



Office of Addiction Services and Supports

ANDREW M. CUOMO
Governor

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Commissioner

November 7, 2019

Mr. Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Mr. Pallone,

Thank you for the opportunity to comment on the federal funding New York State has received to combat the opioid crisis. Opioid use disorder (OUD) is a public health crisis in New York. The most serious consequence of the opioid crisis has been the sharp rise in fatal opioid overdoses. In New York State, opioid overdose deaths increased by 573% between 2004 and 2017. Due to the increase in overdose deaths, unintentional injuries have passed strokes to become the fourth leading cause of death in New York State.

Since taking office, Governor Cuomo has instituted an aggressive, multi-pronged approach to addressing the opioid epidemic, and created a nation-leading continuum of addiction care with full prevention, treatment, and recovery services. To combat this epidemic, the Governor has worked to expand access to traditional services, including crisis services, inpatient, outpatient, and residential treatment programs, as well as medication-assisted treatment, and mobile treatment and transportation services. In this regard, the State has used the money made available through federal grants to promote evidence-based prevention activities, expand the availability of medication-assisted treatment (MAT), and assist people who have completed treatment for OUD sustain their recovery.

The opioid crisis is responsible for the deaths of over 3,000 New Yorkers annually, however public health data indicate that New York State's efforts to address the opioid crisis are having a positive effect. Preliminary estimates for 2018 show an 8% decline in opioid overdose deaths, compared to 2017 (although overdose deaths were still 38% higher compared to 2015). Between 2016 and 2017, the 16 counties funded as part of year one of the State Targeted Response to the Opioid Crisis Grant saw an 11.2% decrease in opioid overdose deaths. Furthermore, preliminary indicators show that counties targeted in the first year of the State Targeted Response to the Opioid Crisis Grant saw a 38% reduction in opioid overdose

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emergency department visits between 2016 and 2018, while those not yet targeted with federal funds saw a modest increase in visits.

Although much progress has been made, the crisis is far from over and New York State will need to make sustained efforts to prevent and reduce the deadly consequences of OUD. One step that would help to ensure the sustainability of the innovative, life-saving programs that New York has successfully implemented would be to permanently increase SAPT Block Grant funding. Making funds permanently available through the SAPT Block Grant, rather than through time-limited special grants, would allow programs to build infrastructure and develop human resources to address the crisis in the long-term, as well as create flexibility to address any unforeseen substance problems that may develop in the future.

With the support of the federal government, New York State expects to continue making progress in reversing the opioid crisis.

Below are New York's responses to the questions in your September 18 letter:

1. Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has New York received?

Since 2016, New York State (NYS) has received the following federal funding for OUD prevention, treatment, and recovery:

Awarded to the NYS Office of Addiction Services and Supports (OASAS):

- Strategic Prevention Framework Partnerships for Success Grant (SPF-PFS): 5-year award issued in 2014. \$1,626,000 per year for a total of \$8,130,000 (prevention only), \$4,878,000 for Federal Fiscal Years 2016-2018.
- State Targeted Response to the Opioid Crisis Grant (Opioid STR): 2-year award issued in 2017. \$25,260,676 per year for a total of \$50,521,352 (prevention, treatment, and recovery).
- State Opioid Response Grant (SOR): 2-year award issued in 2018. \$36,831,809 per year for a total of \$73,663,618 (prevention, treatment, and recovery).
- State Opioid Response Grant – Supplemental: In March 2019, OASAS received a Notice of Award for an additional \$19,226,204 (prevention, treatment, and recovery).
- Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA): 3-Year award issued in 2017. \$1.9 million per year for a total of \$5.7 million (treatment only).



Awarded to the NYS Department of Health (DOH):

- Prescription Drug Overdose Prevention/ Prevention for States 2016-2019, \$7,387,066
- Opioid Crisis Funding 2018 – 2019, \$4,182,276
- Overdose Data to Action (9/1/2019- 8/31/2020), \$6,251,633
- First Responders – Comprehensive Addiction and Recovery Act (FR-CARA), \$800,000

Total OASAS: \$153,989,174

Total DOH: \$18,620,975

Total NYS (OASAS and DOH): \$172,610,149

a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?

The Strategic Prevention Framework - Partnerships for Success (SPF-PFS), State Targeted Response to the Opioid Crisis (Opioid STR), and State Opioid Response (SOR) grants awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) had relatively short time windows, typically about four months, between release of the Funding Opportunity Announcements and issuance of the Notices of Award. Preparing the applications can take up to two of the four months while the remaining two months are spent waiting for the Notices of Award. Depending on the size of the awards, consulting with all the applicable local stakeholders to determine best use of anticipated funds can take longer than the two-month application windows.

While plans for the funds can be developed during the four-month time windows, implementation of those plans cannot begin until issuance of the Notices of Award, typically a week or two prior to the start of the grant budget periods. The short time window does not allow for consultation with stakeholders such as local governments and nongovernmental organizations. Furthermore, the compressed timeframe creates difficulties engaging in timely development of requests for proposals, competitive bidding, and other contract management which leads to a delay in the delivery of services to individuals in need.

b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g. prevention, treatment, etc.), and the amount

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that has been allocated to them.

Please see a full listing of each OASAS funding recipient, the purpose for allocating money to them (e.g., prevention, treatment, etc.), and the amount that has been allocated to them.

DOH is on track to spend 100% of the Prevention for States and Opioid Crisis funding. Please see the attached supplemental Table 2 for a list of recipients of this funding.

c. If your state has not used the entirety of federally allocated funding, please explain why.

New York has not used the entirety of federally allocated funding due mainly to the fact that the second year of the State Opioid Response Grant began one month ago, and due to the short turn around and time procurement delays detailed in the response to question 1a., above. We expect to fully expend the SOR grant – and all other federal funds – within the allotted time.

The Notices of Award for the Strategic Prevention Framework - Partnerships for Success (SPF-PFS), State Targeted Response to the Opioid Crisis (Opioid STR), and State Opioid Response (SOR) grants were not received until several days prior to the start of the 12-month grant budget periods. The contracting process with providers selected prior to the start of the budget periods and providers selected through a Request for Applications process could not begin until the Notices of Award were received, as they were a required component of all contracts. The contracting process for most of these providers, including developing detailed budgets, took between one and three months. Once contracts were executed, providers began implementing the scopes of work including buying equipment and supplies, hiring and training staff, executing subcontracts, renting spaces, developing relationships in target communities, etc. This startup process took between one and three additional months for many providers. Once these two phases were completed (contracting and startup), service delivery and spending down of contract funds began, typically between three and five months after the start of the budget periods. In some cases, it took longer than five months for providers to reach full planned staffing levels.

2. Please describe how your state determines which local government entities (i.e.

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counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.

In New York State, some local governments provide substance use disorder (SUD) treatment services directly; however, most treatment is provided by nongovernmental organizations. As most SUD treatment services in New York are provided by nongovernmental providers, all funds from the SPF-PFS and MAT-PDOA grants and most funds from the STR and SOR grants were allocated to nongovernmental organizations.

For the STR grant, OASAS identified target counties with the highest need based on the rates of opioid overdose deaths, emergency room visits involving opioids, and residents with OUD leaving the county to access addiction treatment services. OASAS then selected recipient organizations on their proven ability to quickly deliver evidence-based OUD services in the selected areas. Under the STR, SOR, and SOR Supplemental grants, funds were provided to county governments for services in counties where the local government provides services directly.

