



Office of Addiction Services and Supports

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Commissioner

April 5, 2021

Tom Coderre, Acting Assistant Secretary
United States Department of Health & Human Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Mr. Coderre,

Thank you for the opportunity to submit our plan for use of supplemental Substance Abuse Prevention and Treatment (SAPT) Block Grant funds awarded pursuant to the Coronavirus Response and Relief Supplemental Appropriation Act, 2021 [P.L.116-220].

The New York State (NYS) Office of Addiction Services and Supports (OASAS) has worked closely with the State prevention, treatment and recovery providers throughout the pandemic. OASAS adjusted its regulations to ensure continuous access to services throughout the State, expanding telehealth and virtual options for people to stay connected to treatment, prevention and recovery services and working with providers to make immediate changes to service delivery necessary to keep people safe and maintain services. Together we worked to identify sources for Personal Protective Equipment (PPE), cleaning supplies, physical barriers to promote safer spaces for essential in-person services and worked with the Institute for Trauma and Trauma-Informed Care to provide webinars for administrative, clinical and peer staff to share experiences. The pandemic and resulting public health measures have had a significant impact on New Yorkers, the addictions workforce and individuals who have or who are vulnerable to addiction and their family members.

As a result of school closures and shift to remote learning, prevention service providers who had predominantly delivered Evidence-Based Prevention Services (EBPS) in school settings had to pivot the delivery of services to a virtual platform. The pandemic also impacted families and individuals across the lifespan in ways that were new and different. Providers had to expand the range of prevention services and build capacity to address the needs of the whole community. To address these challenges, OASAS amended prevention guidelines to include services across the lifespan to address increased needs of adults and families.

The COVID-19 pandemic and its associated effects have led to elevated levels of harmful substance use. One consequence of the COVID-19 pandemic has been an increase in alcohol use and related health consequences. A 2020 study funded by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) found overall increases in alcohol consumption among

adults, including a 41% increase in heavy drinking among women.¹ A Centers for Disease Control (CDC) study from August 2020 found “approximately one in 10 [people surveyed] reported that they started or increased substance use because of COVID-19.”² In addition, nationally, some hospital systems have noted increases in admissions for alcohol-related liver disease during the pandemic ranging from 30% to 50% higher than previous years.³

Another deadly consequence of the COVID-19 pandemic has been a rapid and substantial rise in drug overdoses and overdose deaths. The isolation caused by the pandemic can increase unstructured time as well as feelings of loneliness, depression and anxiety that may trigger drug use. Furthermore, “isolation also makes it less likely that a bystander would be present to call emergency medical services or administer the opioid overdose antidote naloxone.”⁴

The CDC reports that drug overdose deaths during the COVID-19 pandemic represent “a worsening of the drug overdose epidemic in the United States. After declining 4.1% from 2017 to 2018, the number of overdose deaths increased 18.2% from the 12-months ending in June 2019 to the 12-months ending in May 2020”.⁵ The CDC further notes that the increase in deaths is primarily driven by synthetic opioids, particularly illicitly manufactured fentanyl.

Consistent with national trends, after two years of decline, NYS has started to see an increase in overdose deaths likely exacerbated by the COVID-19 pandemic. According to CDC data⁶, there were 4,415 drug overdose deaths in NYS from September 2019 to August 2020. The total for this time period was 24% higher than the September 2018 to August 2019 period and the highest for any 12-month September-August period. Of the drug overdose death during this time period, 85% involved an opioid, of which 86% involved a synthetic opioid, such as fentanyl. Furthermore, the New York Division of the United States Drug Enforcement Administration (DEA) reported that during Fiscal Year 2020 there was “a 214% increase in methamphetamine and 59% rise in fentanyl seized in New York, in comparison to 2019.”⁷

A study⁸ of residential substance use disorder (SUD) treatment facilities published in the *Journal of Substance Abuse Treatment* found that “COVID-19 threatened program survival, workforce retention, and client outcomes.” In addition, the study noted “increased physical and

