NEW YORK STATE | Office of Addiction Services and Supports

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Opioid Settlement Fund Advisory Board Requested Information

10.08.2025

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Top 10 Entities Receiving OSF

Provider Name	Sum of Total Amount
Helio Health, Inc.	**$7,688,913**
Addiction Professionals Scholarship Program - Internship	$9,810
Addiction Professionals Scholarship Program - Scholarship	$1,046,103
Comprehensive Integrated Outpatient Treatment Programs Round 2	$1,520,000
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Medication for Opioid Use Disorder in Jails - methadone	$418,000
Non-Medical Transportation	$1,620,000
Outreach and Engagement Services - Clinic Model	$150,000
Recovery Community and Outreach Centers	$1,425,000
University Emergency Med Srvcs, Inc.	**$6,997,020**
Fentanyl and Xylazine Test Strips	$6,997,020
Finger Lakes Area Counseling/Recovery	**$6,411,580**
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Medication for Opioid Use Disorder in Jails - methadone	$407,000
Non-Medical Transportation	$1,620,000
Recovery Community and Outreach Centers	$1,175,000
Transitional Safety Units	$1,709,580
Empire State University	**$5,221,425**
Addiction Professionals Scholarship Program - Scholarship	$5,221,425
CASA-Trinity, Inc.	**$4,831,888**
Community Prevention and Intervention Project	$199,440
Comprehensive Integrated Outpatient Treatment Programs Round 1	$615,224
Comprehensive Integrated Outpatient Treatment Programs Round 2	$615,224
Connections to Care	$600,000
Medication for Opioid Use Disorder in Jails - methadone	$836,000
Non-Medical Transportation	$1,620,000
Paid Prevention Internship Opportunity	$46,000
Wellness Initiative for Senior Education	$300,000
BestSelf Behavioral Health, Inc.	**$4,566,934**
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Connections to Care	$600,000
Medication for Opioid Use Disorder in Jails - methadone	$418,000
Recovery Community and Outreach Centers	$893,390
Transitional Safety Units	$1,155,544
THRIVE Wellness and Recovery, Inc.	**$4,181,204**
Comprehensive Integrated Outpatient Treatment Programs Round 1	$240,106
Comprehensive Low-Threshold Buprenorphine Services	$1,171,686
Medication for Opioid Use Disorder in Jails - methadone	$418,000
Transitional Safety Units	$2,351,412
Samaritan Daytop Village, Inc.	**$4,127,479**
Addiction Professionals Scholarship Program - Internship	$124,979
Addiction Professionals Scholarship Program - Scholarship	$990,000
Comprehensive Integrated Outpatient Treatment Programs Round 1	$660,000
In-Community Clinic Services	$600,000

Recovery Community and Outreach Centers	$1,752,500
SUNY Stony Brook	**$3,767,928**
Addiction Professionals Scholarship Program - Internship	$2,017,728
Addiction Professionals Scholarship Program - Scholarship	$1,750,200
HFM Prevention Council	**$3,433,305**
Non-Medical Transportation	$1,260,000
Recovery Community and Outreach Centers	$2,173,305

Opioid Settlement Funds Made Available - FY 2023

By Date and Initiative

(Dollar amounts are expressed in thousands)

Date of Procurement	Initiatives	Amount	Number of Awards
1/20/23	Comprehensive Low Threshold Buprenorphine Services	$10,032	15
2/7/23	Comprehensive Integrated Outpatient Treatment Program–Round 1	$5,918	12
3/3/23	Outreach and Engagement - Clinic Model	$1,710	6
3/8/23	Outreach and Engagement - Street Outreach	$3,527	12
3/15/23	Regional Abatement	$65,358	81
3/30/23	Connections to Care	$4,400	11
5/1/23	Fentanyl Test Strips, Xylazine Test Strips	$3,311	1
5/10/23	Community Prevention Coalitions: Fentanyl, Opioids, Rx	$3,914	5
6/21/23	Naloxone	$5,329	2
6/23/23	Professional Scholarship Program	$13,129	28*
7/14/23	Comprehensive Integrated Outpatient Treatment Program–Round 2	$4,709	8
7/14/23	Non-Medical Transportation	$5,760	14
7/14/23	Public Awareness	$2,029	1
7/17/23	Recovery Community and Outreach Centers	$12,286	31
8/4/23	Transitional Safety Units	$12,344	16
8/8/23	NYS DOH - Provision of Harm Reduction Services Via Telemedicine	$1,000	1
8/14/23	NYS DOH - Expanding Harm Reduction Services for Priority Populations Who Use Drugs	$7,500	13
8/16/23	Government-Academic Research and Evaluation	$-	Reposted
TBD	NYS DOH - Development of a Comprehensive Coroner Training Program	$-	Reposted

Date of Procurement	Initiatives	Amount	Number of Awards
8/29/23	NYS DOH - New York Medication for Addiction Treatment and Electronic Referrals Network (NY MATTERS)	$8,000	1
8/29/23	NYS DOH - Coroner/Medical Examiner - Mortality Data Improvement Project	$350	45
8/29/23	NYS DOH - Expansion of NYS Drug User Health Hubs and Syringe Exchange Service Programs	$12,590	25
8/31/23	Community Prevention and Intervention Project	$4,699	11
8/31/23	Local Impact Initiative - Round 1	$170	18
9/8/23	NYS DOH - Harm Reduction Supplies	$1,000	1
9/8/23	NYS DOH - Naloxone	$4,250	1
12/13/23	Local Impact Initiative - Round 2	$152	16
1/11/24	Government-Academic Research and Evaluation	$900	1
8/15/24	NYS DOH - Development of a Comprehensive Coroner Training Program	$263	1
	Total	**$194,041**	

*An additional $10 million was awarded after the issuance of the press release.

Opioid Settlement Funds Made Available - FY 2024

By Date and Initiative

(Dollar amounts are expressed in thousands)

Date of Procurement	Initiatives	Amount	Number of Awards
1/20/2023	Comprehensive Low Threshold Buprenorphine Services	$12,139	15*
3/3/2023	Outreach and Engagement – Clinic Model	$1,492	6*
3/8/2023	Outreach and Engagement – Street Outreach	$3,000	12*
3/30/2023	Connections to Care	$2,150	11*
5/1/2023	Fentanyl Test Strips, Xylazine Test Strips	$6,697	1
5/10/2023	Community Prevention Coalitions: Fentanyl, Opioids, Rx	$1,000	5*
6/21/2023	Naloxone	$10,072	2
6/23/2023	Professional Scholarship Program	$8,464	28*
7/14/2023	Non-medical Transportation	$10,320	14*
7/17/2023	Recovery Community and Outreach Centers	$13,403	31*
8/4/2023	Transitional Safety Units	$8,935	16*
11/20/2023	NYSDOH	$35,090	In process
11/22/2023	Regional Abatement	$52,093	81
2/8/2024	Comprehensive Outpatient Treatment Program	$4,513	10
2/8/2024	Leadership Institute	$2,375	1
2/8/2024	Paid Internship Program	$4,990	24
5/15/2024	Medication for Opioid Use Disorder in Jails	$10,241	20
1/31/2025	Recovery Residences	$5,000	In process
5/19/2025	Interdisciplinary Substance Use Disorder Fellowship Program	$2,892	5
6/17/2025	Wellness Initiative for Senior Education (WISE)	$2,400	8
6/18/2025	Paid Prevention Internship Opportunity	$1,104	24

Opioid Settlement Funds Made Available - FY 2025

By Date and Initiative

(Dollar amounts are expressed in thousands)

Date of Procurement	Initiatives	Amount	Number of Awards
7/14/2023	Non-medical Transportation	$3,360	14*
7/17/2023	Recovery Community and Outreach Centers	$5,755	31*
9/16/2024	Regional Abatement	$20,165	83
	Total	**$29,280**	

*Awards under this initiative are multi-year and allocate funds from FY 2023, FY 2024, and FY 2025.

Opioid Settlement Funds Made Available - FY 2026

By Date and Initiative

(Dollar amounts are expressed in thousands)

Date of Procurement	Initiatives	Amount	Number of Awards
9/22/2025	Reserved for Municipalities	$19,457	83
	Total	**$19,457**	

Opioid Settlement Funds Made Available - FY 2023

By Priority Area

(Dollar amounts are expressed in thousands)

Priority Area*	FY23 Allocations**	Funds Made Available via Procurement
Regional Abatement	$65,358	$65,358
Harm Reduction	$26,858	$26,858
Treatment	$14,426	$14,426
Investments Across the Continuum	$19,331	$19,194
Priority Populations	$17,689	$17,689
Housing	$12,372	$12,372
Recovery	$12,372	$12,372
Prevention	$8,457	$8,457
Transportation	$6,331	$6,331
Public awareness	$2,066	$2,066
Research	$918	$918
NY MATTERS	$8,000	$8,000
Total	**$194,178**	**$194,041**

*The priority areas listed were identified in the Opioid Settlement Board Report issued November 1, 2022.

**The FY23 Budget Aid to Localities appropriation authority for the Opioid Settlement Fund totaled $208 million, which provided room for potential additional revenues should there be more settlements. However, total allocations for FY 23 supported by the fund totaled $194.2 million.