The attached Table 1 shows the total amount allocated to each local government as part of the STR, SOR, and SOR Supplemental grants.

DOH developed an opioid burden measure which includes outpatient emergency department visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use; and opioid overdose deaths. The 24 Local Health Departments (LHDs) with the highest opioid burden were selected for funding. Each LHD received \$75,000.

- 3. Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.**

Recipients of the SPF-PFS grants were chosen through a competitive application process based on coalition capacity and community need. Ten grassroots community



coalitions that demonstrated their ability to implement the five steps of the Strategic Prevention Framework (assessment, capacity, planning, implementation, and evaluation) in a culturally competent manner were chosen from every region of New York State. Moreover, these community coalitions targeted youth and young adult populations in greatest need of opioid prevention services in each area of the state.

For the STR grant, OASAS identified target counties with the highest need based on the rates of opioid overdose deaths, emergency room visits involving opioids, and residents with OUD leaving the county to access addiction treatment services. OASAS then selected recipient organizations on their proven ability to quickly deliver evidence-based OUD services in the selected areas.

New York State was awarded the MAT-PDOA grant between year one and year two of the STR grant. To avoid redundancy, none of the three target communities selected for the MAT-PDOA grant were target communities for year one of the STR grant. The communities targeted in the MAT-PDOA grant were selected based upon the high prevalence of opioid-related consequences, including deaths, emergency department visits, and hospitalizations, as well as their need for expanded services as indicated by residents receiving OUD treatment services outside the counties in which they reside. Furthermore, the target communities were selected based on geographic diversity and to address the needs of both densely urban, mid-size, and rural communities. OASAS then selected recipient organizations based on their ability to deliver the services required under the grant in the targeted communities.

With the flexibility to provide funds statewide under SOR, OASAS targeted communities and tribal territories that were previously not targeted for funding under STR. Under SOR, OASAS conducted several procurements to identify nongovernmental providers interested in and capable of delivering services.

The attached Table 1 shows the total amount allocated to each nongovernmental organization as part of the SPF-PFS, STR, MAT-PDOA, SOR and SOR Supplemental grants.

DOH selected nongovernmental grant recipient organizations based on identifying the agency most suited to being able to meet project goals and having 1) the ability to leverage existing work; 2) an established partnership that could be leveraged; and 3) subject matter expertise in the priority area. Of paramount importance was to support organizations that worked directly with people most at risk of experiencing an overdose and who were likely to continue their use of opioids. A list of funded organizations can be found in Table 2.

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4. **Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped New York in using funds to target vulnerable populations or at risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.**

Yes. The required and allowable activities of the Opioid STR grant enabled New York to target the federally appropriated funds to counties with the highest need, determined by the latest data on number of opioid overdose deaths, rate of opioid overdose deaths, rate of opioid emergency department visits, and percent of residents leaving their county to access treatment services.

OASAS used the funds in part to develop Centers of Treatment Innovation (COTIs) that deliver evidence-based, person-centered, and rapidly accessible care to best meet the unique needs of people suffering from OUD through services, including mobile treatment, peer support, telepractice, and rapid linkage to MAT. This innovative in-community approach has broken down existing barriers and successfully connected treatment services to those suffering from OUD who would likely otherwise not receive help.

In addition, New York State used Opioid STR funds to implement treatment transition for individuals with OUD reentering communities from criminal justice settings in 20 local correctional facilities and three state correctional facilities. Individuals receive SUD counseling, education in MAT, and, upon release, the option to initiate MAT and a person-centered care plan for linkage to treatment.

To address the lack of medical practitioners qualified in MAT for OUD in underserved, mainly rural regions of the state, Opioid STR funds were used to implement a program to train medical practitioners in the provision of MAT using buprenorphine for individuals suffering from OUD in high-need counties across the state. Participants who completed this buprenorphine waiver training received guidance on strategies to manage patients on buprenorphine in the office setting. This included best practice guidelines and procedures, including case-based learning.

OUD services were expanded at four DOH AIDS Institute 'Health Hubs' and eight new Health Hubs were created. This initiative included expanding hours of service, outreach staffing, peer navigators, and linkages. It is making unique drug user health services available in places they did not previously exist or were available for individuals only after being on long waiting lists.

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New York State also used Opioid STR and SOR funds to train first responders and other likely witnesses to recognize and respond to opioid overdoses in the targeted high need counties. This initiative included providing naloxone kits or information on how to get kits at local pharmacies using the state's Naloxone Copayment Assistance Program (N-CAP).

To support the long-term recovery of those with OUD, OASAS, with the expertise of a selected recovery services firm, developed a statewide youth and young adult driven infrastructure to support local communities of young people in recovery from substance use disorders, including 'branding' the youth and young adult recovery movement in New York State 'Youth Voices Matter'. Funds were also used to establish five Collegiate Recovery Programs across the state where colleges provide supportive environments that reinforce the decisions to engage in a lifestyle of recovery from substance use disorder. Additionally, a Recovery Center/Youth Clubhouse has been opened at the Saint Regis Mohawk Tribe that is serving youth mostly under age 18.

Prevention providers partnered with 93 community organizations across the state, such as Boys and Girls Clubs, YMCAs, etc., to deliver prevention evidence-based practices (EBPs) to underserved, hard-to-reach youth. Pre- and post- surveys showed increases in protective factors and decreases in risk factors after completing the various EBPs. This included increases in peer pressure resistance skills, positive shifts in attitudes and perceptions surrounding drug use, and general increases in knowledge. Participants showed positive results across all age groups, including students from kindergarten through 12th grade, as well as adults who participated in parenting EBPs.

Prevention providers delivered the evidence-based Strengthening Families Program to families residing in New York City shelters and permanent supportive housing. Data collected showed increases in protective factors, including effective parent-child communication, positive family management practices, and supportive family involvement, all of which lead to reduced youth substance use.

Youth in foster care are among the highest risk populations for developing substance abuse problems. While access to treatment has improved for this population, access to prevention evidence-based practices has been limited. Some voluntary foster care agencies across the state have incorporated substance abuse prevention programming into their school and program activities, but many have not. To help fill these gaps, Opioid STR funds were used to train staff at foster care agencies in the use of Teen



Intervene, a prevention evidence-based practice that focuses on youth ages 12-19 who demonstrate risky levels of substance use.

Using Opioid STR funds, a targeted media campaign was delivered to Native American communities, Latino communities, and pregnant women across the state. The campaigns included education outreach in Spanish, billboards, radio, public service announcements, and a campaign highlighting pregnancy and MAT that included medical journal ads, bus shelter ads, brochures, and take-one displays for distribution to OB/GYN offices.

Through the SOR grant, SAMHSA provided the primary aims states were to target while also giving states the flexibility to identify areas and populations most in need of OUD services and support. This enabled OASAS to identify services for high need populations in concentrated areas of the state. As an example, for the Maternal Wraparound program, OASAS targeted areas of the state with high rates of pregnant women entering treatment and babies diagnosed with neonatal abstinence syndrome. Four providers received funding to implement this intensive case management and recovery support service model for women who are pregnant and up to six months postpartum. Care management, wraparound services and connection to recovery supports are key components of this model.