¹ Pollard MS, Tucker JS, Green HD. Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. *JAMA Netw Open*. 2020;3(9):e2022942. doi:10.1001/jamanetworkopen.2020.22942

² Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: [http://dx.doi.org/10.15585/mmwr.mm6932a1external icon](http://dx.doi.org/10.15585/mmwr.mm6932a1external%20icon)

³ Knopf, A. (2021), Pandemic linked to rise in alcoholic hepatitis and liver failure. *Alcoholism & Drug Abuse Weekly*, 33: 7-7. <https://doi.org/10.1002/adaw.32988>

⁴ Justin K. Niles, Jeffrey Gudin, Jeff Radcliff, and Harvey W. Kaufman. *Population Health Management*. Feb 2021.S-43-S-51.<http://doi.org/10.1089/pop.2020.0230>

⁵ <https://emergency.cdc.gov/han/2020/han00438.asp>

⁶ Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. *National Center for Health Statistics*. 2021.

⁷ <https://www.dea.gov/press-releases/2021/01/26/dea-warns-methamphetamine-and-fentanyl-drug-market-built-aftermath-covid>

⁸ Pagano A, Hosakote S, Kapiteni K, Straus ER, Wong J, Guldish JR. Impacts of COVID-19 on residential treatment programs for substance use disorder. *J Subst Abuse Treat*. 2021 Apr;123:108255. doi: 10.1016/j.jsat.2020.108255. Epub 2020 Dec 17. PMID: 33375986; PMCID: PMC7953585.

emotional fatigue” among the workforce. The causes of this increased fatigue included working longer hours to compensate for staff that had to quarantine due to COVID-19-like symptoms and anxiety about contracting COVID-19 from their work.

OASAS approached our supplemental SAPT block grant submission with a robust collaborative process. To ensure that stakeholders had opportunities to identify critical needs for the systems of care and the populations served, we met with local government representatives, advocacy groups, and staff from prevention, treatment and recovery services to hear their needs and recommendations for use of the funding. We also gathered additional ideas through surveys intended to allow stakeholders to prioritize their needs among the many challenges they faced during the pandemic. Throughout this process, stakeholders identified the impact of COVID-19 on the SUD workforce. The pandemic brought focus to the need for infrastructure to support telehealth and virtual services, and the need for infrastructure investments to allow for agile responses to crises. It also highlighted the limitations of residential services and the need to better reach vulnerable populations due to increases in overdose deaths among opioid users that has expanded to people who use stimulants and other drugs. Further, we recognize a need to respond to the increases in overall drug and alcohol use in the population with fresh prevention strategies, compassionate recovery services, and person and family-centered, trauma-informed, evidence-based care.

NYS proposes to use the supplemental SAPT grant funds to fill the gaps identified by providers that were highlighted and exacerbated by the health crisis. The following are the proposed categories of funding and overall goals.

Stabilization Fund

As noted above, the pandemic caused significant fiscal stresses on the system of care. Providers who have already been stretched had increased costs. New and rising expenses were necessary to protect service recipients including PPE, cleaning supplies, telehealth and virtual meeting equipment, infection control measures and expertise.

In response to COVID-19, residential and outpatient providers enhanced facilities to ensure the safety and well-being of the individuals in treatment. Improvements have been made to heating, ventilation, and air conditioning (HVAC) systems to provide some measure of protection, but this effort needs to be expanded throughout our system of care.

During the pandemic many people were unable to pay their rent due to reduced work hours or unemployment. This had a direct impact on OASAS’ Supportive Housing providers which, had to cover the tenants’ portion of the rental subsidies.

To ensure that the provider network remains viable and operational, OASAS proposes to set aside funding to support unmet fiscal needs as demonstrated in provider fiscal reporting documents.