Opioid Settlement Funds Made Available - FY 2024

By Priority Area

(Dollar amounts are expressed in thousands)

Priority Area*	FY24 Allocations	Funds Made Available via Procurement
Regional Abatement	$52,093	$52,093
Harm Reduction	$36,430	$35,957
Investments Across the Continuum	$26,214	$26,001
Priority Populations	$23,998	$23,803
Treatment	$20,046	$17,112
Recovery	$16,287	$16,287
Housing	$16,287	$13,935
Prevention	$11,951	$11,951
Transportation	$8,674	$8,674
Public Awareness	$2,699	$137
Research	$1,253	$1,253
Total	**$215,932**	**$207,203**

*The priority areas listed were identified in the Opioid Settlement Board Report issued November 1, 2022.

ALL FUNDING

By Region: Capital

Capital Region	**$27,384,605**
Addiction Professionals Scholarship Program - Internship	$267,756
Addiction Professionals Scholarship Program - Scholarship	$489,281
Community Prevention and Intervention Project	$450,000
Community Prevention Coalitions: Fentanyl, Opioids, Rx	$1,000,000
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Comprehensive Outpatient Treatment Programs Round 3	$374,000
In-Community Clinic Services	$574,566
Local Impact Initiatives Round 1	$38,000
Local Impact Initiatives Round 2	$9,500
Medication for Opioid Use Disorder in Jails - methadone	$860,085
Non-Medical Transportation	$1,620,000
Outreach and Engagement Services - Street Outreach Model	$562,630
Recovery Community and Outreach Centers	$4,974,850
Regional Abatement - City FY 23	$496,832
Regional Abatement - City FY 24	$400,892
Regional Abatement - City FY 25	$131,222
Regional Abatement - City FY 26	$148,869
Regional Abatement - County FY 23	$5,368,165
Regional Abatement - County FY 24	$4,293,182
Regional Abatement - County FY 25	$1,618,875
Regional Abatement - County FY 26	$1,596,770
Regional Abatement - OLE FY 23	$256,401
Regional Abatement - OLE FY 24	$204,853
Regional Abatement - OLE FY 25	$65,953
Regional Abatement - OLE FY 26	$81,923

Central:

Central	**$27,706,610**
Addiction Professionals Scholarship Program - Internship	$94,568
Addiction Professionals Scholarship Program - Scholarship	$1,212,423
Community Prevention and Intervention Project	$450,000
Comprehensive Integrated Outpatient Treatment Programs Round 1	$239,097
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Comprehensive Outpatient Treatment Programs Round 3	$402,000
Interdisciplinary SUD Fellowship	$753,408
Local Impact Initiatives Round 1	$38,000
Local Impact Initiatives Round 2	$28,500
Medication for Opioid Use Disorder in Jails - methadone	$1,045,000
Outreach and Engagement Services - Street Outreach Model	$1,709,220
Paid Prevention Internship Opportunity	$138,000
Recovery Community and Outreach Centers	$2,154,245
Regional Abatement - City FY 23	$1,125,555
Regional Abatement - City FY 24	$908,207
Regional Abatement - City FY 25	$297,278
Regional Abatement - City FY 26	$337,257
Regional Abatement - County FY 23	$5,722,688
Regional Abatement - County FY 24	$4,576,711
Regional Abatement - County FY 25	$1,725,790
Regional Abatement - County FY 26	$1,702,448
Regional Abatement - OLE FY 23	$88,717
Regional Abatement - OLE FY 24	$70,881
Regional Abatement - OLE FY 25	$22,821
Regional Abatement - OLE FY 26	$28,348
Transitional Safety Units	$1,335,448

Finger Lakes:

Finger Lakes	**$39,546,270**
Addiction Professionals Scholarship Program - Internship	$130,500
Addiction Professionals Scholarship Program - Scholarship	$418,448
Comprehensive Integrated Outpatient Treatment Programs Round 1	$660,000
Comprehensive Integrated Outpatient Treatment Programs Round 2	$1,375,224
Comprehensive Low-Threshold Buprenorphine Services	$3,000,000
Comprehensive Outpatient Treatment Programs Round 3	$0
Connections to Care	$600,000
In-Community Clinic Services	$459,524
Interdisciplinary SUD Fellowship	$167,338
Local Impact Initiatives Round 1	$19,000
Local Impact Initiatives Round 2	$9,500
Medication for Opioid Use Disorder in Jails - methadone	$836,000
Non-Medical Transportation	$1,620,000
Outreach and Engagement Services - Clinic Model	$150,000
Paid Prevention Internship Opportunity	$92,000
Recovery Community and Outreach Centers	$3,067,250
Regional Abatement - City FY 23	$1,670,318
Regional Abatement - City FY 24	$1,347,775
Regional Abatement - City FY 25	$441,159
Regional Abatement - City FY 26	$500,490
Regional Abatement - County FY 23	$8,213,695
Regional Abatement - County FY 24	$6,568,890
Regional Abatement - County FY 25	$2,477,002
Regional Abatement - County FY 26	$2,443,497
Regional Abatement - OLE FY 23	$36,464
Regional Abatement - OLE FY 24	$29,133
Regional Abatement - OLE FY 25	$9,380
Regional Abatement - OLE FY 26	$11,651
Transitional Safety Units	$2,892,032
Wellness Initiative for Senior Education	$300,000

Long Island:

Long Island	**$10,543,470**
Addiction Professionals Scholarship Program - Internship	$119,700
Addiction Professionals Scholarship Program - Scholarship	$197,141
Community Prevention and Intervention Project	$450,000
Comprehensive Integrated Outpatient Treatment Programs Round 1	$660,000
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Comprehensive Outpatient Treatment Programs Round 3	$965,780
Connections to Care	$600,000
In-Community Clinic Services	$597,996
Medication for Opioid Use Disorder in Jails - methadone	$627,000
Non-Medical Transportation	$1,620,000
Outreach and Engagement Services - Street Outreach Model	$1,150,000
Paid Prevention Internship Opportunity	$184,000
Recovery Community and Outreach Centers	$557,565
Regional Abatement - County FY 25	$833,389
Regional Abatement - County FY 26	$30,899
Social Emotional Learning	$450,000

Mid-Hudson:

Mid-Hudson	**$58,341,574**
Addiction Professionals Scholarship Program - Internship	$214,200
Addiction Professionals Scholarship Program - Scholarship	$568,357
Community Prevention and Intervention Project	$450,000
Community Prevention Coalitions: Fentanyl, Opioids, Rx	$2,892,095
Comprehensive Integrated Outpatient Treatment Programs Round 1	$748,000
Comprehensive Integrated Outpatient Treatment Programs Round 2	$373,598
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Comprehensive Outpatient Treatment Programs Round 3	$833,627
Local Impact Initiatives Round 1	$56,120
Local Impact Initiatives Round 2	$9,500
Medication for Opioid Use Disorder in Jails - methadone	$836,000
Non-Medical Transportation	$1,620,000
Outreach and Engagement Services - Clinic Model	$27,192
Outreach and Engagement Services - Street Outreach Model	$551,250
Paid Prevention Internship Opportunity	$184,000
Recovery Community and Outreach Centers	$2,770,200
Regional Abatement - City FY 23	$1,638,897
Regional Abatement - City FY 24	$1,322,421
Regional Abatement - City FY 25	$432,860
Regional Abatement - City FY 26	$491,074
Regional Abatement - County FY 23	$15,478,574
Regional Abatement - County FY 24	$12,378,968
Regional Abatement - County FY 25	$4,667,869
Regional Abatement - County FY 26	$4,604,732
Regional Abatement - OLE FY 23	$323,264
Regional Abatement - OLE FY 24	$152,704
Regional Abatement - OLE FY 25	$65,516
Regional Abatement - OLE FY 26	$67,472
Social Emotional Learning	$450,000
Transitional Safety Units	$2,633,084

Mohawk Valley:

Mohawk Valley	**$18,003,130**
Addiction Professionals Scholarship Program - Internship	$86,760
Addiction Professionals Scholarship Program - Scholarship	$197,141
Comprehensive Integrated Outpatient Treatment Programs Round 2	$760,000
Comprehensive Outpatient Treatment Programs Round 3	$374,000
Medication for Opioid Use Disorder in Jails - methadone	$1,254,000
Non-Medical Transportation	$2,880,000
Outreach and Engagement Services - Clinic Model	$150,000
Paid Prevention Internship Opportunity	$46,000
Recovery Community and Outreach Centers	$3,929,930
Regional Abatement - County FY 23	$3,022,393
Regional Abatement - County FY 24	$2,417,154
Regional Abatement - County FY 25	$911,462
Regional Abatement - County FY 26	$899,133
Regional Abatement - OLE FY 23	$326,286
Regional Abatement - OLE FY 24	$260,688
Regional Abatement - OLE FY 25	$83,930
Regional Abatement - OLE FY 26	$104,253
Wellness Initiative for Senior Education	$300,000

New York City:

New York City	**$49,354,605**
Addiction Professionals Scholarship Program - Internship	$552,001
Addiction Professionals Scholarship Program - Scholarship	$3,163,888
Community Prevention and Intervention Project	$1,350,000
Comprehensive Integrated Outpatient Treatment Programs Round 1	$2,382,000
Comprehensive Integrated Outpatient Treatment Programs Round 2	$1,160,614
Comprehensive Low-Threshold Buprenorphine Services	$6,000,000
Comprehensive Outpatient Treatment Programs Round 3	$803,908
Connections to Care	$4,149,967
In-Community Clinic Services	$2,789,498
Interdisciplinary SUD Fellowship	$1,500,000
Local Impact Initiatives Round 2	$38,000
Non-Medical Transportation	$6,120,000
Outreach and Engagement Services - Clinic Model	$436,404
Outreach and Engagement Services - Street Outreach Model	$1,000,000
Paid Prevention Internship Opportunity	$184,000
Recovery Community and Outreach Centers	$8,090,685
Transitional Safety Units	$8,733,640
Wellness Initiative for Senior Education	$900,000

