



July 2, 2021

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United States Department of Health & Human  
Services  
Substance Abuse and Mental Health Services  
Administration  
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Dear Dr. Delphin-Rittmon,

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 American Rescue Plan Act of 2021 [P.L.117-2] (ARPA).

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. 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.

OASAS supports prevention services that are data driven, evidence based, equitable, and culturally responsive. Using the strategic prevention framework as our guide, the agency will look to address the need for prevention services by identifying the: level of the Institute of Medicine (IOM) Continuum of Care Model; selected strategies or programming; and social ecological setting targeted. This will help situate the prevention service as part of a comprehensive prevention approach to reach underserved communities and address prevention health disparities. To support this approach, OASAS amended prevention guidelines to include services across the lifespan to address increased needs of adults, families, and communities.

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.<sup>1</sup> A Centers for Disease Control

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<sup>1</sup> 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

(CDC) study from August 2020 found “approximately one in 10 [people surveyed] reported that they started or increased substance use because of COVID-19.”<sup>2</sup> 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.<sup>3</sup> OASAS will support the use of environmental prevention strategies, community coalitions and public education efforts to address the increased misuse of alcohol and underage alcohol use.

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.”<sup>4</sup>

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”.<sup>5</sup> The CDC further notes that the increase in deaths is primarily driven by synthetic opioids, particularly illicitly manufactured fentanyl and its analogues.

Consistent with national trends, after two years of decline, NYS has started to see a sharp increase in overdose deaths likely exacerbated by the COVID-19 pandemic. According to CDC data<sup>6</sup>, there were 4,850 drug overdose deaths in NYS from December 2019 to November 2020. The total for this time period was 34% higher than the December 2018 to November 2019 period and the highest for any 12-month December-November period. Of the drug overdose death during this time period, 86% involved an opioid, of which 88% 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.”<sup>7</sup>

OASAS has increased the use of FDA-approved medications to treat opioid use disorder (OUD) through the State Opioid Response grants to include the availability of medication-assisted treatment (MAT) in NYS correctional facilities and county jails. The State also increased access to MAT in partnering treatment providers, Federally Qualified Health Centers (FQHC), and hospital emergency departments to induct, prescribe, and treat individuals with OUD with facilities coordinating services. From 2016 – 2019 the percentage of NYS Medicaid

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<sup>2</sup> 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>

<sup>3</sup> 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>

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

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

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

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

recipients diagnosed with OUD who completed MAT initiation (within 30 days of diagnosis) increased from 34.7% to 51% respectfully. OASAS proposes to expand on all of this work through the ARPA.

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 substance use disorder (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.

### **Continuum of Care – Building Back Better**

The pandemic has destabilized the addiction field in ways that will reverberate for many years. It has also caused disruptions in the way we deliver care that may have long lasting negative impacts. As we move out of the constraints and challenges cause by COVID-19 and we strive to build back better, look forward to building back better, the field will require investments in infrastructure including support of an increased peer and clinical workforce that is more mobile, and has the ability to provide more care through telehealth. This will also bring new costs to build better, more flexible electronic health records that are better able to be interoperable, equipment for telehealth, and workforce and training investments.

The residential system of care will need to rebuild with better infection control for continued COVID -19 recurrence and for seasonal flus and other transmissible disease. This may require adjustments to new business models with lower overall census, shorter, more flexible lengths of stay, and greater community supports. It will also include developing better integration between first responders, emergency departments, harm reduction programs, homeless shelters, and street outreach teams. OASAS has invested in developing outreach capability that can provide the individual peer and clinical in-person connections at times of vulnerability and crisis that create a bridge to longer term engagement. These approaches have business models that are not supported by current fee-for-service billing and the State will use the opportunity afforded by this investment to identify the real costs, return on investment, and the best long-term payment models.

As the system of care readjusts, we will need to take lessons learned through collaboration needed to address the crisis into addressing the new challenges including the changing overdose crisis. New York has reached 20,833 individuals with naloxone and other harm reduction and overdose prevention strategies. As more people who use stimulants are exposed to fentanyl, overdose rates are rising as referenced earlier in the letter. OASAS needs to work with local systems of care to ensure that we are reaching populations that have become vulnerable and may not be aware of the risks.

New York proposes using the funds to strengthen providers and systems of care to meet the challenges ahead by modernizing the continuum of care. A more modern system of care includes treatment and nontreatment interventions that offer housing, employment, food, health care, and access to low threshold as well as individualized treatment options. The system of care is adjusting to new public health and health equity demands. OASAS has developed loosely organized provider networks into well-integrated independent practice associations that have made progress in clinical integration, information technology solutions to real time communication and data analysis. They have proven that they can work together to achieve better access, improved equity, and better health outcomes at community and neighborhood levels. These networks need investments in workforce to continue to meet the demands of the dual pandemic and opioid crises. Many have implemented digital recovery supports and need funding to continue to expand access to these promising solutions.

In order to address disparities, providers and local systems of care need data on how the system is currently performing with regards to BIPOC and other populations, including LGBTQ. OASAS is working with a group of providers to identify how providers can access this information and utilize it to measure the impact of adjustments made. Providers need investments in data tracking, analytics, electronic health records, recruitment, and training in cultural humility to address the injustices within the system of care.