As indicated above, for the most part, NYS has been able to address the opioid crisis in the hardest hit regions of the state due to federally appropriated funding being sufficiently flexible; however, it would be helpful for our state DOH to be able to use CDC funding for the purchase of naloxone and harm reduction supplies, and reimburse copays at pharmacies when naloxone is dispensed. This authority could be granted temporarily based on the public health crisis.

5. In what ways, specifically, have federal funds extended to New York helped change your state's treatment system and/or led to a reduction in opioid overdoses?

Federal grant funds have been used to reduce barriers to OUD treatment, particularly in rural areas where there are few MAT prescribers and transportation options are limited. This is being accomplished, in part, through the Centers of Treatment Innovation (COTIs) where treatment services are delivered in the community using telepractice, recovery peer advocates, and mobile treatment vans. Rapid access to MAT has increased dramatically.



Using federal grant funds, OASAS has implemented treatment transition for individuals with OUD reentering communities from criminal justice settings in 20 local correctional facilities and three state correctional facilities. Individuals receive substance use disorder counseling, education in MAT, and, upon release, the option to initiate MAT and a person-centered care plan for linkage to treatment.

New York State has also used federal grant funds to implement a program to train medical practitioners in the provision of MAT using buprenorphine. Participants who completed this buprenorphine waiver training received guidance on strategies to manage patients on buprenorphine in the office setting. The initiative addresses the lack of medical practitioners qualified in MAT for OUD in underserved, mainly rural regions of the state.

Through initiatives funded by federal grants, New York has increased the number of first responders and other likely witnesses to recognize and respond to opioid overdoses. This initiative includes providing naloxone kits or information on how to get kits at local pharmacies in 30 high need counties across the state using the state's Naloxone Copayment Assistance Program (N-CAP). To date, there have been 449 trainings with 8,595 people trained at police and fire departments, high schools, colleges, libraries, malls, tribal territories, jails, churches, physician's offices, the New York State Fair, and various community events. This program has worked within the state's existing opioid overdose prevention infrastructure, including over 350 registered overdose prevention programs, to identify and fill service gaps to curb overdose deaths.

DOH used federal funds to establish linkages to innovative care models in emergency departments, correctional settings and harm reduction programs. These models were piloted and evaluated, and early outcomes indicate an increase in accessing treatment and decrease in overdose occurrences. Additionally, decreases of fatal opioid overdoses have been noted in areas where naloxone was provided. For example, a robust partnership between DOH and Erie County Department of Health has contributed to a decrease in fatal overdoses in Western New York. It is not possible to correlate any one intervention to the overall trend in fatal and non-fatal opioid overdoses. Additionally, while decreased overdoses is a worthwhile public health aspiration, additional resources to address addiction and enhance harm reduction approaches are needed.

6. What performance measures is New York using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?



OASAS uses the following performance measures to monitor the impact of Opioid STR funds:

- Number of persons engaged pre-admission to treatment by clinicians and peers.
 - Among persons engaged pre-admission, number admitted to treatment.
 - Among persons engaged pre-admission, number who receive MAT.
- Number of persons receiving telepractice services.
- Number of persons in local and state correctional facilities receiving substance use disorder counseling, education in MAT, and, upon release, initiation of MAT and a person-centered care plan for linkage to treatment.
 - Among persons receiving treatment transition, number admitted to treatment post-release.
- Number of persons receiving MAT/buprenorphine induction, prescription, and follow-up at DOH AIDS Institute 'Health Hubs'.
- Number of persons trained to recognize and respond to opioid overdoses.
- Number of underserved, hard-to-reach youth receiving prevention evidence-based practices (EBPs).
 - Among youth receiving prevention EBPs, changes in protective factors including peer pressure resistance skills, and attitudes and perceptions surrounding drug use.
- Number of families receiving the evidence-based Strengthening Families Program.
 - Among families receiving the Strengthening Families Program, changes in protective factors, including effective parent-child communication, positive family management practices, and supportive family involvement, all of which lead to reduced youth substance use.
- Number of youth in foster care that receiving Teen Intervene.
- Number of youth in foster care being referred to substance use disorder treatment.

DOH also established performance measures to measure the effects of the federal funds. The key domains of these performance measures include: monitoring and surveillance, prevention, harm reduction and response, linkages to care and stakeholders and partnerships. DOH developed an opioid dashboard to track performance measures and to assess progress.

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=sh

7. According to the Substance Abuse and Mental Health Services Administration, State

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Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment- particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.

- a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.**

Yes. Under Opioid STR, OASAS developed a statewide needs assessment and state strategic plan to address the opioid epidemic affecting individuals, families and communities across New York State. The plan describes how the state would fill prevention, treatment, and recovery service gaps identified in the needs assessment and legislative efforts to address the crisis, including increasing access to OUD treatment and overdose reversal medication.

A key component of the plan was to develop Centers of Treatment Innovation (COTIs) in the highest need counties, determined by opioid overdose deaths, opioid emergency department visits, and percent of residents leaving their county to access treatment services for opioids. In these high need areas, representing a mix of urban, suburban, and rural communities, there are numerous barriers to OUD services, including transportation, child care, stigma, lack of knowledge about services, service requirements or perception of requirements, lack of a local prescribing professional, distance to a service, and alienation from services based on a disconnect between available services and the individual values, beliefs and culture. COTIs deliver evidence-based, person-centered, and rapidly accessible care to best meet the unique needs of people suffering from OUD through services including mobile treatment, peer support, telepractice, rapid linkage to MAT, transportation, evidence-based clinical care, and case management.

National research indicates that the mortality rate among individuals during the first month post-release from criminal justice settings is much higher than other OUD populations. To directly address this disparity, the plan included an initiative where COTIs or other local substance use disorder providers would collaborate with 20 local correctional facilities in the targeted high need counties and three state parole violator facilities to implement treatment transition for individuals with OUD reentering communities. Individuals receive

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substance use disorder counseling, education in MAT, and, upon release, the option to initiate MAT and a person-centered care plan for linkage to treatment.

To address the lack of medical practitioners qualified in MAT for OUD in underserved, mainly rural regions of the state, the plan called for using Opioid STR funds to implement a program to train medical practitioners in the provision of MAT using buprenorphine for individuals suffering from OUD in high-need counties across the state. Participants who completed this buprenorphine waiver training received guidance on strategies to manage patients on buprenorphine in the office setting.

New York utilizes, among other options discussed herein, DOH AIDS Institute 'Health Hubs' to expand services for individuals with OUD in underserved/unserved urban, suburban and rural areas across the state. Pregnant women and intravenous drug users were to be the highest priority populations. Based on emerging trends of opioid use in New York, there were special foci on young injection drug users, non-injecting opioid users, new users, releasees/probationers/parolees from the criminal justice system, and individuals who have experienced a recent overdose, as these people were at greatest risk for drug use related harms such as overdose and abscesses.

Prior to Opioid STR, New York already had robust efforts in place to curb overdose deaths. An important part of the state's response was training first responders and other likely witnesses to recognize and respond to overdoses and providing access to naloxone to reverse opioid overdoses. Despite the state's efforts, service gaps remained. The plan included an initiative to work within the state's existing opioid overdose prevention infrastructure, to identify and fill service gaps to curb overdose deaths by training first responders and other likely witnesses to recognize and respond to opioid overdoses in the targeted high need counties.

