2017 Kings County Opioid Overdose Data, which indicates:

- In 2017, Kings County reportedly had 292 opioid overdose deaths, the 22nd highest county rate in New York State of that year.
- In 2017, out of all the counties in NYS, Kings County ranked as the 13th highest rate of overdose deaths involving heroin.
- 120 overdose deaths involving synthetic opioids, the 18th highest rate of overdose deaths involving synthetic opioids of counties in New York State in 2017.
- 860 opioid overdose ER visits in 2017.
- 290 opioid overdose hospitalizations in 2017

According to the 2018 New York City Department of Health and Mental Hygiene Community Health Profile for Brooklyn Community District 18, there were 54 drug-related deaths in Brooklyn Community District 18, a rate of death before age 65 of 6.1 per 100,000. This is identified as one of the leading causes of premature death before age 65 in Brooklyn Community District 18, where this applicant is proposing to open services.

Most recent data shows that Brooklyn residents continue to have the second largest number of overdose rates in New York City.

The New York City Department of Health and Mental Hygiene continues to identify substance use disorder services as a priority in their County Plan. Currently, there are no Outpatient Addiction Treatment Programs in the Community District 18 catchment area. The services proposed will assist in addressing the lack of services.

On April 23, 2021, the Applicant reached out to Michael Ien, Chairperson of The City of New York Brooklyn Community Board 18 to notify them of the intent to open a Part 822 Service at the stated location. The Community Board acknowledged this intent on May 4, 2021.

The New York City Department of Health and Mental Hygiene's recommendation in support of this application was received on October 18, 2021.

The OASAS New York City Regional Office's recommendation in support of this application was received on October 19, 2021.

Character and Competence:

Spring Hill Wellness, LLC was established in April 2021 has five owners:

Lazer Strulovitch Abraham Roth Sarah Brach Frank Carone Samantha Nettleton

Samantha Nettleton is a Licensed Mental Health Counselor (LMHC) in the state of Florida and has experience operating, managing and providing SUD services. Currently Samantha is the CEO and Clinical director for Springhill Wellness, LLC d/b/a Spring Gardens Detox.

Lazer Strulovitch, Abraham Roth and Sarah Brach, three of the owners for Spring Hill Wellness New York also have ownership stake in Springhill Wellness, LLC d/b/a Spring Gardens Detox, located in FL. Spring Gardens Detox provides substance use disorder outpatient, intensive outpatient and residential services certified by the State of Florida Department of Children and Families. Springhill Wellness, LLC d/b/a Spring Gardens Detox is certified by the State of Florida Department of Children and Families and certified through June 2022.

Additional affiliated entities include Harbor Terrace Adult Home and Assisted Living, Island Assisted Living, Adira at Riverside Rehabilitation and Nursing and Sprain Brook Manor Rehabilitation of which Lazar Strulovitch is part owner.

Sprain Brook Manor Rehabilitation, Adira at Riverside Rehabilitation and Nursing, Harbor Terrace Adult Home and Assisted Living, and Island Assisted Living all hold current and valid

licenses from New York State Department of Health (DOH) with no reported Enforcement actions listed.

Overall Financial Condition of the Provider:

OASAS Fiscal Audit and Review Unit completed a fiscal review of this provider and determined that they are fiscally viable. The applicant demonstrates enough funding to sustain 6-month period.

There is no OASAS funding being requested for this application. OASAS Regional Office did not have any reported concerns for the budget submitted.

Adequacy:

The applicant submitted a proposed lease which includes the required OASAS rights to reentry language.

A State Environmental and Quality Review and Floor Plan Review were completed by OASAS' Facilities Evaluation and Inspection Unit on 8/9/21 and determined to meet Part 814 regulatory requirements or and determined to be adequate for the proposed services.