OASAS will make stabilization payments beginning July 1, 2021 through June 30, 2022 and may extend the availability through March 14, 2023 if the public health emergency continues. OASAS intends to allocate up to \$20,000,000 for this purpose. Eligibility will be

based on need as demonstrated through fiscal reporting documents and application criteria. Providers will be required to submit a written request on an application.

Workforce

As described above, OASAS met with several groups of providers and advocacy groups. In every group workforce was listed as the highest priority. While there is a need for ongoing funding to increase salaries to better attract and retain quality staff, the current grant should invest in incentives for staff such as hiring payments and/or retention incentives. There were many ideas for these incentives provided by the groups. OASAS will consider strategies within the constraints of the grant including but not limited to loan repayment, scholarships, and other incentives.

Workforce training was also a consistent request throughout the conversations and included training and quality improvement strategies for programs. OASAS would like to pursue a statewide approach that includes a variety of academic and technical assistance agencies that would work together with stakeholders from prevention, treatment and recovery providers to implement training in evidence-based care, quality improvement, peer work and peer career ladders. Recovery providers expressed specific interest in training for peers including cross-training for mental health and supervision that addressed the peer role and respects the peer profession.

Services for Incarcerated Individuals

NYS jail populations have increased during the COVID-19 crisis as courts have delayed conducting hearings and trials. Many of the incarcerated individuals have SUD issues covering a wide spectrum of substances. They need screening, assessment, clinical services and referrals for post-release care and prevention services. Funding would be used for prevention, clinical and peer services to be available for both the jail population as well as services for those who are diverted from jail.

People who have been incarcerated have an increased likelihood to die by overdose in the first two weeks after their release than the general public.⁹ Access to evidence-based medications among justice-involved individuals with opioid use disorder (OUD) have been implemented successfully in a large number of NYS jails and recently we have created a mechanism for opioid treatment program (OTP) patients in prison to have continued access to their medication. Funding may be used to provide the services identified to individuals in local jails.

OASAS will also consider future work with collaborations between community-based providers and the NYS Department of Corrections and Community Supervision to provide treatment and prevention services to those in need and those who are nearing release.

Crisis

⁹ <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons>

The NYS Office of Mental Health (OMH) and OASAS are working together on better responding to mental health and SUD crises. NYS currently has three operating crisis programs that have 24/7 in-person triage, stabilization and referral services, including the ability to accept direct police drop-off. These facilities assess and triage SUD crisis; initiate medications for OUD and alcohol use disorder (AUD); and connect to the level of care that is most appropriate. They include peers at the crisis site as well as in mobile units. OASAS is interested in expanding this capacity across the State.

OMH is responsible for implementing a 988 hotline by July of 2022. OASAS supports this effort to also appropriately respond to callers who are experiencing a substance use emergency in order to triage, assess and respond with appropriate resources including assessing current intoxication, risk and withdrawal potential to ensure the individual is referred to the appropriate level of care for the presenting problem. OASAS will work with OMH to develop a system that is responsive to the needs of all individuals experiencing a mental health and/or substance use crisis.

The SAMHSA toolkit states that crisis services must be designed to serve everyone, anywhere, and anytime. They must be customized to meet the needs of the communities, including their healthcare and criminal justice systems. A key outcome must be a decrease in emergency department visits and reduced demands on the justice system. This is true of NYS's plan for crisis services.

OASAS intends to use some of the funds to support and enhance the existing crisis centers and establish new ones. OASAS and OMH are in the process of developing a state plan amendment to cover crisis services as a state plan benefit. Further, NYS has passed legislation requiring commercial insurers to cover crisis stabilization services. This will foster sustainability of these crisis initiatives.

Outreach and Connections to Care

Providers across the continuum of care as well as local government and other stakeholders recognize gaps in the current system to respond effectively through the pandemic and the ongoing opioid overdose crisis. Service providers recognize the need for better connections during transitions of care and outreach to people who use substances to prevent overdose, provide harm reduction services and provide a bridge to compassionate care.