Young people indicate that one of the hardest aspects of recovery is a feeling of aloneness. Staying away from old using friends and finding new sober support networks can be difficult, particularly in rural areas, where there are few alternatives. To support the long-term recovery of those with OUD, the State planned the development of a statewide youth and young adult driven infrastructure to support local communities of young people in recovery from substance use disorders. Funds were also to be used to establish Collegiate Recovery Programs across the state where colleges provide supportive



environments that reinforce the decisions to engage in a lifestyle of recovery from substance use disorder. Additionally, a plan was put in place to add a Recovery Center/Youth Clubhouse at the Saint Regis Mohawk Tribe.

Despite efforts to provide prevention evidence-based practices across the state, there were counties where the percentage of youth reached was substantially lower than other counties. To address these service gaps, the plan included partnering with community organizations across the state such as Boys and Girls Clubs, YMCAs, etc., to deliver prevention evidence-based practices to underserved, hard-to-reach youth.

Homelessness and exposure to traumatic stresses place children at high risk for poor mental health outcomes and substance use disorder. To address this need, a plan was developed to deliver the evidence-based Strengthening Families Program, designed to help families maintain stability and reduce the likelihood of substance use disorder, to families residing in New York City shelters and permanent supportive housing.

Youth in foster care are among the highest risk populations for developing substance abuse problems. Some voluntary foster care agencies across the state have incorporated substance abuse prevention programming into their school and program activities but many have not. To help fill these gaps, the plan included partnering with the New York State Office of Children and Family Services to train staff at foster care agencies in the use of Teen Intervene, a prevention evidence-based practice that focuses on youth ages 12-19 who demonstrate risky levels of substance use.

Prior to Opioid STR, New York had recently initiated several media campaigns focusing on the opioid crisis. While the media campaigns were extensive, there were still areas and populations in the state that had not been adequately addressed. The plan called for a targeted media campaign to be delivered to Native American communities, Latino communities, and pregnant women across the state.

b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.

One gap that New York has identified through analysis of public health data is the need for specialized, evidence-based prevention, treatment, and recovery

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services aimed at older and aging adults. In 2017, 42% of all opioid overdose deaths in New York were among people 45 and older. Between 2011 and 2017, opioid overdose deaths among those 55 and older increased by 198%, which was the highest rate of increase among any age group. The number of people 55 and older admitted to OASAS-certified treatment programs with heroin or other opioids as their primary substance of abuse increased by 44% from 4,200 in 2012 to 6,100 in 2018.

Research indicates the effects of substance misuse “can be mistaken for depression or dementia in elderly persons, which explains why the prevalence of addiction in the elderly is underestimated.” Primary prevention activities often focus on youth and young adults and older adults engaging in OUD treatment may feel uncomfortable because of the lack of similar-aged peers. More research is needed to understand the prevalence and consequences of OUD among this population as well as which evidence-based interventions are most effective in older adults. The myriad interactions between the older adult population and the healthcare system create numerous opportunities for health professionals to diagnose and treat OUD.

c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment-particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.

Yes. OASAS used the funds in part to develop COTIs that deliver evidence-based, person-centered, and rapidly accessible care to best meet the unique needs of people suffering from OUD through services including mobile treatment, peer support, telepractice, and rapid linkage to MAT. This innovative in-community approach has broken down existing barriers and successfully connected treatment services, including MAT, to those suffering from OUD who would likely otherwise not receive help.

In addition, Opioid STR funds were used to implement treatment transition for individuals with OUD reentering communities from criminal justice settings in 20 local correctional facilities and three state correctional facilities. Individuals receive substance use disorder counseling, education in MAT, and, upon release, the option to initiate MAT and a person-centered care plan for linkage to treatment.



New York State also used STR grant funds to implement a program to train medical practitioners in the provision of MAT using buprenorphine for individuals suffering from OUD in high-need counties across the state. Participants who completed this buprenorphine waiver training received guidance on strategies to manage patients on buprenorphine in the office setting. This included best practice guidelines and procedures, including case-based learning. The initiative addresses the lack of medical practitioners qualified in MAT for OUD in underserved, mainly rural regions of the state.

OUD services were expanded at four DOH AIDS Institute 'Health Hubs' and eight new Health Hubs were created. This initiative included expanding hours of service including for MAT/buprenorphine induction, prescription, and medical follow-up services, outreach staffing, peer navigators, and linkages. It is making unique drug user health services available in places they did not previously exist or were available for individuals only after being on long waiting lists.

Under Opioid STR, OASAS has developed several initiatives to establish recovery support services for young people. To support the long-term recovery of those with opioid use disorder, OASAS developed a statewide youth and young adult driven infrastructure to support local communities of young people in recovery from substance use disorders. Funds were also used to establish five Collegiate Recovery Programs across the state where colleges provide supportive environments that reinforce the decisions to engage in a lifestyle of recovery from substance use disorder. Additionally, a Recovery Center/Youth Clubhouse has been opened at the Saint Regis Mohawk Tribe that is serving youth mostly under age 18.

Under SOR, New York State has supported expansion of buprenorphine in hospital emergency department settings. This initiative is designed to facilitate access to MAT for individuals who present at the emergency department due to an opioid overdose or who are found to have a current opioid use disorder and increase access to addiction treatment with active linkage to a peer and community-based care.

New York also used SOR funds to establish MAT services in Federally Qualified Health Centers (FQHCs).

As part of this initiative, FQHCs work in tandem with a SUD treatment provider to expand access to MAT for individuals who receive primary care and physical

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health services at FQHCs and connect patients to behavioral health services through the outpatient treatment program. This cross-system collaboration allows the two providers to work together to meet both physical and behavioral health needs.

SOR funding allowed New York to open 18 new Recovery Centers located throughout the state including in two Tribal Nation territories. The Recovery Centers promote long-term recovery through skill building, recreation, wellness education, employment readiness, civic restoration opportunities, and other social activities. Services are available during day and evening hours throughout the week and weekends to accommodate the diverse times individuals and families may want to access services.

Through the SOR grant, New York has been able to establish a MAT Learning Collaborative. The goals of the MAT Learning Collaborative are to: expand buprenorphine prescriber capacity into new systems by creating regional champions focused on care and treatment of individuals with an OUD; increase provider knowledge and familiarity with medication assisted treatment prescribing protocols using technology-enabled learning; and foster cross-systems collaboration.

As a result of SOR, OASAS-certified SUD treatment programs work with local Opioid Courts to provide on-site, clinical assessment and peer services for individuals referred to the court based on a positive screen for possible OUD. When appropriate, a referral to treatment will be made and peer services utilized to encourage and support engagement in treatment. This collaboration allows for immediate access to treatment based on patient choice.

In a SOR-funded initiative, OASAS treatment providers are working in conjunction with correctional facilities to deliver opioid treatment services and medication to individuals diagnosed with an opioid use disorder who are incarcerated. This allows individuals who were on medication prior to being detained to continue with their treatment, which also lowers the risk of opioid overdose upon release. In addition, another SOR-funded project provides re-entry and support services to individuals with an opioid use disorder transitioning from prison or jail back into New York City communities.