North Country:

North Country	**$21,937,723**
Addiction Professionals Scholarship Program - Internship	$344,232
Addiction Professionals Scholarship Program - Scholarship	$541,235
Community Prevention and Intervention Project	$450,000
Comprehensive Integrated Outpatient Treatment Programs Round 1	$240,106
Comprehensive Integrated Outpatient Treatment Programs Round 2	$637,283
Comprehensive Low-Threshold Buprenorphine Services	$2,671,686
Local Impact Initiatives Round 1	$9,455
Medication for Opioid Use Disorder in Jails - methadone	$627,000
Non-Medical Transportation	$1,620,000
Outreach and Engagement Services - Clinic Model	$1,528,123
Paid Prevention Internship Opportunity	$92,000
Recovery Community and Outreach Centers	$3,025,000
Regional Abatement - County FY 23	$2,511,768
Regional Abatement - County FY 24	$2,008,784
Regional Abatement - County FY 25	$757,474
Regional Abatement - County FY 26	$747,227
Regional Abatement - OLE FY 23	$52,538
Regional Abatement - OLE FY 24	$51,025
Regional Abatement - OLE FY 25	$20,729
Regional Abatement - OLE FY 26	$30,758
Social Emotional Learning	$450,000
Transitional Safety Units	$2,921,300
Wellness Initiative for Senior Education	$600,000

Southern Tier:

Southern Tier	**$24,562,385**
Addiction Professionals Scholarship Program - Internship	$379,800
Addiction Professionals Scholarship Program - Scholarship	$511,603
Community Prevention and Intervention Project	$649,440
Comprehensive Integrated Outpatient Treatment Programs Round 1	$615,224
Comprehensive Low-Threshold Buprenorphine Services	$1,500,000
Connections to Care	$600,000
In-Community Clinic Services	$600,000
Local Impact Initiatives Round 2	$9,500
Medication for Opioid Use Disorder in Jails - methadone	$2,089,921
Non-Medical Transportation	$3,240,000
Outreach and Engagement Services - Clinic Model	$643,750
Outreach and Engagement Services - Street Outreach Model	$552,000
Paid Prevention Internship Opportunity	$92,000
Recovery Community and Outreach Centers	$1,850,000
Regional Abatement - County FY 23	$4,606,993
Regional Abatement - County FY 24	$3,684,437
Regional Abatement - County FY 25	$1,389,331
Regional Abatement - County FY 26	$1,370,534
Regional Abatement - OLE FY 23	$74,863
Regional Abatement - OLE FY 24	$59,812
Regional Abatement - OLE FY 25	$19,257
Regional Abatement - OLE FY 26	$23,920

Western:

Western	**$51,361,778**
Addiction Professionals Scholarship Program - Internship	$201,600
Addiction Professionals Scholarship Program - Scholarship	$394,282
Community Prevention and Intervention Project	$450,000
Community Prevention Coalitions: Fentanyl, Opioids, Rx	$1,000,000
Comprehensive Integrated Outpatient Treatment Programs Round 1	$374,000
Comprehensive Integrated Outpatient Treatment Programs Round 2	$401,990
Comprehensive Low-Threshold Buprenorphine Services	$3,000,000
Connections to Care	$600,000
In-Community Clinic Services	$444,626
Interdisciplinary SUD Fellowship	$471,592
Local Impact Initiatives Round 1	$9,500
Local Impact Initiatives Round 2	$47,500
Medication for Opioid Use Disorder in Jails - methadone	$1,881,000
Non-Medical Transportation	$1,620,000
Outreach and Engagement Services - Clinic Model	$984,187
Outreach and Engagement Services - Street Outreach Model	$1,002,388
Paid Prevention Internship Opportunity	$46,000
Recovery Community and Outreach Centers	$1,024,640
Regional Abatement - City FY 23	$2,488,601
Regional Abatement - City FY 24	$2,008,045
Regional Abatement - City FY 25	$657,282
Regional Abatement - City FY 26	$745,677
Regional Abatement - County FY 23	$11,577,077
Regional Abatement - County FY 24	$9,258,751
Regional Abatement - County FY 25	$3,491,295
Regional Abatement - County FY 26	$3,444,119
Regional Abatement - OLE FY 23	$277,921
Regional Abatement - OLE FY 24	$89,865
Regional Abatement - OLE FY 25	$44,961
Regional Abatement - OLE FY 26	$46,290
Social Emotional Learning	$450,000
Transitional Safety Units	$2,762,636
Wellness Initiative for Senior Education	$65,953

Statewide:

Statewide	**$20,629,984**
Addiction Professionals Scholarship Program - Internship	$2,598,978
Addiction Professionals Scholarship Program - Scholarship	$7,749,122
Fentanyl and Xylazine Test Strips	$7,006,970
Government Academic Research and Evaluation	$899,914
Leadership Institute	$2,375,000

2) Regional Abatement

a) Regional Abatement Distribution by Year

b) Regional Abatement Totals by Region and Receiving Entity

c) Frequently Asked Questions

d) Approved Uses

Opioid Settlement Fund Regional Abatement

Capital Region
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Albany	Albany County Department of Mental Health	$1,607	$1,285	$485	$478
Columbia	Columbia County Department of Human Services	$290	$232	$87	$86
Greene	Greene County Mental Health Center	$268	$214	$81	$80
Rensselaer	Rensselaer County Unified Services Department of Mental Health	$793	$634	$239	$236
Saratoga	Saratoga County Department of Mental Health and Addiction Services	$1,026	$821	$309	$305
Schenectady	Schenectady County Office of Community Services	$815	$652	$246	$242
Warren	Office of Community Services for Warren and	$300	$240	$91	$89

	Washington Counties				
Washington	Office of Community Services for Warren and Washington Counties	$269	$215	$81	$80
Totals		**$5,368**	**$4,293**	**$1,619**	**$1,597**

Central NY
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Availabl e (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Cayuga	Cayuga County Mental Health Department	$532	$425	$160	$158
Cortland	Cortland County Mental Health Department	$321	$256	$97	$95
Madison	Madison County Mental Health Department	$433	$346	$131	$129
Onondaga	Onondaga County Department of Mental Health	$3,604	$2,882	$1,087	$1,072
Oswego	Oswego County DSS, Division of Mental Hygiene	$833	$666	$251	$248
Totals		**$5,723**	**$4,577**	**$1,726**	**$1,702**

Finger Lakes
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Genesee	Genesee County Mental Health Services	$385	$308	$116	$115
Livingston	Livingston County Community Services	$389	$311	$117	$116
Monroe	Monroe County Office of Mental Health	$5,392	$4,312	$1,626	$1,604
Ontario	Ontario County Mental Health Center	$665	$532	$201	$198
Orleans	Orleans County Department of Mental Health	$246	$197	$74	$73
Seneca	Seneca County Department of Mental Health	$193	$155	$58	$58
Wayne	Wayne County Behavioral Health Network	$558	$446	$168	$166
Wyoming	Wyoming County Mental Health Department	$247	$197	$74	$73

Yates	Yates County Community Services	$139	$111	$42	$41
Totals		**$8,214**	**$6,569**	**$2,477**	**$2,443**

Long Island
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Nassau	Nassau County Mental Health	$-	$-	$375	$14
Suffolk	Suffolk County Mental Hygiene	$-	$-	$458	$17
Totals		$-	$-	**$833**	**$31**

Mid-Hudson
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Dutchess	Dutchess County Department of Behavioral & Community Health	$2,127	$1,701	$641	$633
Orange	Orange County Department of Mental Health	$2,816	$2,252	$849	$838
Putnam	Putnam County DSS and Mental Health	$599	$479	$181	$178
Rockland	Rockland County Department of Mental Health	$1,999	$1,599	$603	$595
Sullivan	Sullivan County Department of Community Services	$685	$547	$206	$204
Ulster	Ulster County Department of Mental Health	$1,270	$1,016	$383	$378
Westchester	Westchester County Department of	$5,984	$4,786	$1,805	$1,780

	Community Mental Health				
Totals		**$15,479**	**$12,379**	**$4,668**	**$4,605**

Mohawk Valley
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Fulton	Fulton County Mental Health Services	$321	$257	$97	$96
Herkimer	Herkimer County Mental Health	$335	$268	$101	$100
Montgomery	Montgomery County Department of Community Services	$298	$238	$90	$89
Oneida	Oneida County Department of Mental Health	$1,547	$1,237	$467	$460
Otsego	Otsego County Department of Mental Health	$345	$276	$104	$103
Schoharie	Schoharie County Community Services and MH Office	$177	$141	$53	$53
Totals		**$3,022**	**$2,417**	**$911**	**$899**

North Country
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Availabl e (2023)	Funds Made Available (2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Clinton	Clinton County Mental Health and Addiction Services	$454	$363	$137	$135
Essex	Essex County Mental Health Services	$210	$168	$63	$63
Franklin	Franklin County Community Services	$274	$219	$83	$81
Hamilton	Hamilton County Community Services	$25	$20	$7	$7
Jefferson	Jefferson County Community Services	$795	$636	$240	$237
Lewis	Lewis County Community Services	$166	$133	$50	$49
St. Lawrence	St. Lawrence County Community Services	$587	$470	$177	$175
Totals		**$2,512**	**$2,009**	**$757**	**$747**