Access to Medication-Assisted Treatment (MAT) for AUD as part of homeless outreach could not only address alcohol consumption but evidence from epidemiologic literature suggests that reducing alcohol consumption would likely improve health outcomes, thereby demonstrating long-term cost savings¹⁰. Ensuring that street outreach and access to MAT involves shared decision-making is critical to the vision of NYS.

Resources such as the *Decisions in Recovery: Treatment for Opioid Use Disorder Handbook* will be used to inform the work of NYS with individuals who are homeless, so that they are active participants when making decisions about their future health and SUD care¹¹. By

¹⁰ <https://effectivehealthcare.ahrq.gov/products/alcohol-misuse-drug-therapy/clinician>

¹¹ <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4993.pdf>

building on the existing collaboration between the homeless shelter system and the SUD provider system to bring services into the shelter setting, OASAS can increase access to care by expanding this work and collaborating with housing programs to maintain a connection to care as part of housing transitions.

OASAS will collaborate with the NYS Office of Temporary and Disability Assistance to develop strategies to engage this population. OASAS will consider collaboration with OMH to ensure those with mental health or co-occurring needs are also served.

Transportation

Another common theme from the provider and stakeholder meetings was transportation. This was consistent for people who live in rural, suburban and metropolitan parts of the State. The type of transportation challenges differ from place to place but providers agreed that transportation was a significant barrier to accessing not only treatment but other services including employment, recovery supports and social services that support initiating and sustaining recovery over time. There were many potential approaches to solving transportation issues and given the different barriers, regional, and even community-level solutions are likely needed.

Further, significant Medicaid transportation cost savings can be realized with the onboarding of OTP medication units and OTP mobile medication units (upon DEA-approval). OASAS' proposed targeted response to gaps in OTP services statewide, particularly in rural regions of NYS will help patients be better served within their own communities, reducing patient travel across counties and reliance on Medicaid transportation resources.

OASAS proposes to support pilot transportation projects across the State to determine if increased transportation access leads to better outcomes and whether mobile medication units for OTP patients increase access and adherence.

Information Technology Infrastructure

Prevention, treatment, and recovery providers have been left out of many of the initiatives to improve electronic health records (EHR), tools to analyze data and communications technology over the past decades. Providers report that while they were able to transition to telehealth to maintain services throughout the pandemic, the crisis highlighted longstanding technological lags in the SUD field. Providers report a need for investments in hardware and software solutions for programs, as well as for people who use telehealth services to access SUD treatment. Many of these individuals struggled to stay connected to services due to lack of phones, computer access, tablets and the connectivity that supports them. OASAS will use funds to support continued access to telehealth, including the purchase of equipment (e.g., phones, tablets) and connectivity to solidify providers ability to continue these services.

The State and providers are in need of a technology upgrade in data collection and reporting tools to improve the ability to measure outcomes, collect data relevant to evolving practices and improve service delivery based on real-time information. Implementing a versatile web-based platform that can interface with EHR systems throughout the provider system will

improve the immediacy and accuracy of data and enhance analysis and reporting to allow better evaluation of program service delivery and impact.

During the pandemic, State agencies had to collect information on and assess program needs in an efficient and timely manner in order to deploy resources, like PPE, in settings where in person contact could not be restricted. Much time and energy went into collecting information from, and coordinating the needs of, the provider system using time and resource intensive means that included telephonic outreach and information management using basic tools like spreadsheets. With a robust data collection survey system that could be used for annual surveys as well as ad hoc requests for information, the agency can be more efficient and responsive especially in crisis. Improved technology at the State and provider level will improve service delivery, reporting and overall outcomes across prevention, treatment and recovery. These enhancements are also necessary to make SUD providers viable in a data-oriented, competitive, and value-based environment.