Youth completing residential treatment for OUD need to stay connected to positive peer support to assist in sustain their recovery. Some OASAS-certified providers are using SOR funding to develop Certified Peer Recovery Advocates,

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who will assist in developing an Alumni Network and provide peer support to youth in recovery.

DOH has facilitated technical implementation and administration of low-barrier, low-threshold buprenorphine in emergency departments, correctional settings and harm reduction programs as well as focused mandated prescriber education on evidence-based practices for treatment. NYS has established the Buprenorphine Working Group which has been convening since early 2017 and consists of approximately 30 subject matter experts on buprenorphine from around the state. The goal of this working group is to develop specific implementation strategies in support of the CDC grant with a specific focus on buprenorphine expansion throughout NYS.

DOH and OASAS are working together to increase access to the three medications used to treat OUD: methadone, buprenorphine, and long-acting naltrexone. Through this collaboration and the technical support from subject matter experts involved with the Buprenorphine Working Group, these entities helped develop the Implementing Transmucosal Buprenorphine for Treatment of Opioid Use Disorder: Best Practice Guidelines.

d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.

In the utilization of federal funding resources discussed herein, OASAS has developed and implemented programming that builds upon the Strategic Prevention Framework (SPF) and evidence-based practices (EBP) established through the Substance Abuse Prevention and Treatment Block Grant and other federal discretionary grants. Using SPF and EBPs as the foundation of the prevention efforts in New York State, funded prevention providers are better able to target programming in schools and communities across the state. Through the use of federal discretionary grants, OASAS has been able to pilot and expand prevention service models that will reach diverse communities and regions. The prevention efforts provide a continuum of prevention services linked with schools, higher education and local stakeholders to change social norms around substance use and misuse.

OASAS' Prevention Resource Centers (PRCs) provide training and technical assistance to support federally funded community prevention coalitions in high need, underserved communities. The PRCs have reached out to work with federally funded coalitions, such as the newly funded *SAMHSA Partnership For*

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Success 2019 coalitions (6 were awarded in NY), and the *ONDCP* and *SAMHSA* funded *Drug Free Community Coalitions*. These federal funded coalitions have accepted and received training and technical assistance from the PRCs. Some coalitions rely solely on federal technical assistance while some have contacted state-level PRCs for additional prevention support.

OASAS utilized SOR funding to create the **Community Prevention Coalition Collaborative (CPCC)**, designed to expand the development of community prevention coalitions in localities served by the Governor's Empire State Poverty Reduction Initiative (ESPRI). The goal of the project is to support the expansion of environmental prevention strategies in communities within identified high risk factor communities. The project's focus is to expand prevention planning and prevention programming to address SUD health disparities with a specific focus on Opioid Use Disorder (OUD). The CPCC supports these community prevention strategies in underserved localities identified with high poverty and health disparities. The collaborative brings together community stakeholders to develop a strategic framework of prevention through policy change, enforcement and social marketing. OASAS is funding prevention coalitions in eight communities to address the prevention of OUD and SUD on a local level.

OASAS actively collaborates with the Northeast Prevention Technology Transfer Center (PTTC) on the dissemination of training. OASAS and the PTTC are collaborating on an environmental strategies training for New York City prevention providers and funded/unfunded coalitions in Spring 2020.

The partnership between OASAS and DOH has been enhanced by the receipt of federal funding. This partnership has focused on closing the gap between active opioid use and treatment, and between programs that serve individuals who are still using drugs and those that are seeking recovery and removing barriers to recovery.

8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?

The funding provided to New York and other States to address the opioid crisis such as the STR and SOR grants should be made permanent and added to each State's SAPT Block Grant allocation. Rather than providing time-limited grants with restricted use, a permanent increase to the SAPT Block Grant would allow States the flexibility to more



**Office of Addiction
Services and Supports**

ANDREW M. CUOMO
Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.**

Commissioner

effectively address their specific needs, including emerging drug use trends, and to sustain efforts to develop needed prevention, treatment and recovery services.

Sincerely,

A handwritten signature in black ink that reads "Arlene González-Sánchez". The signature is fluid and cursive.

Arlene González-Sánchez
Commissioner

Enclosure

cc:

Greg Walden, Ranking Member

Anna G. Eshoo, Chairwoman, Subcommittee on Health

Michael C. Burgess, M.D., Ranking Member, Subcommittee on Health

Diana DeGette, Chair, Subcommittee on Oversight and Investigations

Brett Guthrie, Ranking Member, Subcommittee on Oversight and Investigations

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Supplemental Tables- Lists of Funded Organizations

Table 1: Recipients of Grants through the New York State Office of Alcoholism and Substance Abuse Services (OASAS)

Recipient	Grant	Encumbered/ expensed	Treatment	Prevention	Recovery
Local Governments					
Clinton County	SOR Grant	\$326,000	X		
County of Wayne DMH	SOR Grant	\$299,704	X		
Dutchess County Dept of Behavioral of Community Health	SOR Grant	\$302,050	X		
New York City Health and Hospitals Corporation	SOR Grant	\$700,000	X		
Schoharie County Mental Health Clinic	SOR Grant	\$207,130	X		
Seneca County	SOR Grant	\$322,200	X		
St. Lawrence County	SOR Grant	\$227,182	X		
Albany County	SOR Supplemental	\$251,050	X		
Clinton County	SOR Supplemental	\$139,635	X		
Seneca County	SOR Supplemental	\$212,147	X		
Cayuga County DBA Cayuga County Community Mental Health Center	STR Grant	\$67,952	X		X
County of Wayne Dept. of Mental Health	STR Grant	\$1,530,713	X		X
Dutchess County Department of Behavioral and Community Health (DBCH)	STR Grant	\$60,522	X		X
Tompkins County Sheriff's Office	STR Grant	\$3,929	X		
Town of Huntington	STR Grant	\$84,536		X	
Tribal Governments					
Seneca Nation	SOR Grant	\$249,999			X
Shinnecock Indian Nation	SOR Grant	\$249,739			X
St. Regis Mohawk	SOR Grant	\$353,988			X
St. Regis Mohawk Tribe Health Services	STR Grant	\$335,359			X
Non-Governmental Organizations					
Lexington Center for Recovery Inc	MAT-PDOA Grant	\$1,420,205	X		
National Center on Addiction and Substance Abuse	MAT-PDOA Grant	\$282,861	X		
PBR Consulting	MAT-PDOA Grant	\$4,500	X		
Robert Meyers, Ph D and Associates	MAT-PDOA Grant	\$23,587	X		
Treatment Innovations	MAT-PDOA Grant	\$9,750	X		
UPMC Chautauqua at WCA	MAT-PDOA Grant	\$1,280,571	X		
VIP Community Services Inc	MAT-PDOA Grant	\$1,055,567	X		
Alcohol & Substance Abuse Council of Jefferson County Inc	PFS Grant	\$531,437		X	
Alcohol and Substance Abuse Prevention Council of Saratoga County, Inc	PFS Grant	\$574,276		X	
Carnevale Associate, LLC	PFS Grant	\$6,525		X	
Catholic Charities Community Services of Orange County	PFS Grant	\$609,740		X	
Catholic Charities of Cortland County	PFS Grant	\$570,044		X	
Chautauqua Alcoholism & Substance Abuse Council Inc	PFS Grant	\$581,966		X	
Community Anti-Drug Coalition of America	PFS Grant	\$1,190		X	
Coordinated Care Services, Inc	PFS Grant	\$57,450		X	
Health Resources in Action, Inc.	PFS Grant	\$5,222		X	
National Council on Alcoholism & Other Drug Dependencies	PFS Grant	\$473,267		X	