## **Workforce**

OASAS will continue to invest in workforce supports and training initiatives for our treatment, prevention, and recovery provider network. This includes strategies to continue to address the shortage of staff to fill current vacancies and the inability to expand services due to a lack of available addiction professionals. It also includes approaches to retain existing workforce that is experience burnout and being recruited for higher paying jobs in a less stressful work environment. OASAS proposes using ARPA funds to increase awareness of addiction careers for middle, high school, and college students; to utilize scholarships for degree, credential, or licensure attainment for staff without such designations, as a means to increase promotional opportunities and expand career ladders; and to continue strategies including but not limited to, additional medical, counseling and peer scholarships, and other hiring and retention incentives.

Workforce training was also a consistent request throughout the conversations and included training and quality improvement strategies for programs. OASAS proposes continuation of funding for 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 strategies, including but not limited to: trauma-informed care including adverse childhood experiences,

interdisciplinary team approaches, integrated care, health equity, quality improvement, peer work, and peer career ladders. Such training would emphasize and specifically integrate effective strategies to address underserved and marginalized populations. Recovery stakeholders also highlighted the need for cross-training of addiction, mental health, and HIV peers and strengthening the supervisory role. This funding will be used to further the Peer Collaboration effort between OASAS, the NYS Office of Mental Health (OMH), the NYS Department of Health, and their respective certification entities.

## **Crisis**

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 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 savings.<sup>8</sup> Ensuring that street outreach and access to MAT involves shared decision-making is critical to NYS' vision. Resources such as the *Decisions in Recovery: Treatment for Opioid Use Disorder Handbook* will be used to inform the work with individuals who are homeless, so that they are active participants when making decisions about their future health and SUD care.<sup>9</sup> By 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 and maintaining connections 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 differs from place to place yet 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 opioid treatment program (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**

With a significant investment in provider system technology through the first SAPT Supplemental award, OASAS proposes to utilize the ARPA funds to upgrade the State agency technology that supports data collection and Federal reporting. System upgrades will improve the State's 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 electronic health record (EHR) systems throughout the provider system will improve the immediacy and accuracy of data and enhance analysis and reporting to allow

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<sup>8</sup> <https://effectivehealthcare.ahrq.gov/products/alcohol-misuse-drug-therapy/clinician>

<sup>9</sup> <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4993.pdf>

better evaluation of program service delivery and impact. OASAS will consult standards as set forth by the Office of the National Interoperability Standards Advisory as applicable to the work proposed.

### **Transitional Housing**

Housing and residential options are essential to support long-term recovery support. 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' Housing Bureau is seeking to provide our current housing providers with rental subsidies for 1-3 apartment units, to be used as transitional housing.

### **Public Awareness and Media**

To address the public awareness and education regarding the risks and available services for SUD 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.

To expand the dissemination of prevention education, information, and resource materials a New York Prevention Social Media Platform will be developed. The social media platform options include the development of a mobile app and/or text messaging system. Either platform will be a vehicle for providing current information regarding prevention to youth, families, educators, and the community. This will allow for information to be readily available and include messaging tailored to NYS residents using data to highlight specific issues. Either platform will also provide needed analytics data to better target messaging.

### **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 will support a community health model that will build partnerships among Federally Qualified Health Centers, prevention, treatment, and recovery providers. The effort will look to increase the use of brief interventions to address misuse of alcohol and other substance. The model will support SBIRT services in underserved communities (e.g., community schools; rural health centers; public housing)

### **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.

Recovery services encircle the continuum from peer services in community settings, to outreach and engagement at various programs, to long term social connections and recovery support over the lifetime.

Recovery services provide the backbone to filling gaps in the current system of care. Prior to the pandemic we were in the process of building a skilled and dedicated workforce. The success of many of the efforts outlined in the document will rely on the recovery workforce to accomplish these goals.

## **Prevention Services**

### Supporting Evidence-Based Practice (EBP)

OASAS will continue efforts to train and support providers in the delivery of evidence-based programs that address mental, emotional, and behavioral health (MEB) for youth, families, and communities across the lifespan and increase social-emotional learning for students. This funding will purchase training, licensing, and manuals to support providers in following fidelity as guided by the developer and continuing 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. There is an 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 will continue fund the purchase of 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 and Coalition Development

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 access to minors. Funding will support coalitions and funded prevention providers to increase 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.

To address gaps in equity, OASAS will fund diverse coalitions to engage vulnerable and isolated communities who are connected by cultural identity. Funded coalitions will use the Strategic Prevention Framework to develop culturally appropriate and tailored prevention for underserved communities such as veterans, LGBTQ youth, Latinix, people over the age of 50 years, rural populations, or migrant communities.

### State Epidemiology Outcomes Workgroup



OASAS proposes the use of funding to support the State Epidemiology Outcomes Workgroup (SEOW). A data driven approach is a critical component in development of strategies to address SUD prevention across the lifespan. Funding would be used to support and assist building the data infrastructure; develop state- and community-level epidemiological profiles that focus on assessment to support future prevention planning; develop products and strategies for effective data dissemination (i.e., a data dissemination plan); begin to address data gaps and other data system challenges related to describing, interpreting, and applying epidemiological data findings to enhance decisions about enhancing prevention infrastructure and practice; and integrate their efforts with state prevention systems.

### 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. Funding will also support youth and families touched by the child welfare, juvenile justice, homeless and criminal justice systems. Funding will be used to support cross system efforts to deliver EBPs to underserved and disparate populations. 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 to support the prevention of substance use.

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

Sincerely,



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