Southern Tier
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Broome	Broome County Mental Health Department	$1,586	$1,269	$478	$472
Chemung	Chemung County Mental Hygiene Department	$628	$502	$189	$187
Chenango	Chenango County Behavioral Health Services	$319	$255	$96	$95
Delaware	Delaware County Community Services	$318	$254	$96	$95
Schuyler	Schuyler County Community Services	$108	$86	$32	$32
Steuben	Steuben County Community Services	$598	$478	$180	$178
Tioga	Tioga County Mental Hygiene Department	$315	$252	$95	$94
Tompkins	Tompkins County Mental Health Department	$735	$588	$222	$219
Totals		**$4,607**	**$3,684**	**$1,389**	**$1,371**

Western Region
Funds Distributed
(Dollar amounts are expressed in thousands)

County	LGU	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Allegany	Allegany County Mental Health Department	$301	$241	$91	$90
Cattaraugus	Cattaraugus County Department of Community Services	$559	$447	$169	$166
Chautauqua	Chautauqua County Department of Mental Hygiene Services	$1,078	$862	$325	$321
Erie	Erie County Dept of Mental Health	$7,857	$6,284	$2,370	$2,338
Niagara	Niagara County Department of Mental Health	$1,782	$1,425	$537	$530
Totals		**$11,577**	**$9,259**	**$3,491**	**$3,444**

Five Large Cities
Funds Distributed
(Dollar amounts are expressed in thousands)

City	County	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Albany	Albany	$ 497	$ 401	$ 131	$ 149
Buffalo	Erie	$ 2,489	$ 2,008	$ 657	$746
Rochester	Monroe	$ 1,670	$ 1,348	$ 441	$500
Syracuse	Onondaga	$ 1,126	$ 908	$ 297	$337
Yonkers	Westchester	$ 1,639	$ 1,322	$ 433	$491
Totals		**$ 7,420**	**$ 5,987**	**$ 1,960**	**$2,223**

Other Litigating Entities
Funds Distributed
(Dollar amounts are expressed in thousands)

Entity	County	Funds Made Available (FY 2023)	Funds Made Available (FY 2024)	Funds Made Available (FY 2025)	Funds Made Available (FY 2026)
Amherst Town	Erie	$154	$44	$24	$24
Amsterdam City	Montgomery	$28	$22	$7	$9
Auburn City	Cayuga	$89	$71	$23	$28
Cheektowaga Town	Erie	$38	$11	$6	$6
Geneva City	Ontario	$36	$29	$9	$12
Herkimer Village	Herkimer	$16	$13	$4	$5
Ithaca City	Tompkins	$75	$60	$19	$24
Kingston City	Ulster	$68	$18	$15	$15
Lackawanna City	Erie	$21	$17	$5	$7
Lancaster Town	Erie	$25	$7	$4	$4
Mount Vernon City	Westchester	$48	$14	$7	$7
Ogdensburg City	St. Lawrence	$21	$17	$5	$7
Plattsburgh City	Clinton	$31	$34	$15	$24
Poughkeepsie City	Dutchess	$140	$103	$29	$31

Poughkeepsie Town	Dutchess	$68	$18	$15	$15
Rome City	Oneida	$73	$59	$19	$23
Saratoga Springs City	Saratoga	$66	$53	$17	$21
Schenectady City	Schenectady	$77	$62	$20	$25
Tonawanda Town	Erie	$40	$11	$6	$6
Troy City	Rensselaer	$113	$90	$29	$36
Utica City	Oneida	$209	$167	$54	$67
Totals		**$1,436**	**$919**	**$333**	**$395**

Regional Abatement Totals* by Region and Receiving Entity:

*FY 23,24,25,26

Capital:

Capital Region	**$14,663,937**
Albany	**$5,033,017**
Albany County Department of Mental Health	$3,855,202
City of Albany	$1,177,815
Columbia	**$695,352**
Columbia County Department of Human Services	$695,352
Greene	**$642,504**
Greene County Community Services	$642,504
Rensselaer	**$2,169,813**
Rensselaer County Department of Mental Health	$1,901,972
Troy City	$267,841
Saratoga	**$2,619,167**
Saratoga County Community Services Board	$2,461,835
Saratoga Springs City	$157,332
Schenectady	**$2,138,555**
Schenectady City	$183,957
Schenectady County Office of Community Services	$1,954,598
Warren	**$719,985**
Warren County Community Services	$719,985
Washington	**$645,544**
Washington County Community Services	$645,544

Central:

Central	**$16,606,701**
Cayuga	**$1,485,883**
Auburn City	$210,767
Cayuga County Community Services Board	$1,275,116
Cortland	**$769,244**
Cortland County Department of Mental Health	$769,244
Madison	**$1,038,847**
Madison County Mental Health Department	$1,038,847
Onondaga	**$11,314,001**
City of Syracuse	$2,668,297
Onondaga County Department of Mental Health	$8,645,704
Oswego	**$1,998,726**
Oswego County Mental Health Division	$1,998,726

Finger Lakes:

Finger Lakes	**$23,749,454**
Genesee	**$924,538**
Genesee County Mental Health Services	$924,538
Livingston	**$932,410**
Livingston County Community Services	$932,410
Monroe	**$16,893,421**
City of Rochester	$3,959,742
Monroe County Office of Mental Health	$12,933,679
Ontario	**$1,681,843**
Geneva City	$86,628
Ontario Co. Community Services Bd.	$1,595,215
Orleans	**$589,993**
Orleans County Dept. of Mental Health	$589,993
Seneca	**$464,071**
Seneca County Community Services Board	$464,071
Wayne	**$1,338,605**
Wayne County Community Services Board	$1,338,605
Wyoming	**$591,747**
Wyoming County Dept. of Mental Health	$591,747
Yates	**$332,826**
Yates County Dept of Community Service	$332,826

Long Island**:

**only received payment in FY 25, 26

Long Island	**$864,288**
Nassau	**$388,847**
Nassau County Department of Mental Hygiene	$388,847
Suffolk	**$475,441**
Suffolk County Community of Mental Hygiene	$475,441

Mid-Hudson:

Mid-Hudson	**$41,624,351**
Dutchess	**$5,518,155**
Dutchess County Department of Mental Health	$5,101,102
Poughkeepsie City	$301,969
Poughkeepsie Town	$115,084
Orange	**$6,754,334**
Orange County Department of Mental Health	$6,754,334
Putnam	**$1,436,542**
Putnam County Mental Health Services	$1,436,542
Rockland	**$4,795,491**
Rockland County Dept of Mental Health	$4,795,491
Sullivan	**$1,642,141**
Sullivan County Department of Community Services	$1,642,141
Ulster	**$3,161,320**
Kingston City	$115,337
Ulster County Department of Mental Health/Ulster County Community Mental Health Services	$3,045,983
Westchester	**$18,316,368**
City of Yonkers	$3,885,252
Mount Vernon City	$76,566
Westchester Co. Dept of Community MH	$14,354,550

Mohawk Valley:

Mohawk Valley	**$8,025,299**
Fulton	**$770,768**
Fulton County Community Services Board	$770,768
Herkimer	**$842,504**
Herkimer County MH & Chem Services	$803,964
Herkimer Village	$38,540
Montgomery	**$780,238**
Amsterdam City	$66,320
Montgomery Co Community Services Board	$713,918
Oneida	**$4,381,263**
Oneida Co. Department of Mental Health	$3,710,966
Rome City	$174,058
Utica City	$496,239
Otsego	**$827,130**
Otsego County Community Services Board	$827,130
Schoharie	**$423,396**
Schoharie County Community Services Board	$423,396

North Country:

North Country	**$6,180,303**
Clinton	**$1,194,673**
Clinton County Community Services Board	$1,089,946
Plattsburgh City	$104,727
Essex	**$504,388**
Essex County Community Services	$504,388
Franklin	**$656,564**
Franklin County Community Services	$656,564
Hamilton	**$58,809**
Hamilton County Community Services	$58,809
Jefferson	**$1,908,174**
Jefferson County Comm. Services Board	$1,908,174
Lewis	**$398,990**
Lewis County Community Services	$398,990
St. Lawrence	**$1,458,705**
Ogdensburg City	$50,323
St. Lawrence County Community Services Board	$1,408,382

Southern Tier:

Southern Tier	**$11,229,147**
Broome	**$3,805,249**
Broome County Community Mental Health Services	$3,805,249
Chemung	**$1,505,394**
Chemung County Mental Health	$1,505,394
Chenango	**$766,066**
Chenango County Community Services Board	$766,066
Delaware	**$762,725**
Delaware County Department of Mental Health	$762,725
Schuyler	**$257,922**
Schuyler County Mental Health Clinic	$257,922
Steuben	**$1,434,304**
Steuben County Alcoholism and Substance Abuse Services	$1,434,304
Tioga	**$756,439**
Tioga County Community Services Board	$756,439
Tompkins	**$1,941,048**
Ithaca City	$177,852
Tompkins County Mental Health Services	$1,763,196

Western:

Western	**$34,129,884**
Allegany	**$721,745**
Allegany County Mental Health Services	$721,745
Cattaraugus	**$1,341,871**
Cattaraugus County Department of Community Services	$1,341,871
Chautauqua	**$2,585,230**
Chautauqua County Department of Mental Health	$2,585,230
Erie	**$25,207,220**
Amherst Town	$245,002
Cheektowaga Town	$60,055
City of Buffalo	$5,899,605
Erie County Dept. of Mental Health	$18,848,578
Lackawanna City	$50,732
Lancaster Town	$39,674
Tonawanda Town	$63,574
Niagara	**$4,273,818**
Niagara County Department of Mental Health Services	$4,273,818

Opioid Settlement Fund – Regional Abatement
Frequently Asked Questions
Updated 11.10.23

Q1. Does the money have to be spent in the year that it is disbursed?