Compliance:

The applicant submitted a proposed staffing plan that meets the regulatory requirements and will include:

- 1 Full-time Program Director, Qualified Health Professional (QHP) with experience in Substance Use Disorders
- 1 Full-Time Medical Director, Health Coordinator Designee
- 2 Nurse Practitioners (both half-time)
- 2 Credentialed Alcohol and Substance Abuse Counselors (CASAC) full-time
- 10 Contract Counselors (part time/per diem 5 CASAC and 10 Other QHP)
- A designated LGBTQ liaison
- 1 Full-time Certified Recovery Peer Advocate (CRPA)

Policies and procedures have been reviewed for regulatory compliance and are accepted by OASAS.

Continuity of Care:

The applicant speaks to continuity of care in their policy and procedures. The policy states that the patient is cooperatively involved with clinical staff throughout the treatment/recovery process. Additionally, communication occurs among treatment staff and supervisory staff at case conferences and staff meetings.

Spring Hill Wellness New York continues to develop referral and linkage relationships with other institutions and agencies including, hospitals and nursing homes, health-related facilities, home health agencies, hospital outpatient departments, diagnostic and treatment facilities,

laboratories and as well as any other resources that may arise and the Medical Director will be the lead in such efforts.

Recommendation:

OASAS recommendation is to approve the request from Spring Hill Wellness New York to become a new OASAS provider of Part 822 Outpatient Treatment and Outpatient Rehabilitation services with the following contingencies:

- Verification of the hiring of sufficient staff to meet regulatory requirements
- OASAS inspection and approval of the completed facility
- Filing receipt from the NYS Department of State indicating that the amended Certificate of Incorporation/Articles of Organization, including the OASAS required language, have been filed.
- Receipt of a copy of the fully executed Lease Agreement containing OASAS' required right to re-entry language

Effective Date:

Attachments: LGU recommendation, map

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

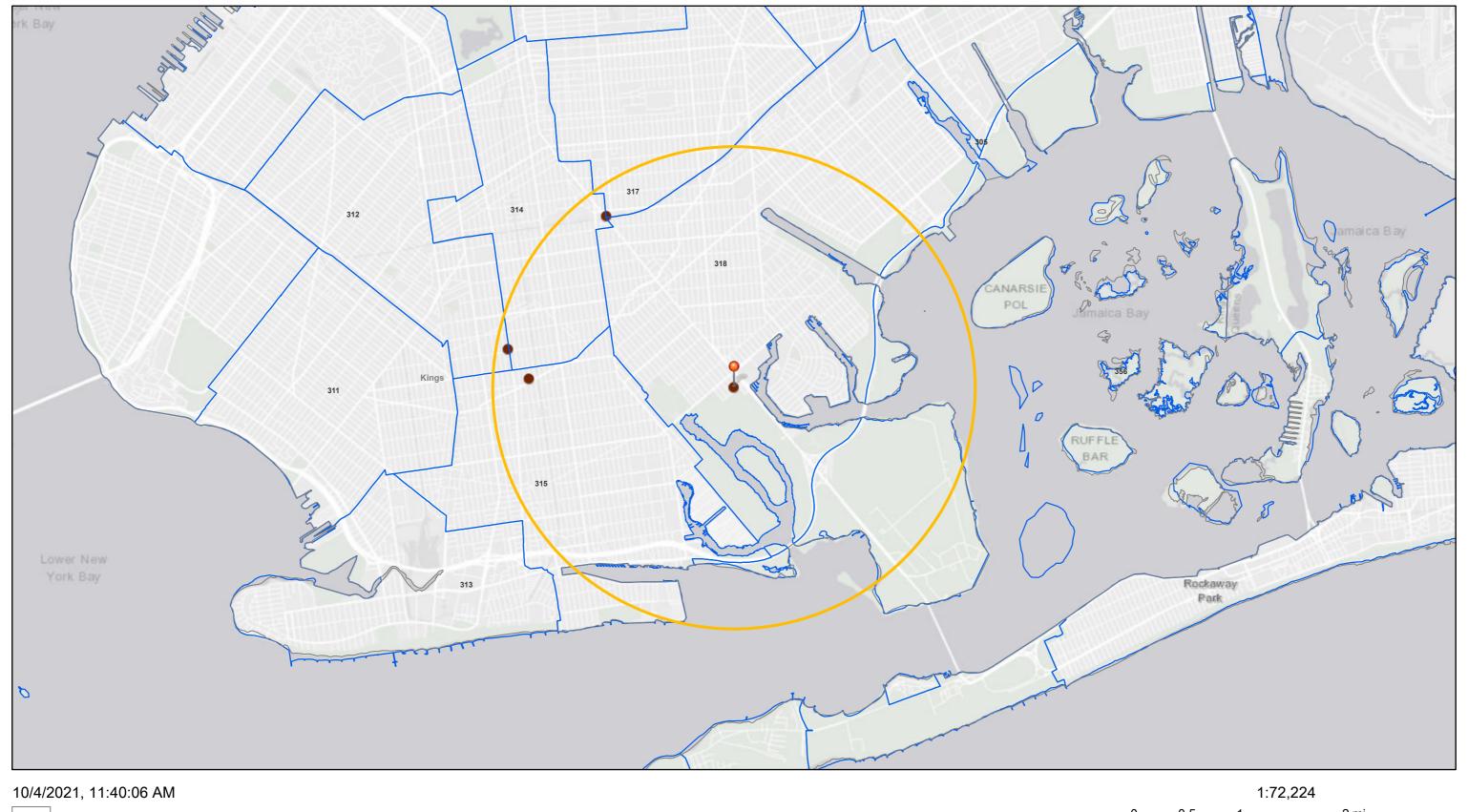
LOCAL GOVERNMENTAL UNIT REVIEW REPORT

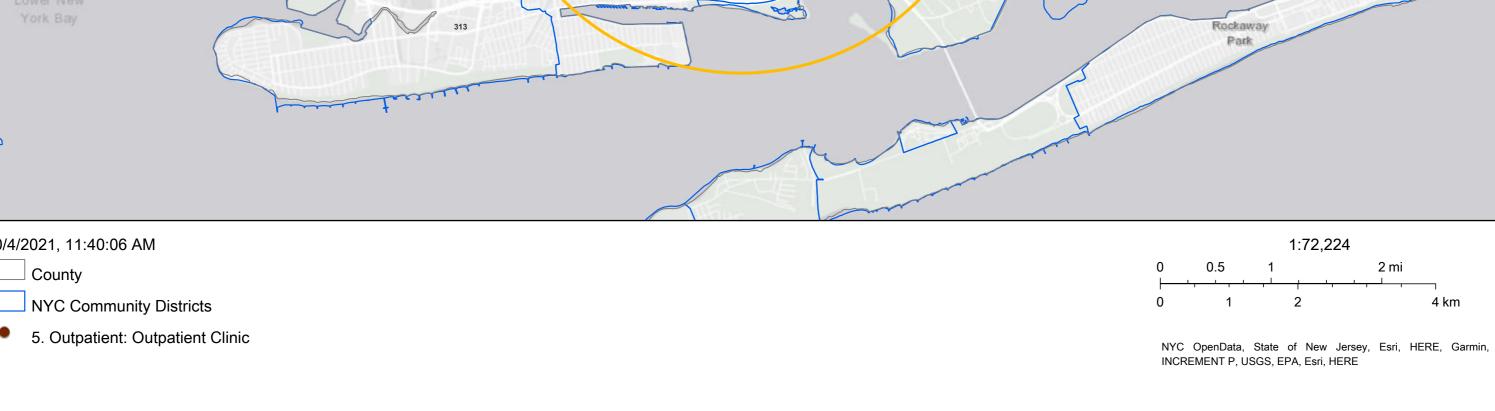
(Addiction Disorder Services Certification Actions)