Residential and Targeted Housing

Housing and residential options are essential to support long-term recovery support. As stated previously, both housing and residential providers have been especially stressed during the pandemic. OASAS plans to work with residential and housing providers to support long-term structural changes to strengthen the system for long-term success of these vital services.

OASAS proposes to use \$500,000 to provide security deposit and first month's rent to individuals in need of housing or one month's rent to individuals that were served an eviction notice due to lack of payment. The methodology for determining rental and security deposit payments will be based on the Fair Market Rent of the applicant's locality. The eligibility criteria will be based on documentation that the applicant is homeless or at risk of being homeless and the applicant can show that they have sufficient income to pay the rent going forward. OASAS Supportive Housing providers will be responsible for determining eligibility and initiating payment.

Public Awareness and Media

To address the public awareness and education regarding the risks and available services for substance use disorders involving alcohol, cannabis, opioid, stimulants, and other substances, OASAS will engage in a campaign utilizing message development and media buys. Both traditional media and social media buys will be used to reach a broad range of individuals across the lifespan. Public awareness efforts will promote treatment, recovery, and environmental prevention strategies.

Screening, Brief Intervention, Referral to Treatment (SBIRT)

The pandemic highlighted health disparities in our country and State. OASAS is interested in bringing SBIRT services into the community to provide early intervention targeting hard to reach populations such as youth, racial and ethnic minorities, and rural communities. OASAS would like to explore a partnership with the NYS Department of Health to pilot SBIRT services in School-Based Health Centers which are far-reaching and located in both urban and

rural communities. They provide a unique opportunity to meet youth where they receive primary care services.

Recovery Services

Over the last several years, OASAS has expanded recovery services to include recovery community centers, youth clubhouses, expansion of certified recovery peer advocates, recovery transportation and targeted recovery initiatives. Providing services to support individuals in short- and long-term recovery is critical to ensuring a cohesive and successful system of care.

OASAS will continue to strengthen the existing recovery services providers in workforce, infrastructure, and other costs related to maintaining and expand recovery services in our system.

Prevention Services

Supporting Evidence-Based Practice (EBP)

Throughout the State, there were school shutdowns because of COVID-19. Prevention providers had to pivot from in-person EBP implementation to provision of prevention services virtually or in alternate safe locations. Providers who had predominantly delivered EBPs in school settings were no longer able to access youth because of the shift to remote learning. The providers thus needed to expand their repertoire of evidence-based programming to continue offering prevention services during a time of crisis when prevention is most needed. Since the epidemic began, EBP developers have begun releasing new versions of their programs to be implemented online or in alternate locations. OASAS proposes using funding to purchase training, licensing and manuals to assist providers in addressing mental, emotional and behavioral needs and increase social-emotional learning for students. The funding will support providers in following fidelity as guided by the developer and to continue to provide high quality evidence-based programs.

During the pandemic, the increased use of alcohol, cannabis, opioids and other substances impacted not only youth, but families and individuals across the lifespan. As a result, providers need to look outside their youth-based services and build the capacity to address the prevention needs of young adults, individuals, families, and communities. They also realized the increased necessity to reach out to individuals and communities at highest risk and disproportionately impacted by the pandemic. This requires the addition of selective and indicated prevention EBPs with specialized populations that are tailored and designed to reach these communities. OASAS proposes using funding to purchase training, licensing and manuals to assist providers in addressing emerging needs populations due to increased substance use and trauma caused by the pandemic.

Community-Based Prevention: Environmental Prevention Strategies

During the COVID-19 pandemic, New York coalitions delivered simple evidence-based prevention solutions to address increased use of alcohol, cannabis, opioids and other substances in communities. These strategies included drive-through drug take-back days, distributing drug destruction kits, and working with alcohol retailers to reduce delivery to minors. Coalitions made quick use of virtual platforms to connect communities to coalition meetings and ancillary

supports. Providers advocated for increased funding for evidenced-based Environmental Prevention Strategies and community coalitions to link prevention resources at the local level and expand prevention's reach to vulnerable populations.