A1. No, the money does not expire, it can be spent over time.

Q2. What are the amounts of future payments?

A2. Refer to the settlements table on page 238 of the Opioid Settlement Fund Advisory Board Report from November 1, 2022. While the first-year disbursement is likely to be the largest one-time payment, the payments do continue over the next 16 years. This chart contains the settlements to date, there are still some lawsuits in process, the amounts are subject to change. The percentage the LGU is receiving in relationship to all LGU monies total is likely to remain consistent over time.

Q3. When this year can LGUs expect payments?

A3. Please fill out the Planned Use of Funds Request form that was emailed directly. Once completed and submitted, the Planned Use of Funds request form will be reviewed and approved. The LGU/City/Other Litigating Entity (i.e, towns, villages, etc.) will be notified by email that your funds have been processed and released at 100%.

Q4 Moving forward, when can the regions expect monies to be disbursed annually?

A4. Both the required annual reports on the use of funds due every 8/1 and a new Planned use of Funds request form will need to be submitted before any additional funds can be made available.

Q5 For this year, and future years, what are the dates/timelines for receiving funds, and reporting funds?

A5.1 Once an approved planned use of funds is received related to the FY 2022-2023 Opioid Settlement Fund Regional State Abatement funds for one of the large cities, LGUs or Litigating Entities, the allocated amounts will be provided to that entity at 100%.

A5.2 Once there is a FY 2023-2024 Enacted Budget, the dollar amounts for the Subdivisions will be confirmed. OASAS will email the LGUs/Litigating Entities the allocated amounts of the regional share state abatement funds in the summer of 2023.

A5.3 Reporting on the FY 2022-2023 Opioid Settlement Fund Regional Share State Abatement funds are required to be submitted no later than August 1st, 2023, in the OASAS web-based Formstack. This reporting mechanism has not been created yet, all entities receiving funds will be notified when reporting is available on year 1 funds. The process for planning 2024 dollars will take place after reports for 2023 have been received.

Q6 How will the Other Litigating Entities (OLE) money be disbursed?

A6. The OLE allocations will be sent directly to the LGU to be passed through to the named OLE. The OLE contact will be copied on the email that is sent to the LGU that identified that the OLE's amount has been sent to the LGU for disbursement to the OLE. The OLE will send an email to OSFProjectManagement@oasas.ny.gov mailbox to confirm receipt of funds.

Q7. Is Opioid Settlement Funding reported on the CFR?

A7. Regional Abatement payments, also referred to as Regional Shares, are funds directed by the Opioid Settlements that must be paid to the counties, certain cities, as well as Other Litigating Entities (OLE). These payments will be made directly to the Local Governmental Unit (LGU) or the affected city through the Statewide Financial System (SFS). Payments owed to any OLE will be paid to the appropriate LGU which will pass the funds through to the OLE.

Such payments will not be reflected on the OASAS State Aid Funding Authorization (SAFA) and no OASAS program code will be established for these payments. As a result, these payments, regardless of the recipient, will not be reported or claimed on any schedule in the Consolidated Fiscal Report (CFR). If a LGU, city, or OLE makes any awards of these funds to an OASAS provider for the purpose of providing substance use treatment, prevention, harm reduction, or recovery services, the provider agency should report the expenses of the award and the corresponding revenue in the appropriate OASAS program. This revenue should be reported as Other Revenue, line 94 on the CFR-1 and line 29 on the DMH-2 and identified of "Local OSF." This revenue should not be reported on the DMH-2 line 45 as Local Government Share.

LGUs, cities, and OLEs will be required to report on the use of these funds. However, that reporting will not be done through the CFR. LGU, cities, and OLEs will be notified by OASAS Project Management separately of that reporting process.

Q8 What is the best way to know if an expense by an entity or subcontractor is allowable?

A8. The entity should refer to the 'Allowable uses' document for appropriate use of funds that have been distributed to them by OASAS. For funds delivered to the

entity by the AG, please refer to the guidance sent by that office, and subsequent questions should be directed to the contact at the Attorney General's office and/or the third part administrator of the Attorney General's Funds, Brown Greer: NonOpioidRemediationUseReporting@nationalopioidofficialsettlement.com

Q9 How can an entity ensure they are documenting correctly when they are combining funds?

A9. The best way to ensure the entity is documenting correctly is to not combine funds. If the entity does combine/blend several opioid settlement funding sources (I.e., OASAS OSF, AG, etc.), they should meet with their accounting/legal team and decide the best cost allocation methodology in preparation for future reporting. Reporting to OASAS on OSF funds requires funds to be separated additionally funds need to be separated for potential audit purposes.

Q10 What reporting is due for the LGUs?

A10. OASAS is currently developing reporting CY23 and it will be disseminated at the beginning of March, and be due April 1st, 2024.

Q11. Is it possible to determine the exact source of money attached from particular settlements (i.e. Johnson and Johnson, Allergan etc.…) through the Opioid Settlement funding distributed via regional abatement?

A11. The opioid settlement agreement dollars awarded to the state and flow through the OASAS Opioid Settlement Fund (OSF) are governed by Section 25.18 of the Mental Hygiene Law and Section 99-nn of State Finance Law. The limitations (i.e.,"approved uses" in MHL 25.18) come from the statute, rather than the specific settlement agreement.

Q12. If an entity has changed their spending plan from what was originally reported do they need to notify or receive approval for this change?

A12. If the change in plan is within the allowable use of funds document, the entities do not need approval, or to provide any notice of the change. The change can be reflected in the annual reporting, see Q 10 above.

Schedule C – Approved Uses

I. TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.

2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, including but not limited to:

    a. Medication-Assisted Treatment (MAT);

    b. Abstinence-based treatment;

    c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;

    d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions; or

    e. Evidence-informed residential services programs, as noted below.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed or promising practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g.,

surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, including medical detox, referral to treatment, or connections to other services or supports.

8. Training for MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or undeserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD any co-occurring SUD/MH conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Scholarships for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field for continuing education and licensing fees.

13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD and provide technical assistance and professional support for clinicians who have obtained a DATA 2000 waiver.

14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, transportation, and connections to community-based services.

2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.

4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

6. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

8. Identifying successful recovery programs such as physician, pilot, and college recovery programs, and providing support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

9. Engaging non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.

10. Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.

11. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

12. Create or support culturally-appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

13. Create and/or support recovery high schools.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any cooccurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is most common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.

7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery

housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced on opioid overdose.

11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and supporting prevention, intervention, treatment, and recovery programs focused on young people.

12. Develop and support best practices on addressing OUD in the workplace.

13. Support assistance programs for health care providers with OUD.

14. Engage non-profits and faith community as a system to support outreach for treatment.

15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest and pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;

c. "Naloxone Plus" strategies, which work to ensure that individuals who have received Naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; or

e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, but only if they provide referrals to evidence-informed treatment, including MAT.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison, who have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or

other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Training for obstetricians and other healthcare personnel that work with pregnant women and their families regarding OUD treatment and any co-occurring SUD/MH conditions.

3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

4. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

5. Enhanced family supports and child care services for parents with OUD and any cooccurring SUD/MH conditions.

6. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

7. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.

8. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

II. PREVENTION

A. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

2. Academic counter-detailing to educate prescribers on appropriate opioids prescribing.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:

    a. Increase the number of prescribers using PDMPs;

    b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

    c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.

6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:

    a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

    b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of

Transportation's Emergency Medical Technician overdose database.

7. Increase electronic prescribing to prevent diversion or forgery.

8. Educating Dispensers on appropriate opioid dispensing.

B. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns based on evidence.

2. Public education relating to drug disposal.

3. Drug take-back disposal or destruction programs.

4. Fund community anti-drug coalitions that engage in drug prevention efforts.

5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

6. Engaging non-profits and faith community as a system to support prevention.

7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

C. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increasing availability and distribution of naloxone and other drugs that treat overdoses to first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, and other members of the general public.

2. Public health entities provide free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.

4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Support screening for fentanyl in routine clinical toxicology testing.

III. OTHER STRATEGIES

A. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

1. Law enforcement expenditures related to the opioid epidemic

2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

3. Provisions of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

B. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list including, but not limited to costs associated with local opioid task forces, community buprenorphine waiver trainings, and coordination and operation of community-based treatment prevention programing.

2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of

preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

C. TRAINING

In addition to the training referred to in items above A7, A8, A9, A12, A13, A14, A15, B7, B10, C3, C5, E2, E4, F1, F3, F8, G5, H3, H12, and I2, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or network programs and services regarding the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

D. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).

7. Research on expanded modalities such as prescription methadone that can expand access to MAT.

8. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.

9. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

10. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

E. POST-MORTEM

1. Toxicology tests for the range of synthetic opioids presently seen in overdose deaths as well as newly evolving synthetic opioids infiltrating the drug supply.

2. Toxicology method development and method validation for the range of synthetic opioids observed now and in the future, including the cost of installation, maintenance, repairs and training of capital equipment.

3. Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids.

4. Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths.

5. Comprehensive death investigations for individuals where a death is caused by or suspected to have been caused by an opioid or synthetic opioid overdose, whether intentional or accidental.

6. Indigent burial for unclaimed remains resulting from overdose deaths.

7. Navigation-to-care services for individuals with opioid use disorder who are encountered by the medical examiner’s office as either family and/or social network members of decedents dying of opioid overdose.

8. Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities.