| Applicant's Legal Na | ame | Application No. |
|---|--|---|
| Spring Hill Welln | ess New York, LLC. | 2021.042 |
| Local Governmenta | | |
| New York City D | epartment of Health and Mental Hygiene | |
| In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application. | | |
| 1. Consistency of | In the case of new providers and/or new services, is the program description a requirements: Yes No Not Applicable Provide explanation | |
| Program Description and Site Location with Local/OASAS Requirements | This is a proposal from Spring Hill Wellness New York, LLC to be Kings County NY. The applicant is seeking to establish an outpat program at 2275 Coleman Street Brooklyn, NY 11234. Based on evidenced based practices utilizing a patient centered and traums of Medication for Assisted Treatment (MAT). This proposal also is staffing pattern consistent with OASAS requirements. | ecome a New OASAS provider in ient treatment and rehabilitation their proposal they plan to offer a focus model incorporating the use |
| 2. Provider Operational Performance | Is the operational performance of this provider satisfactory? Yes No Regardless of the answer, provide a description of the operational performan. The applicant operates the following substance abuse treatment outpatient, an intensive outpatient, an aftercare, Detox and Resid Spring Gardens. Based on their application and information pertanationally, the operational performance of this provider appears to . | programs in the state of Florida an lential as Spring Hill Wellness DBA sining to their other programs operated |
| 3. | | No Not Applicable |
| Adequacy of Financial Plans | Provide explanation below. Based on the information provided in the proposal the applicant of private and government insurances. The financal plans appears of the work of the second policy and the applicant proposal includes reimbursement from Medicad and no-pay option. | to be adequate and acceptable. or reimbursement practices below. |
| 4. | Is the action consistent with local plans and/or does it meet community needs | s? 🗸 Yes 🔲 No |
| Consistency with Local Plans and Local/ Community Needs | Provide explanation below. The applicant Spring Hill Wellness New York, LLC is proposing to program serving Community District 18 in Brooklyn, NY where the programs. Based on the most recent data from the NYC Departm 2020, Brooklyn residents continue to have the second largest number of the programs. | nere are currently no other outpatient nent of Health and Mental Hygiene for mber of overdose deaths. |
| 5. Provider Standing in the Community | Is there any known information regarding the provider's standing in the come Regardless of the answer, provide all known information below or on addition. The provider has operated substance use treatment programs in personal knowledge to object to this provider's operation or award community. | nal sheets attached to this report. the state of Florida. The LGU has no |

| 6. | In answering this question, the following should be taken into consideration: | |
|--|---|---|
| Program Location | (a) the location is suitable for an Addiction Disorder Treatment Program; (b) the accessibility of public transportation and adequate parking; and (c) any other notable observations. Please describe your assessment of the circumstances noted. 2275 Coleman Street, Brooklyn NY is located in Community District 18 in a comme accessible by City bus lines BM1 and BM100. Parking is available on the street. The is .53 miles from the nearest school. | |
| | Please check one box. | |
| | LGU has visited the proposed location. LGU has not visited, but has sufficient personal knowledge to attest to its suitability. N/A - Please explain, for example, N/A may be appropriate in applications that involve relo building. However, factors such as capacity increase, even in an existing building, would not "N/A" response. The LGU plans to do a site visit in the near future. | |
| | Are you aware of any community issues with other programs operated by this provider, or in the | e case of relocation, this |
| 7. Current Status of Existing Programs | program's current location? (i.e., any issues around loitering, public safety, etc.) Yes No Please describe any issues. There are no known issues to the LGU. | |
| 8. Community Response | Please describe your knowledge of the applicant's outreach to the local community (e.g., Con-Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). knowledge of community input, including any existing or likely community concerns, as well as any The applicant sent a letter dated April 23, 2021 to Brooklyn Community Board (CB) of their intentions to operate an outpatient treatment program at 2275 Coleman Str. 2021 the CB 18 Chairperson responded with acknowledgement of said letter. | Please summarize your recommendations.) 18 informing them |
| 9. | Provide additional comments. N/A | |
| Other Comments | | |
| 10. | Signature of Authorized LGU Official | Date |
| LGU Recommendation | Approve Disapprove | 10/18/21 |