Recipient	Grant	Encumbered/ expensed	Treatment	Prevention	Recovery
Pacific Institute for Research & Evaluation	PFS Grant	\$410,735		X	
Partnership for Ontario County Inc	PFS Grant	\$608,988		X	
Research Foundation for the State University of New York	PFS Grant	\$476,044		X	
Staten Island Partnership for Community Wellness	PFS Grant	\$463,348		X	
Youth Environmental Services Inc	PFS Grant	\$622,980		X	
Addiction Center of Broome Co Inc	SOR Grant	\$784,256	X		
Addictions Care Center of Albany Inc.	SOR Grant	\$500,000	X		
Alcohol & Substance Abuse Council of HFM Counties	SOR Grant	\$100,000			X
Alcohol & Substance Abuse Council of Jefferson County Inc	SOR Grant	\$330,000		X	
Alcohol and Substance Abuse Prevention Council of Saratoga County, Inc	SOR Grant	\$200,000			X
Alcoholism & Substance Council of Schenectady County	SOR Grant	\$771,800	X		
Allegany Council on Alc & SA	SOR Grant	\$150,150	X		
Alma Media	SOR Grant	\$120,000		X	
Amsterland	SOR Grant	\$650,000		X	
BestSelf Behavioral Health Inc	SOR Grant	\$180,000	X		
Brain Injury Association of NYS	SOR Grant	\$8,600	X		
Brookhaven Memorial Hospital Medical Center	SOR Grant	\$700,000	X		
Buffalo Beacon Corp	SOR Grant	\$64,560	X		
Care for the Homeless	SOR Grant	\$388,854	X		
Catholic Charities AIDS Services	SOR Grant	\$300,000	X		
Catholic Charities Community Services of Orange & Sullivan Counties	SOR Grant	\$494,920	X		
Catholic Charities of Fulton & Montgomery Counties	SOR Grant	\$165,000		X	
Catholic Charities of Herkimer County	SOR Grant	\$700,000			X
Catholic Charities of the Diocese of Rochester	SOR Grant	\$87,322	X		
Central Nassau Guidance & Counseling Services Inc	SOR Grant	\$300,000	X		
Champlain Valley Family Center for Drug Treatment & Youth Services Inc	SOR Grant	\$762,185			X
Champlain Valley Family Center for Drug Treatment & Youth Services Inc	SOR Grant	\$164,992		X	
Chautauqua Alcoholism & Substance Abuse Council Inc	SOR Grant	\$308,905		X	
Citizen's advocates	SOR Grant	\$150,000	X		
Confidential Help for Alcohol and Drugs Inc	SOR Grant	\$445,000	X		
Conifer Park	SOR Grant	\$57,600	X		
Contact Community Services Inc	SOR Grant	\$494,000		X	
Coordinated Behavioral Care IPA	SOR Grant	\$602,844	X		
Coordinated Care Services (CCSI)	SOR Grant	\$30,000	X		
Cornerstone Family Healthcare	SOR Grant	\$300,000	X		
Council on Addiction Recovery Services	SOR Grant	\$160,650	X		
Council on Alcohol and Substance Abuse of Livingston County(CASA)	SOR Grant	\$980,600	X		
Council on Alcohol and Substance Abuse of Livingston County(CASA)	SOR Grant	\$90,115		X	
Counseling Service of EDNY Inc	SOR Grant	\$150,000	X		

Recipient	Grant	Encumbered/ expensed	Treatment	Prevention	Recovery
Credo Community Center	SOR Grant	\$411,284	X		
East Hill Family Medical Inc	SOR Grant	\$116,298	X		
Exponents	SOR Grant	\$345,726	X		
Exponents	SOR Grant	\$787,500			X
Families Together	SOR Grant	\$50,000			X
Family and Children's Association	SOR Grant	\$374,144	X		
Family and Children's Association	SOR Grant	\$350,000			X
Family Service League Inc	SOR Grant	\$335,000	X		
Finger Lakes Migrant Health Care Project Inc	SOR Grant	\$197,100	X		
FLACRA	SOR Grant	\$946,263	X		
FLACRA	SOR Grant	\$437,500			X
FOR - DO	SOR Grant	\$783,091			X
FOR - NY	SOR Grant	\$578,057			X
Fortune Society Inc	SOR Grant	\$787,500			X
Fortune Society Inc	SOR Grant	\$300,000	X		
GCASA	SOR Grant	\$253,077	X		
GCASA	SOR Grant	\$787,500			X
Glens Falls Hospital	SOR Grant	\$106,106	X		
Helio Health	SOR Grant	\$1,608,108	X		
Helio Health	SOR Grant	\$786,416			X
Hope House	SOR Grant	\$20,000			X
Hope House	SOR Grant	\$301,734	X		
Horizon Health Services Inc	SOR Grant	\$299,973	X		
HRI	SOR Grant	\$8,200,000	X		
Hudson River HealthCare Inc	SOR Grant	\$490,000	X		
Huther Doyle	SOR Grant	\$125,750	X		
Independent Living Inc.	SOR Grant	\$787,500	X		
Joseph P. Addabbo Family Health Center	SOR Grant	\$561,002	X		
La Casa De Salud Inc	SOR Grant	\$393,030	X		
Lexington Center	SOR Grant	\$60,000	X		
Long Island FQHC Inc	SOR Grant	\$201,712	X		
Maryhaven Center of Hope Inc	SOR Grant	\$100,000			X
McDuffee, Melinda	SOR Grant	\$1,408	X		
Mental Health Services of Erie County, South East Corp	SOR Grant	\$98,938			X
Mental Health Services of Erie County, South East Corp	SOR Grant	\$173,374	X		
MHAB Enterprises LLC	SOR Grant	\$452,768			X
National Center on Addiction and SA	SOR Grant	\$1,077,208	X		
Native American Community Services of Erie and Niagara Counties	SOR Grant	\$494,866			X
Northwell Health Inc	SOR Grant	\$626,279	X		
Northwest Buffalo Community Health Care Center Inc	SOR Grant	\$254,125	X		
Oak Orchard Community Health Center Inc	SOR Grant	\$488,400	X		
Oceanside Counseling Center	SOR Grant	\$298,020	X		
Opad Media	SOR Grant	\$4,800,000		X	
Paxis Institute (Staten Island)	SOR Grant	\$144,368		X	
PROMESA Inc	SOR Grant	\$306,978	X		
PROMESA Inc	SOR Grant	\$100,000			X
Reach Medical	SOR Grant	\$699,048	X		
Research Foundation for the State University of New York (Purchase)	SOR Grant	\$198,882			X