3) Opioid Settlement Funded Initiatives

a) Community Prevention and Intervention Project
b) Community Prevention Coalitions: Fentanyl, Opioids, Rx
c) Comprehensive Low-Threshold Buprenorphine Services
d) Comprehensive Outpatient Treatment Program
e) Connections to Care
f) DOH - Coroner/Medical Examiner - Mortality Data Improvement Project
g) DOH - Coroner Training Program in New York State
h) DOH - Expanding Harm Reduction Services for Priority Populations Who Use Drugs
i) DOH - Expansion of NYS Drug User Health Hubs and Syringe Service Programs
j) DOH - Harm Reduction Supplies Initiative
k) DOH - Naloxone Initiative
l) DOH - New York Medication for Addiction Treatment and Electronic Referrals Network (NY MATTERS)
m) DOH - Program Expansion of Telemedicine for Opioid Use Disorder
n) Government-Academic Research and Evaluation
o) Harm Reduction Delivered
p) In-Community Clinic Services
q) Interdisciplinary Substance Use Disorder Fellowship Program
r) Leadership Institute
s) Local Impact Initiative
t) Medication for Opioid Use Disorder in Jails
u) Non-medical Transportation
v) Outreach and Engagement Services – Clinic Model
w) Outreach and Engagement Services – Street Outreach Model
x) Paid Internship Program
y) Paid Prevention Internship Opportunity
z) Professional Scholarship Program
aa) Recovery Community and Outreach Centers
bb) Social Emotional Learning
cc) Transitional Safety Units
dd) Wellness Initiative for Senior Education

Community Prevention and Intervention Project

Capital Region

- Council for Prevention, Inc. - $450,000

Central NY

- Farnham, Inc. d/b/a Farnham Family Services - $450,000

Finger Lakes

- CASA-Trinity, Inc. - $199,440

Long Island

- Human Understanding & Growth Services, Inc. - $450,000

Mid-Hudson

- Cornell Cooperative Extension of Sullivan County - $450,000

Mohawk Valley

- Catholic Charities of Herkimer County- $450,000

New York City

- Let's Talk SAFETY, Inc. d/b/a The Pillars - $450,000
- RiseBoro Community Partnership - $450,000
- United Activities Unlimited, Inc. $450,000

North Country

- Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc. - $450,000

Western NY

- Prevention Works, Inc. - $450,000

Community Prevention Coalitions: Fentanyl, Opioids, Rx

Capital Region

- Columbia-Greene Addiction Coalition, Inc. - $1,000,000

Mid-Hudson

- Council on Addiction Prevention and Education of Dutchess County, Inc. - $1,000,000
- Cornell Cooperative Extension of Sullivan County - $1,000,000
- Westchester-Ellenville Hospital, Inc. - $892,095

Western NY

- Prevention Works, Inc. - $1,000,000

Comprehensive Low-Threshold Buprenorphine Services

Capital Region

- Hope House, Inc.- $1,500,000

Central NY

- Family Counseling Services of Cortland County, Inc.- $1,500,000
- Helio Health, Inc.- $1,500,000

Finger Lakes

- Finger Lakes Area Counseling and Recovery Agency, Inc. - $1,500,000

Long Island

- Family and Children's Association - $1,500,000

Mid-Hudson

- Westchester County Health Care Corporation as Sponsor, Mid-Hudson Valley Division of Westchester Medical Center as Operator- $1,500,000

New York City

- Center for Comprehensive Health Practice, Inc. - $1,500,000
- Harlem United Community AIDS Center, Inc. - $1,500,000
- Housing Works Inc. as Sponsor, Housing Works Health Services III, Inc. d/b/a/ Housing Works Community Health Care as Operator- $1,500,000
- St. Ann's Corner of Harm Reduction- $1,500,000

North Country

- Rochester Regional Health as Co-Active Parent and Co-Operator of Canton-Potsdam Hospital - $1,500,000
- THRIVE Wellness and Recovery- $1,171,686

Southern Tier

- United Health Services Hospital, Inc. - $1,500,000

Western NY

- LSCA Group, Inc. as Sponsor, Best Self Behavioral Health, Inc. as Operator- $1,500,000
- EHS, Inc.- $1,500,000

Comprehensive Outpatient Treatment Program

Capital Region

- Whitney M. Young, Jr. Health Center, Inc. - $374,000

Central NY

- Cayuga Health System, Inc as Sponsor, Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - $402,000
- Crouse Health Hospital, Inc. - $239,097

Finger Lakes

- CASA-Trinity, Inc. - $615,224
- Helio Health, Inc. - $760,000
- Huther-Doyle Memorial Institute, Inc. - $660,000

Long Island

- Northwell Healthcare, Inc. as sponsor, Long Island Jewish Medical Center as Operator - $305,780
- RiseWell Community Services, Inc. - $660,000
- Tempo Group, Inc. d/b/a Tempo Group Counseling Services – $660,000

Mid-Hudson

- Lexington Center for Recovery, Inc. - $1,207,627
- St. John's Riverside Hospital, Inc. - $373,598
- Westchester County Health Care Corporation and HealthAlliance, Inc. as Active Parents, Health Alliance Hospital Mary's Avenue Campus as Operator - $374,000

Mohawk Valley

- Helio Health, Inc. - $760,000
- St. Mary's Healthcare - $374,000

New York City

- Elmcor Youth & Adult Activities, Inc. - $660,000
- New York City Health and Hospitals Corporation Jacobi Medical Center - $660,000
- Odyssey House, Inc. - $760,000
- Samaritan Daytop Village, Inc. - $660,000
- St. Joseph's Hospital, Yonkers - $402,000
- StartCare, Inc. - $1,204,522

North Country

- St. Joseph's Rehabilitation Center, Inc. d/b/a St. Joseph's Addiction Treatment and Recovery Centers; St. Joseph's Rehabilitation Center, Inc. d/b/a Rose Hill - $637,283
- THRIVE Wellness and Recovery, Inc. - $240,106

Southern Tier

- CASA-Trinity, Inc. - $615,224

Western NY

- Northpointe Council, Inc. - $374,000
- The Community Action Organization of Western New York, Inc. - $401,990

Connections to Care

Finger Lakes

- CASA-Trinity, Inc. - $600,000
- Catholic Charities of the Diocese of Rochester d/b/a Catholic Charities Family and Community Services - $300,000

Long Island

- Central Nassau Guidance and Counseling Services, Inc. - $600,000

New York City

- Argus Community, Inc. - $600,000
- Center For Comprehensive Health Practice, Inc. - $599,967
- Community Health Action of Staten Island, Inc. - $300,000
- The Fortune Society, Inc. - $450,000
- National Association on Drug Abuse Problems (New York State) Inc. - $600,000
- Odyssey House, Inc. - $600,000
- Osborne Treatment Services, Inc. - $100,000
- Services for the Underserved, Inc. as Sponsor; Palladia, Inc. as Operator - $600,000

Western NY

- LSCA Group, Inc. as Sponsor, BestSelf Behavioral Health, Inc. as Operator - $300,000

DOH - Coroner/Medical Examiner - Mortality Data Improvement Project

45 awards for $350,000

DOH - Coroner Training Program in New York State

Syracuse University's Forensic and National Security Sciences Institute $262,572

DOH - Expanding Harm Reduction Services for Priority Populations Who Use Drugs

Below is a table of awarded agencies, sorted by NYS Region and Priority Population to be served:

Priority Population	NYS Region	Agency	Award Amount
Houseless/homeless	Capital District	AIDS Council of Northeastern NY/Alliance for Positive Health	$169,270
Pregnant/Parenting	Capital District	AIDS Council of Northeastern NY/Alliance for Positive Health	$300,000
Black, Indigenous, Persons of Color	New York City	Justice Innovation, Inc.	$300,000
Black, Indigenous, Persons of Color	New York City	National Harm Reduction Coalition (on behalf of Bronx Móvil)	$282,360
Black, Indigenous, Persons of Color	New York City	The Bridge, Inc.	$300,000
Criminal Legal/Justice Involved	New York City	Housing Works Inc.	$300,000
Criminal Legal/Justice Involved	New York City	The Fortune Society, Inc.	$300,000
Houseless/homeless	New York City	Justice Innovation, Inc	$300,000
Lesbian, Gay, Bisexual, Transgender, Queer, Intersex +	New York City	AIDS Center of Queens County	$300,000
Older Adults	New York City	Justice Innovation, Inc.	$300,000
Pregnant/Parenting	New York City	Icahn School of Medicine at Mt Sinai	$300,000
Houseless/homeless	Western	Cayuga County Community Health Center	$298,370
Older Adults	Western	BestSelf Behavioral Health Inc.	$300,000

DOH - Expansion of NYS Drug User Health Hubs and Syringe Service Programs

Below is a table of agencies and their annual award amount:

Priority Area	NYS Region	Agency	Award Amount
Harm Reduction & Priority Population	Southern Tier	Addiction Center of Broome County, Inc.	$150,100
Harm Reduction & Priority Population	New York City	AIDS Center of Queens County, Inc.	$150,100
Harm Reduction, Priority Populations & Across the Service Continuum	Central	AIDS Community Resources, Inc.	$325,000
Harm Reduction, Priority Populations & Across the Service Continuum	Capital District	AIDS Council of Northeastern New York, Inc./ Alliance for Positive Health	$250,100
Harm Reduction & Priority Populations	New York City	AIDS Service Center of Lower Manhattan, Inc.	$225,000
Harm Reduction & Priority Populations	New York City	BOOM! Health	$266,000
Harm Reduction, Priority Populations & Across the Service Continuum	Capital District	Catholic Charities AIDS Services	$325,000
Harm Reduction, Priority Populations & Across the Service Continuum	Long Island	Community Action for Social Justice, Inc.	$325,000
Harm Reduction & Priority Populations	New York City	Community Health Action of Staten Island, Inc.	$190,500
Harm Reduction, Priority Populations & Across the Service Continuum	Hudson Region	Cornerstone Family Healthcare	$290,500
Harm Reduction, Priority Populations & Across the Service Continuum	Western	EHS, Inc.	$366,000
Harm Reduction & Priority Populations	New York City	Family Services Network of New York, Inc.	$225,000