Outpatient and Outpatient Rehab within three miles of Spring Hill Wellness





NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS DIVISION OF QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT

Bureau of Certification

Full Review Record—Capital Project

Summary - November 9, 2021

| Certification Application # | 2021-026 | Applicant: | Odyssey House, Inc. |
|--|---|----------------------|---|
| Reviewer: | Michele Woods | Entity Type: | ⊠Not-for-Profit □Business □ Article 28 |
| County: | Bronx | Project Address | 1264 Lafayette Avenue Bronx, NY 10474-5309 |
| Service Type(s) | Part 820 Residential Treatment Service (Stabilization and Rehabilitation) | Project Type: | ☐ Relocation X Current Site ☐ New site- new services |
| | | | ☐ AcquisitionX Construction – Space expansionRehabilitation |
| Current Capacity | 16 | Proposed Capacity | 36 |
| Project Phase as of | X Pre-Contract Design Construction Complete | Projected Cost: | \$9,807,000 |
| | | | |
| Budget Impact (exclusive of debt service): Odyssey House, Inc. was awarded 20 new Part 820 Residential Services beds under a 2018 Request for Proposals (RFP) to expand residential addiction treatment services within Bronx and Kings Counties. | | | |

<u>Project Description:</u> This project is for largescale interior renovations and structural enhancements to all levels, including the basement, so that a fourth-floor addition can be added to their existing facility located at 1264 Lafayette Avenue, Bronx.

This site is currently certified for a 16-bed Part 819 Intensive Residential program and will transition to a 36-bed Part 820 Residential Services program for adolescent males with a focus on stabilization and rehabilitation.

The basement will include mechanical, laundry, clinical and recreational spaces. The first floor will be dedicated to administrative space as well as the kitchen and dining rooms. The second, third and new fourth floors will include three four-person bedrooms, a lounge, group bathroom, large group/multipurpose rooms, and a counseling office.

The current 16 beds will be temporarily housed within Odyssey's Mabon facility for the duration of the project to avoid a disruption of services.

Total construction costs for this 12,232 square foot building are estimated to be \$7,627,000 with total project costs of \$9, 807,000.

Need: Approval of this project is recommended to expand services for adolescent males.

The New York City Department of Health and Mental Hygiene submitted a recommendation to support this application on November 5, 2021, signed by Nilova (Tina) Saha. Statements in support of the recommendation included "This application is for multiple actions and includes new services. Odyssey House Inc. proposes to undertake a capital project which will result in a space expansion to their existing property at 1264 Lafayette Avenue, Bronx, NY. The increase in space will be used to accommodate an increase in the program capacity from 16 to 36 beds as they convert the program from its current designation as an 819.8 to an 820 model with elements of stabilization, rehabilitation, and reintegration. The program will provide buprenorphine (medication for addiction treatment) initiation and maintenance and NYS OOPP."

OASAS New York City Regional Office submitted a recommendation to support this application on November 9, 2021.

<u>Character & Competence:</u> Odyssey House became established in 1967 as a not-for-profit to provide services and programs to individuals and families with substance use and mental health disorders.

<u>Overall Financial Condition:</u> OASAS Fiscal Audit and Review Unit reviewed Odyssey House's fiscal status in April 2021 and determined they are fiscally viable.

<u>Adequacy of program, etc.:</u> OASAS Facility Evaluation and Inspection Unit completed a floor plan review in June 2021.

Compliance: Odyssey House holds six OASAS operating certificates:

Certificate Number: 181210052 Intensive Residential Rehabilitation (819) located at 119-233 East 121st Street, New York, New York 10035-3018; and

Certificate Number: 181210053 Intensive Residential Rehabilitation (819) located at Basement, 1st – 4th Floors, East 6th Street, New York, New York 10003-8401

Both programs are currently certified under Part 819 Residential Services and are in good standing with OASAS. It is expected that both programs will be converted to Part 820 services.