Recipient	Grant	Encumbered/ expensed	Treatment	Prevention	Recovery
Research Foundation for the State University of NY (Albany)	SOR Grant	\$240,000			X
Resource Training Center Inc	SOR Grant	\$499,977	X		
Resource Training Center Inc	SOR Grant	\$1,167,445			X
RevCore Recovery Center of Manhattan LLC	SOR Grant	\$138,942	X		
Road Recovery	SOR Grant	\$230,114			X
Rochester Primary Care Network Inc	SOR Grant	\$570,792	X		
Rockland Council on Alcoholism and other Drug Dependence Inc	SOR Grant	\$787,470			X
ROCovery Fitness	SOR Grant	\$499,458			X
Samaritan Daytop Village	SOR Grant	\$675,040	X		
Samaritan Daytop Village	SOR Grant	\$785,773			X
Save the Michaels of the World Inc	SOR Grant	\$679,172			X
Schenectady Family Health Services Inc	SOR Grant	\$679,288	X		
Seaway Valley Council for Alcohol/Substance Abuse Prevention	SOR Grant	\$740,194			X
Second Chance Opportunities Inc	SOR Grant	\$720,706			X
Senior Hope Counseling Inc	SOR Grant	\$93,500	X		
South Nassau Communities Hospital	SOR Grant	\$387,874	X		
St Joseph's Rehabilitation Center	SOR Grant	\$300,000	X		
St. John's Riverside Hospital	SOR Grant	\$131,854	X		
St. Mary's Healthcare	SOR Grant	\$303,252	X		
Staten Island Partnership for Community Wellness	SOR Grant	\$101,642		X	
Strengthening Families Foundation	SOR Grant	\$3,850		X	
Student Assistance Services Corp	SOR Grant	\$159,915		X	
Training Institute for Gender, Relationships, Identity & Sexuality	SOR Grant	\$1,200	X		
Twin County Recovery Services Inc	SOR Grant	\$883,973	X		
United Activities Unlimited Inc	SOR Grant	\$415,611		X	
University Emergency Medical Services, Inc.	SOR Grant	\$287,723	X		
Villa of Hope	SOR Grant	\$159,988			X
VIP Community Services	SOR Grant	\$306,318	X		
Westchester-Ellenville Hospital Inc	SOR Grant	\$400,000	X		
Young Mens Christian Association of Greater New York	SOR Grant	\$297,300	X		
Youth Environmental Services Inc	SOR Grant	\$164,989		X	
Yun Lee, Tina	SOR Grant	\$650	X		
Addiction Center of Broome Co Inc	SOR Supplemental	\$380,259	X		
Addictions Care Center of Albany Inc.	SOR Supplemental	\$388,990	X		
Albany Diocesan School Board	SOR Supplemental	\$165,000		X	
Alcoholism & Drug Abuse Council of Orange County	SOR Supplemental	\$102,500		X	
Amount to be awarded pending RFP	SOR Supplemental	\$6,750,000	X		
BestSelf Behavioral Health Inc	SOR Supplemental	\$851,489	X		
Bowery Residents' Committee Inc	SOR Supplemental	\$200,000	X		
Canton-Potsdam Hospital	SOR Supplemental	\$255,118	X		
Catholic Charities AIDS Services	SOR Supplemental	\$149,588	X		
Catholic Charities Community Services of Orange & Sullivan Counties	SOR Supplemental	\$123,257		X	
Center for Comprehensive Health Practice Inc	SOR Supplemental	\$350,398	X		
Chautauqua Alcoholism & Substance Abuse Council Inc	SOR Supplemental	\$125,000		X	

Recipient	Grant	Encumbered/ expensed	Treatment	Prevention	Recovery
Children's Aid Society	SOR Supplemental	\$100,965		X	
Coordinated Care Services Inc	SOR Supplemental	\$126,352		X	
Council on Alcohol and Substance Abuse of Livingston County(CASA)	SOR Supplemental	\$396,670	X		
DePaul Community Services Inc	SOR Supplemental	\$99,234		X	
D-FI Drug Free Irondequoit Together	SOR Supplemental	\$127,110		X	
Family and Children's Association	SOR Supplemental	\$124,121		X	
Finger Lakes Area Counseling and Recovery Agency	SOR Supplemental	\$250,000	X		
Genesee Council on Alcoholism & Substance Abuse Inc (GCASA)	SOR Supplemental	\$100,000		X	
Helio Health	SOR Supplemental	\$503,245	X		
Lexington Center for Recovery Inc	SOR Supplemental	\$150,000	X		
Lexington Center for Recovery Inc	SOR Supplemental	\$250,000	X		
Mental Health Association of Franklin County	SOR Supplemental	\$249,436	X		
Mental Health Association of Rockland County	SOR Supplemental	\$202,542	X		
Montefiore Nyack Hospital	SOR Supplemental	\$134,644	X		
National Association on Drug Abuse Problems Inc	SOR Supplemental	\$700,309	X		
Network for Human Understanding	SOR Supplemental	\$126,481		X	
NYS ASAP	SOR Supplemental	\$37,510		X	
PAXIS Institute Inc	SOR Supplemental	\$447,775		X	
PROMESA Inc	SOR Supplemental	\$400,000	X		
Riseboro Community Partnership	SOR Supplemental	\$165,000		X	
St Joseph's Hospital, Yonkers	SOR Supplemental	\$47,300	X		
St Joseph's Rehabilitation Center	SOR Supplemental	\$91,559	X		
St. Joseph's Rehabilitation Center	SOR Supplemental	\$253,205	X		
St. Mary's Healthcare	SOR Supplemental	\$235,751	X		
Troy Rehabilitation and Improvement Program Inc	SOR Supplemental	\$125,000		X	
United Health Services Hospitals	SOR Supplemental	\$300,000	X		
Addictions Care Center of Albany Inc.	STR Grant	\$165,293		X	
Alcohol & Substance Abuse Council of Jefferson County, Inc. dba Pivot	STR Grant	\$103,859		X	
Alma Media	STR Grant	\$191,300		X	
Association of Public Broadcasting Stations of New York Inc.	STR Grant	\$100,000		X	
BestSelf Behavioral Health	STR Grant	\$2,426,027	X		X
BIGVISION Foundation	STR Grant	\$11,999			X
Catholic Charities Community Services of Orange and Sullivan	STR Grant	\$1,816,339	X	X	X
Catholic Charities of Fulton and Montgomery Counties	STR Grant	\$161,586		X	
Cayuga Addiction Recovery Services	STR Grant	\$29,389	X		X
Central Nassau Guidance	STR Grant	\$2,055,769	X		X
Chautauqua Alcoholism & Substance Abuse Council	STR Grant	\$191,609		X	
Chestnut Health Services	STR Grant	\$6,240		X	
Community Health Action of Staten Island, Inc.	STR Grant	\$210,000			X
Community Research Initiative on AIDS, Inc.	STR Grant	\$7,600			X
Contact Community Services, Inc.	STR Grant	\$47,347		X	
Corning Community College	STR Grant	\$20,000			X