Harm Reduction & Priority Populations	New York City	Harlem United Community AIDS Center, Inc.	$190,500
Harm Reduction & Priority Populations	New York City	Housing Works, Inc.	$190,500
Harm Reduction & Priority Populations	New York City	National Harm Reduction Coalition (on behalf of Bronx Móvil)	$190,500
Harm Reduction, Priority Populations & Across the Service Continuum	New York City	NEXT Harm Reduction, Inc.	$250,100
Harm Reduction & Priority Populations	New York City	OnPoint NYC, Inc.	$532,000
Harm Reduction & Priority Populations	New York City	Positive Health Project, Inc.	$190,500
Harm Reduction & Priority Populations	New York City	Safe Horizon, Inc.	$150,100
Harm Reduction, Priority Populations & Across the Service Continuum	Southern Tier	Southern Tier AIDS Program, Inc.	$366,000
Harm Reduction, Priority Populations & Across the Service Continuum	New York City	St. Ann's Corner of Harm Reduction, Inc.	$225,000
Harm Reduction & Priority Populations	New York City	The After Hours Project, Inc.	$190,500
Harm Reduction, Priority Populations & Across the Service Continuum	Rochester	Trillium Health, Inc.	$290,500
Harm Reduction, Priority Populations & Across the Service Continuum	Lower Hudson	Urban League of Westchester County, Inc.	$250,100
Harm Reduction & Priority Populations	New York City	Voices of Community Activists & Leaders	$190,500

DOH - Harm Reduction Supplies Initiative

Foundation for AIDS Research
$1,000,000

DOH - Naloxone Initiative

Emergent Devices, Inc. - $4,250,000 over two years

DOH - New York Medication for Addiction Treatment and Electronic Referrals Network (NY MATTERS)

University Emergency Medical Services $8,000,000

DOH - Program Expansion of Telemedicine for Opioid Use Disorder

REACH Project	$1,000,000

Government-Academic Research and Evaluation

New York City

- New York University Grossman School of Medicine - $899,914

Harm Reduction Delivered

Fentanyl and Xylazine Test Strips - $10,007,892

Naloxone – $14,810,418

In-Community Clinic Services

Capital Region

- Albany County Department of Mental Health - $574,566

Finger Lakes

- Delphi Drug and Alcohol Council dba Delphi Rise - $459,524

Long Island

- RiseWell Community Services Inc - $597,996

New York City

- Alliance for Positive Change - $600,000
- Samaritan Daytop Village, Inc. - $600,000
- Camelot of Staten Island, Inc. - $600,000
- The Jewish Board - $389,498
- Elmcor Youth & Adult Activities, Inc. - $600,000

Western NY

- Allegany Council on Alcoholism and Substance Abuse, Inc. - $444,626

Interdisciplinary Substance Use Disorder Fellowship Program

Central NY

- Research Foundation of SUNY on behalf of Upstate Medical Center - $753,408

Finger Lakes

- Strong Memorial Hospital - $167,338

New York City

- Albert Einstein College of Medicine - $750,000
- New York University Grossman School of Medicine - $750,000

Western NY

- Research Foundation of SUNY on behalf of University at Buffalo Jacobs School of Medicine & Biomedical Sciences - $471,592

Leadership Institute

Statewide

- KingFisher Services, LLC - $2,375,000

Local Impact Initiative

Capital Region

- Capital District Recovery Center - $9,500
- Columbia Pathways to Recovery, Inc. - $9,500
- Hive of Hope, Inc. - $9,500
- Mountain Top Cares Coalition, Inc. - $9,500
- Senior Hope Counseling, Inc. - $9,500

Central NY

- Access to Independence of Cortland County - $9,500
- Cortland Area Communities That Care Coalition - $9,500
- Friends of Recovery Oswego County, Inc. - $9,500
- Plus One Fitness dba Devin's Rec Room - $9,500
- R2RCNY, Inc. - $9,500
- Restoreforlife, Inc. - $9,500
- The Desens House, Inc. - $9,500

Finger Lakes

- New York Recovery Alliance - $9,500
- Recovery Houses of Rochester, Inc. - $9,500
- The Esther Project, Inc. - $9,500

Mid-Hudson

- Alliance for Safe Kids, Inc. - $9,120
- Friends of Recovery Westchester - $9,500
- Get Your Life Back Inc. - $9,000
- Pelham PACT Coalition - $9,500
- SeansDream, Inc - $9,500
- Thoughts of an Empath, Inc - $9,500
- Zero Overdose Corp - $9,500

New York City

- Ballroom, We Care - $9,500
- Girls Just Want to Have Fun, Inc. - $9,500
- Giving Friends, Inc. - $9,500
- The Disciples of Galilee, Inc. - $9,500

North Country

- New Hope Transformation House Ministries, Inc. d/b/a Grace House - $9,455

Southern Tier

- Hope Foundation of Binghamton - $9,500

Western NY

- Collaborative Children's Solutions - $9,500
- COPE Foundation 19 - $9,500
- Full Circle Family Services, Inc. - $9,500
- Interfaith Caregivers, Inc. - $9,500
- Metro Community Development Corp. Delavan Grider Community Center - $9,500
- No Wound Untreated, Inc. - $9,500

Medication for Opioid Use Disorder in Jails

Capital Region

- Acacia Network, Inc. as Sponsor, The Puerto Rican Organization to Motivate, Enlighten and Serve Addicts, Inc. (PROMESA) as Operator - $418,000 (County: Columbia, Greene)
- Alcoholism and Substance Abuse Council of Schenectady County, Inc. d/b/a New Choices Recovery Center - $233,085 (County: Saratoga, Schenectady)
- St. Mary's Healthcare - $418,000 (County: Warren, Washington)
- Whitney M. Young, Jr. Health Center, Inc. - $209,000 (County: Albany)

Central NY

- Cayuga Health System, Inc as Sponsor, Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - $209,000 (County: Cortland)
- Crouse Health Hospital, Inc. - $627,000 (County: Madison, Onondaga)
- Farnham, Inc. d/b/a Farnham Family Services - $418,000 (County: Cayuga, Oswego)

Finger Lakes

- Cayuga Health System, Inc as Sponsor, Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - $220,000 (County: Seneca)
- Finger Lakes Area Counseling and Recovery Agency, Inc. - $198,000 (County: Yates)
- UConnectCare, Inc. - $836,000 (County: Genesee, Livingston, Orleans, Wyoming)

Long Island

- Nassau County Office of Mental Health, Chemical Dependency and Developmental Disability Services - $209,000 (County: Nassau)
- Suffolk County Department of Health Services - $418,000 (County: Suffolk)

Mid-Hudson

- Cornerstone Family Healthcare - $209,000 (County: Orange)
- Lexington Center for Recovery, Inc. - $627,000 (County: Dutchess, Rockland, Sullivan)
- St. John's Riverside Hospital, Inc. - $209,000 (County: Westchester)
- Westchester County Health Care Corporation and HealthAlliance, Inc. as Active Parents, Health Alliance Hospital Mary's Avenue Campus as Operator - $209,000 (County: Ulster)

Mohawk Valley

- Helio Health, Inc. - $418,000 (County: Oneida, Otsego)
- St. Mary's Healthcare - $418,000 (County: Fulton, Montgomery)

North Country

- St. Lawrence County Community Services Board - $209,000 (County: St. Lawrence)
- THRIVE Wellness and Recovery, Inc. - $418,000 (County: Jefferson, Lewis)

Southern Tier

- CASA-Trinity, Inc. - $627,000 (County: Chemung, Steuben, Tioga)
- Cayuga Health System, Inc as Sponsor, Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services, as Operator - $418,000 (County: Chenango, Tompkins)
- Finger Lakes Area Counseling and Recovery Agency, Inc. - $209,000 (County: Schuyler)
- Lexington Center for Recovery, Inc. - $209,000 (County: Delaware)
- United Health Services Hospitals, Inc. - $208,921 (County: Broome)

Western NY

- Acacia Network, Inc. as Sponsor, The Puerto Rican Organization to Motivate, Enlighten and Serve Addicts, Inc. (PROMESA) as Operator - $418,000 (County: Cattaraugus, Chautauqua)
- CASA-Trinity, Inc. - $209,000 (County: Allegany)
- LSCA Group, Inc. as Sponsor, BestSelf Behavioral Health, Inc. as Operator - $418,000 (County: Erie)
- Northpointe Council, Inc. - $209,000 (County: Niagara)

Non-medical Transportation

Capital Region

- Capital Behavioral Health Collaborative, Inc. - $1,620,000

Central NY

- Helio Health, Inc - $1,620,000

Finger Lakes

- Finger Lakes Area Counseling and Recovery Agency, Inc. - $1,620,000

Long Island

- Advanced Health Network, Inc. - $1,620,000

Mid-Hudson

- CBHS, Inc. - $1,620,000

Mohawk Valley

- Alcoholism and Substance Abuse Council of Hamilton, Fulton, and Montgomery Counties, Inc. d/b/a HFM Prevention Council - $1,260,000