Young Adult Survey

Our provider system noted a significant gap in risk and protective factor data among 18-25 year olds and requested increased funding for evaluation and assessment data. Developing successful strategies to prevent alcohol, cannabis, opioids, and other substance use within this age group requires current and valid data focused on factors such as perceived risk of harm, peer approval, and perceived availability. To address this data gap, OASAS proposes to conduct a Youth Adult Survey (YAS) among residents ages 18-25 to identify the risk and protective factors that are driving excessive alcohol, cannabis, opioid and other substance use in this age group. Having this baseline data is important as we develop prevention strategies to address increased substance use during the pandemic and young adult use with the recent legalization of adult-use cannabis in NYS. The YAS allows for comparison across age groups and trend analyses for future planning.

Needs Assessment and Evaluation

OASAS prevention providers follow the Strategic Prevention Framework (SPF), which requires a comprehensive needs assessment and evaluation. Providers are concerned about the effects from the COVID-19 pandemic; the legalization of adult use cannabis and the opioid crisis; and the need to access and examine local data to accurately identify the emerging prevention needs. OASAS proposes hiring consultants to provide specialized technical assistance and training to be able to assist providers in conducting accurate and high-quality needs assessment and evaluation to ensure that the providers are adequately identifying emerging local issues, which may have changed or been expounded by the pandemic.

Cross-System Collaboration for Prevention Services

Supplemental funding will support cross-system collaboration across the continuum of addiction prevention, treatment and recovery services. OASAS will also expand the provision of prevention services to youth and families involved in the child welfare, homeless housing and criminal justice system through the provision of EBPs.

Funding will be used to support collaborations with NYS Education Department (SED) and the State University of New York (SUNY). OASAS and SED have a long-standing collaboration with the goal of building school and community infrastructures to support the implementation of social-emotional learning EBPs in school settings. Funds will extend the work as youth will be returning to schools in-person in the fall after a year of virtual learning and disruption, and thus will be needing extra social-emotional support for healthy transition. Social-emotional skills are protective factors that can prevent subsequent substance misuse.

OASAS and SUNY have collaborated on the development of strategies to address substance use by college students attending the 64 campuses of the public education system. As students return to full time in-person study, supports and strategies are needed to continue support of prevention of substance use.

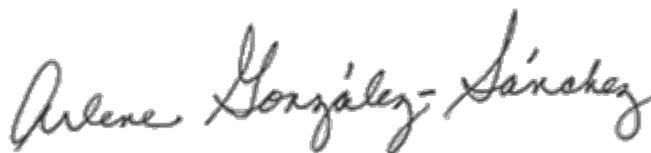
Waiver Requests

To implement the plan as outlined, OASAS intends to request waivers for the following:

- 42 CFR §300x-31(a)(1)(C) prohibits the use of grant funds for improving buildings and land. To address structural improvement necessitated by COVID (HVAC, isolation space) and other improvements to space caused by wear and tear, OASAS will request a waiver.
- 42 CFR §300x-31(a)(1)(E) prohibits States from providing financial assistance to any entity other than a public or nonprofit private entity. OASAS may need to contract for services to benefit our not-for profit prevention, treatment and recovery providers that cannot be performed by non-profit entities. An example of this would be that some of the proposed workforce trainings are proprietary and can only be provided by a for-profit organization.
- 42 CFR §300x-31(a)(3) prohibits the use of grants funds for the purpose of providing treatment services in penal or correctional institutions. To address the service needs for incarcerated individuals, OASAS will request a waiver.
- OASAS will request any waivers necessary to implement the workforce strategies outlined above.

If you have any questions, please contact Matt Kawola by phone (518) 457-6129 or email Matt.Kawola@oasas.ny.gov.

Sincerely,



Arlene González-Sánchez

Commissioner

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