Recipient	Grant	Encumbered/ expensed	Treatment	Prevention	Recovery
Council for Prevention	STR Grant	\$11,864		X	
Council on Alcohol and Substance Abuse of Livingston County, Inc. d/b/a Trinity of Chemung County	STR Grant	\$1,188,952	X	X	X
Credo Community Center for the Treatment of Addictions, Inc	STR Grant	\$515,852	X		X
Delphi Drug and Alcohol Council	STR Grant	\$1,606,144	X	X	X
Elmcour Youth & Adult Activities, Inc.	STR Grant	\$1,557,017	X	X	X
Exponents Inc.	STR Grant	\$12,000			X
Family Counseling Services of Cortland County, Inc.	STR Grant	\$1,290,000	X	X	X
Family Service League, Inc.	STR Grant	\$1,772,710	X	X	X
Farnham Inc. DBA Farnham Family Services	STR Grant	\$11,418			X
Finger Lakes Area Counseling and Recovery Agency, Inc.	STR Grant	\$2,543,659	X		X
Friends of Recovery Long Island (Long Island Recovery Association - LIRA)	STR Grant	\$12,000			X
Friends of Recovery New York	STR Grant	\$748,780	X		X
Gay Men's Health Crisis, Inc.	STR Grant	\$10,953			X
Genesee Council on Alcoholism and Substance Abuse, Inc.	STR Grant	\$1,027,085	X	X	X
Hazelden Publishing	STR Grant	\$70,955		X	
Health Research, Inc.	STR Grant	\$6,153,421	X	X	
Helio Health	STR Grant	\$3,397,101	X		X
Herkimer County Community College	STR Grant	\$15,085			X
HFM Prevention Council	STR Grant	\$12,000			X
Hispanic Counseling Center, Inc.	STR Grant	\$227,808		X	
Horizon Village Inc. - Delta Village	STR Grant	\$6,350			X
Hudson River Health Care	STR Grant	\$40,000			X
Ibero American Action League, Inc.	STR Grant	\$123,910		X	
Ken Winters, Adolescent Assessment Project	STR Grant	\$6,767		X	
Lexington Center for Recovery	STR Grant	\$192,277	X		
Lexington Center for Recovery, Inc.	STR Grant	\$213,096	X		X
Massachusetts General Hospital	STR Grant	\$250,000			
New Choices Recovery Center	STR Grant	\$1,306,703	X	X	X
New York Therapeutic, Inc.	STR Grant	\$1,528,815	X		X
Onondaga Community College	STR Grant	\$20,000			X
OpAD Media	STR Grant	\$3,268,735		X	
Our Lady of Lourdes Memorial Hospital, Inc.	STR Grant	\$91,251		X	
Overit	STR Grant	\$200,000		X	
PAXIS Institute, Inc.	STR Grant	\$39,954		X	
Prevention Plus Wellness, LLC	STR Grant	\$698		X	
Research Foundation CUNY on Behalf of York College	STR Grant	\$20,000			X
Riseboro Community Partnership	STR Grant	\$186,532		X	
Robert J. Meyers, PhD & Associates	STR Grant	\$11,500	X		
Samaritan Daytop Village	STR Grant	\$11,898			X
Single Parent Resource Center	STR Grant	\$551,960		X	
State University of New York at Albany DBA University at Albany	STR Grant	\$11,880			X
Staten Island Performing Provider System LLC	STR Grant	\$191,286	X		
SUS- Mental Health Programs, Inc.	STR Grant	\$1,548,493	X		X

Recipient	Grant	Encumbered/ expensed	Treatment	Prevention	Recovery
Syracuse Model Neighborhood Facility, Inc.	STR Grant	\$40,801		X	
The Addiction Center of Broome County, Inc.	STR Grant	\$2,595,235	X		X
The Children's Aid Society	STR Grant	\$725,308		X	
The Research Foundation for SUNY on behalf of University at Buffalo	STR Grant	\$512,742	X		
The Resource Training Center dba Christopher's Reason	STR Grant	\$497,696	X		X
The Seven Challenges, LLC	STR Grant	\$28,739	X		
Tompkins Cortland Community College	STR Grant	\$19,997			X
Twin County Recovery Services, Inc.	STR Grant	\$1,337,178	X	X	X
UPMC Chautauqua at WCA DBA UPMC Chautauqua WCA	STR Grant	\$107,001	X		
Verde Technologies	STR Grant	\$2,662		X	
Villa of Hope	STR Grant	\$10,950			X
VIVA PRESS	STR Grant	\$19,237	X		
Vocational Instruction Project Community Services	STR Grant	\$466,023	X		X
YES Community Counseling Center	STR Grant	\$12,000			X

Table 2: Recipients of Grants through the New York State Department of Health (DOH)

TOTAL Opioid Subcontractor Awards 2016-2019	\$7,451,182
First Responders – Comprehensive Addiction and Recovery Act (FR-CARA)	TOTAL
Erie County Department of Health	\$400,000
Local Health Departments (LHD) - Surveillance/Prevention	TOTAL
Broome	\$272,000
Erie	\$200,000
Onondaga	\$247,000
Sullivan	\$247,000
Albany	\$147,000
Chautauqua	\$147,000
Columbia	\$147,000
Delaware	\$147,000
Dutchess	\$147,000
Erie	\$147,000
Genesee	\$147,000
Greene	\$147,000
Monroe	\$147,000
Montgomery	\$147,000
Nassau	\$147,000
Niagara	\$147,000
Oneida	\$147,000
Orange	\$147,000
Oswego	\$147,000
Rensselaer	\$147,000
Rockland	\$147,000
Schenectady	\$147,000
St. Lawrence	\$147,000
Suffolk	\$147,000
Ulster	\$147,000
Westchester	\$147,000

Total LHDs - Surveillance/Prevention	\$4,200,000	
Other Opioid Surveillance/Prevention Subcontracts	TOTAL	
University at Buffalo	\$575,135	Prescriber Education
Harm Reduction Coalition	\$154,514	Prescriber Education
OpAD Media Solutions	\$711,286	Community Awareness Prescriber Education; Coroner and Medical Examiner Training
UAlbany SPH	\$32,769	Training
ICF Macro, Inc.	\$12,000	Community Awareness
NYSACHO	\$73,500	Locality Education and Training
J. Favarro	\$30,000	Locality Education and Training
S. Crowe	\$50,825	Locality Education and Training Coroner and Medical Examiner Training; Data improvement
Documentation Strategies	\$280,000	improvement
R. LaFauci	\$25,000	Community Awareness
NYCDOHMH_PHS	\$283,158	Community Awareness; Data improvement
University Emergency Medical Services, Inc.	\$125,050	Prescriber Education; Linkage to Care Coroner and Medical Examiner Training; Data improvement
ImageTrend	\$82,500	improvement
Erie County Medical Examiner	\$42,600	Enhance Toxicology Testing
Monroe County Medical Examiner	\$63,000	Enhance Toxicology Testing
Nassau County Medical Examiner	\$27,000	Enhance Toxicology Testing
Niagara County Medical Examiner	\$7,000	Enhance Toxicology Testing
Onondaga County Medical Examiner	\$20,000	Enhance Toxicology Testing
Suffolk County Medical Examiner	\$70,000	Enhance Toxicology Testing
Westchester County Medical Examiner	\$18,000	Enhance Toxicology Testing
NMS Laboratories	\$110,795	Enhance Toxicology Testing
A. Norton	\$46,000	Peer-to-Peer Learning Collaborative
TBD - Training CMEs	\$11,050	Coroner and Medical Examiner Training
Total Other Opioid Surveillance/Prevention Subcontracts	\$2,851,182	