Certificate Number: 181210055 Intensive Residential Rehabilitation (819) located at 13 Hell Gate Circle, Ward's Island, New York, New York 10035-6602

Focused interim review completed September 2019; program is in compliance.

Certificate Number: 190411582 Intensive Residential Rehabilitation (819) located at 1264 Lafayette Avenue, Bronx, New York, New York 10474-5309

Focused interim review completed May 2019; program in compliance.

Certificate Number: 200811793 Community Residence (819) located at 1328, 1322, 1326 Clinton Avenue, Bronx 10456-2548

Focused interim review completed August 2017; program in compliance.

Certificate Number: 210611460 Outpatient Treatment Service with tele-practice designation (822) located at Suite 301, 3rd Floor, 953 Southern Boulevard, Bronx, New York, New York 10459-3428

Most recent recertification review in February 2019 resulted in a partial compliance and was issued a two-year operating certificate.

<u>Continuity of Care:</u> Approval of this project is recommended during this opioid epidemic to serve the treatment needs of the surrounding community.

| Recommendations: | |
|--|----------|
| LGU: Approve | 11/5/21 |
| Regional Office: Approve | 11/9/21 |
| Staff: Approve, contingent upon: • Final facility inspection completed by OASAS; and • Copy of the Certificate of Occupancy | |
| Advisory Council: | 11/17/21 |
| Final Decision: | |

Attachment: LGU Recommendation



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dave A. Chokshi, MD, MSc Commissioner

Nilova (Tina) Saha, LCSW Acting Senior Director for Planning and Programs Bureau of Alcohol and Drug Use Prevention, Care and Treatment

Gotham Center 42-09 28th Street 19th Floor – CN75 Long Island City, NY 11101-4132

347-396-7017 tel 347-396-7165 fax November 4, 2021

Michelle Woods Bureau of Certification and Systems Management NYS OASAS 1450 Western Avenue Albany, NY 12203-3526

Re: Application #2021-026 Odyssey House, Inc. Capital Project, Capacity Increase, Space Expansion, New Treatment Service

Dear Ms. Woods:

This is to inform you that the Department of Health and Mental Hygiene has completed a full review of the above application for Odyssey House, Inc. for a capital project which will result in an expansion of their current space to accommodate a capacity increase of their new treatment service. The program will convert their current 819.8 residential service to 820 residential service with all three elements (stabilization, rehabilitation, and reintegration).

The Department has reviewed the application and recommends it moving forward. Please let me know if you have any questions or need further information. I can be reached at 646-630-4953 or nsaha@health.nyc.gov.

Sincerely.

Nilova Saha

Cc: William Jordan, DOHMH

Norma Carmona-Rodriguez, DOHMH

Janet Smith-Dobson, DOHMH

Janet Paloski, OASAS Zoraida Diaz, OASAS

Lesley Puryear, OASAS

Elena Bravocruz, OASAS

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

LOCAL GOVERNMENTAL UNIT REVIEW REPORT

(Chemical Dependence Services Certification Actions)

| Applicant's Legal Na | nme | Application No. |
|--|--|---|
| Odyssey House, | Inc. | 2021-026 |
| Local Governmenta | | |
| New York City D | epartment of Health and Mental Hygiene | |
| In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of chemical dependence (alcoholism and/or substance abuse) services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). By regulation the review period, in calendar days, is fifteen (15) days for administrative review and forty-five (45) days for full review. When completed, please forward this review report to the appropriate OASAS Field Office and the Certification Bureau. The Field Office will take your comments and recommendations into account when performing their concurrent review of the proposed action(s). If you require additional time to complete your review, you should contact the Certification Bureau to request an extension. In completing the responses, use additional sheets as necessary. Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application. | | |
| 1. Consistency of Program Description and Site Location with Local/OASAS Requirements | In the case of new providers and/or new services, is the program description a requirements: Yes No Not Applicable Provide explanation. This application is for multiple actions and includes new services, undertake a capital project which will result in a space expansion Lafayette Avenue, Bronx, NY. The increase in space will be used program capacity from 16 to 36 beds as they convert the program 819.8 to an 820 model with elements of stabilization, rehabilitation provide burpernorphine (medication for addicton treatment) initations. | on below. Odyssey House Inc. proposes to a to their existing property at 1264 I to accommodate an increase in the a from its current designation as an and reintegration. The program will |
| 2. Provider Operational Performance | Is the operational performance of this provider satisfactory? Yes No Regardless of the answer, provide a description of the operational performant This is not an allocated provider and the LGU can only go by the application, which appears to indicate that operational performant satisfactory. | ce of the provider below. information provided in the |
| Adequacy of Financial Plans | Is the financial plan in the proposal adequate and acceptable? Provide explanation below. This is not an allocated provider and the LGU can only look at the application which appears to be acceptable. Where applicable, please note any comments related to Medicaid policy and/ The proposal include revenues from a payor mix of congregate of safety net assistance and OASAS state aid funding of over \$1.2 | or reimbursement practices below. Pare benefits, medicaid managed care, million towards capital project. |
| 4. Consistency with Local Plans and Local/ Community Needs | Is the action consistent with local plans and/or does it meet community needs Provide explanation below. The NYC Department of Health and Mental Hygiene most recen has the highest overdose death rates in NYC. Odyssey House of the South Bronx which has consistently ranked number one out of highest overdose death rates in NYC over the past 4 years. | t Epi Data Brief shows that the Bronx perates in the Huntspoint section of |
| 5. Provider Standing in the Community | Is there any known information regarding the provider's standing in the come As applicable, provide all known information below or on additional sheets at Odyssey House Inc, is a large OASAS-licensed substance use of in NYC for over 50 years and offering several pathways to treatm working with special population (forensic, women, men, youths) a services such as medical, housing and education. | tached to this report. disorder treatment program operating nent (residential, outpatient etc,), |

| 6. | In answering this question, the following should be taken into consideration: | |
|--|--|--|
| Program Location | (a) the location is suitable for a Chemical Dependency Treatment Program; (b) the accessibility of public transportation and adequate parking; and (c) any other notable observations. Please describe your assessment of the circumstances noted. 1264 Lafayette Avenue the current site of Odyssey House is a 3 storied building section of the Bronx. The program is located in a more residential community clooffice, a social service agency and a nearby park The Huntspoint Recreational C Caraballo Fields. The program is accessible to public transportation (subway #6 Metered parking is available. | se to a local post Center and Julio |
| | | |
| | Please check one box. LGU has visited the proposed location. Date of Visit: LGU has not visited, but has sufficient personal knowledge to attest to its suitability. N/A – Please explain, for example, N/A may be appropriate in applications that involve rebuilding. However, factors such as capacity increase, even in an existing building, would "N/A" response. | |
| | Are you aware of any community issues with other programs operated by this provider, or in | the case of relocation, this |
| 7. | program's current location? (i.e., any issues around loitering, public safety, etc.) Yes Vo | |
| Current Status of Existing Programs | Please describe any issues. The City is not aware of any issues. | |
| 8. | Please describe your knowledge of the applicant's outreach to the local community (e.g., | |
| Community Response | Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities) knowledge of community input, including any existing or likely community concerns, as well as a The Applicant provided acknowledgement by Community Board 2 of their intentiprogram and increase capacity. | ny recommendations. |
| 9. | Provide additional comments. | |
| Other Comments | | |
| 10. | Signature of Authorized LGU Official | Date |
| LGU Recommendation | Approve Disapprove | 11/4/21 |