New York City

- Coordinated Behavioral Care, Inc - $1,620,000
- Community Health Action of Staten Island, Inc. - $1,260,000
- Elmcor Youth & Adult Activities, Inc. $1,620,000

North Country

- Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc. - $1,620,000

Southern Tier

- The Addiction Center of Broome County, Inc. - $1,620,000
- CASA-Trinity, Inc. - $1,620,000

Western NY

- Save the Michaels of the World, Inc. - $1,620,000

Outreach and Engagement - Clinic Model

Capital Region

- 820 River St., Inc. - $431,479

Central NY

- Helio Health, Inc. - $150,000

Finger Lakes

- Wayne County Community Services Board - $150,000

Mid-Hudson

- Lexington Center for Recovery, Inc. - $27,192
- Samadhi Center Inc. - $643,750

New York City

- Elmcor Youth & Adult Activities, Inc. - $150,000
- New York Therapeutic Communities, Inc. - $150,000
- Services for the Underserved, Inc. as Sponsor; Palladia, Inc. as Operator - $136,404

North Country

- St. Joseph's Rehabilitation Center, Inc. d/b/a St. Joseph's Addiction Treatment and Recovery Centers; St. Joseph's Rehabilitation Center, Inc. d/b/a Rose Hill - $561,126
- St. Lawrence County Community Services Board - $535,518

Western NY

- Acacia Network, Inc. as Sponsor, The Puerto Rican Organization to Motivate, Enlighten and Serve Addicts, Inc. (PROMESA) as Operator - $651,875
- Allegany Council on Alcoholism and Substance Abuse, Inc. - $332,312

Outreach and Engagement - Street Outreach

Capital Region

- RISE Housing and Support Services, Inc. -$562,630

Central NY

- East Hill Family Medical Inc. d/b/a East Hill Medical Center -$559,220
- Farnham, Inc. d/b/a Farnham Family Services - $575,000
- Onondaga County Department of Mental Health - $575,000

Long Island

- Community Action for Social Justice, Inc. - $575,000
- Outreach Development Corporation - $575,000

Mid-Hudson

- Dutchess County Department of Mental Health -$551,250

New York City

- Center for Community Alternatives, Inc. - $500,000
- RiseWell Community Services, Inc. - $500,000

Southern Tier

- Southern Tier AIDS Program Inc - $552,000

Western NY

- Allegany Rehabilitation Associates, Inc. d/b/a Clarity Wellness Community -$442,388
- EHS, Inc. - $560,000

Paid Internship Program

Capital Region

- Addictions Care Center of Albany, Inc. - $15,696
- Adirondack Community College Foundation, Inc. - $108,900
- Hudson Valley Community College -$143,160

Central NY

- Farnham, Inc. d/b/a Farnham Family Services - $84,758
- Helio Health, Inc. - $9,810

Finger Lakes

- Monroe Community College -$130,500

Long Island

- Suffolk County Community College - $119,700

Mid-Hudson

- Sullivan County Community College - $76,500
- Westchester Community College - $137,700

Mohawk Valley

- Fulton-Montgomery Community College - $86,760

New York City

- Exponents, Inc. - $87,450
- Kingsborough Community College - $116,100
- Outreach Development Corporation -$223,472
- Samaritan Daytop Village, Inc. - $124,979

North Country

- Clinton Community College -$90,000
- North Country Community College -$68,234
- St. Joseph's Rehabilitation Center, Inc. d/b/a St. Joseph's Addiction Treatment and Recovery Centers; St. Joseph's Rehabilitation Center, Inc. d/b/a Rose Hill -$185,998

Southern Tier

- Broome Community College -$130,500
- Corning Community College Development Foundation, Inc. - $184,500
- Tompkins Cortland Community College - $64,800

Western NY

- Erie Community College - $130,500
- Jamestown Community College - $71,100

Statewide

- Friends of Recovery New York - $581,250
- SUNY Stony Brook - $2,017,728

Paid Prevention Internship Opportunity

Central NY

- Confidential Help for Alcohol and Drugs, Inc. - $46,000
- Family Counseling Services of Cortland County, Inc. - $46,000
- Farnham, Inc. d/b/a Farnham Family Services - $46,000

Finger Lakes

- CASA-Trinity, Inc. - $46,000
- DePaul Community Services - $46,000

Long Island

- Hope for Youth, Inc. - $46,000
- Huntington Youth Bureau Youth Development Research Institute, Inc. - $46,000
- Riverhead Community Awareness Program - $46,000
- Youth Environmental Services, Inc. - $46,000

Mid-Hudson

- Family Services, Inc. - $46,000
- Student Assistance Services Corporation - $46,000
- The Orange County Council on Alcoholism, Inc. d/b/a Alcohol and Drug Awareness Council of Orange County - $46,000
- Warwick Community Bandwagon, Inc. - $46,000

Mohawk Valley

- Center for Family Life and Recovery, Inc. - $46,000

New York City

- Elmcor Youth & Adult Activities, Inc. - $46,000
- Hebrew Educational Society - $46,000
- Sports Foundation, Inc. - $46,000
- The Children's Aid Society - $46,000

North Country

- Champlain Valley Family Center for Drug Treatment and Youth Services, Inc. - $46,000
- Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc. - $46,000

Southern Tier

- Catholic Charities of the Diocese of Rochester d/b/a Catholic Charities Steuben/Livingston - $46,000
- Hornell Area Concern for Youth, Inc - $46,000

Western NY

- Western New York United Against Drug & Alcohol Abuse, Inc. - $46,000

Professional Scholarship Program

Capital Region

- Addictions Care Center of Albany, Inc. - $95,040
- Adirondack Community College Foundation, Inc. - $197,141
- Hudson Valley Community College - $197,100

Central NY

- Farnham, Inc. d/b/a Farnham Family Services - $166,320
- Helio Health, Inc. - $1,046,103

Finger Lakes

- DePaul Community Services - $221,307
- Monroe Community College - $197,141

Long Island

- Suffolk County Community College - $197,141

Mid-Hudson

- Sullivan County Community College -$197,141
- The Orange County Council on Alcoholism, Inc. d/b/a Alcohol and Drug Awareness Council of Orange County - $174,075
- Westchester Community College - $197,141

Mohawk Valley

- Fulton-Montgomery Community College - $197,141

New York City

- Exponents, Inc. - $1,264,000
- Kingsborough Community College - $166,388
- Outreach Development Corporation - $1,270,500
- Samaritan Daytop Village, Inc. - $990,000

North Country

- Clinton Community College - $197,141
- North Country Community College - $196,832
- St. Joseph's Rehabilitation Center, Inc. d/b/a St. Joseph's Addiction Treatment and Recovery Centers; St. Joseph's Rehabilitation Center, Inc. d/b/a Rose Hill - $147,262

Southern Tier

- Broome Community College - $197,141
- Corning Community College Development Foundation, Inc. - $195,840

- Tompkins Cortland Community College - $118,622

Western NY

- Erie Community College - $197,141
- Jamestown Community College - $197,141

Statewide

- Alfred State College - $1,100,552
- Empire State University - $5,221,425
- Friends of Recovery New York - $180,497
- SUNY Stony Brook - $1,750,200

Recovery Community and Outreach Centers

Capital Region

- The Alcohol and Substance Abuse Prevention Council of Saratoga County - $1,382,230
- Council for Prevention, Inc. - $2,523,870
- Second Chance Opportunities, Inc. - $1,068,750

Central NY

- Center for Community Alternatives, Inc. - $729,245
- Helio Health, Inc. - $1,425,000

Finger Lakes

- Center for Community Alternatives, Inc. – $717,250
- Finger Lakes Area Counseling and Recovery Agency, Inc. - $1,175,000
- UConnectCare, Inc. - $1,175,000

Long Island

- Family and Children's Association - $557,565

Mid-Hudson

- Independent Living, Inc. (Orange County) - $670,200
- Independent Living, Inc. (Westchester County) - $925,000
- Rockland Council on Alcoholism & Other Drug Dependence (RCADD) - $1,175,000

Mohawk Valley

- Alcoholism and Substance Abuse Council of Hamilton, Fulton, and Montgomery Counties, Inc. d/b/a HFM Prevention Council - $2,173,305
- Catholic Charities of Herkimer County - $926,125
- Friends of Recovery of Delaware and Otsego Counties, Inc. (Otsego County) - $830,500

New York City

- Community Health Action of Staten Island, Inc. - $548,965
- Exponents, Inc. - $1,675,000
- The Fortune Society, Inc. - $1,175,000
- Let's Talk SAFETY, Inc. d/b/a The Pillars - $142,520
- Odyssey House, Inc. - $794,890
- Phoenix Houses of Long Island, Inc. - $396,810
- Samaritan Daytop Village, Inc. (Bronx) - $1,175,000
- Samaritan Daytop Village, Inc. (Queens) - $577,500
- New York Therapeutic Communities, Inc. (Brooklyn) - $1,605,000

North Country

- Alcohol and Substance Abuse Council of Jefferson County, Inc. d/b/a Pivot - $925,000
- Champlain Valley Family Center for Drug Treatment and Youth Services, Inc. - $1,175,000
- Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc. - $925,000

Southern Tier

- Fairview Recovery Services, Inc. - $925,000
- Friends of Recovery of Delaware and Otsego Counties, Inc. (Delaware County) - $925,000

Western NY

- LSCA Group, Inc. as Sponsor, BestSelf Behavioral Health, Inc. as Operator - $893,390
- Save the Michaels of the World, Inc. - $131,250

Social-Emotional Learning (SEL)

Long Island

- Hope for Youth, Inc. - $450,000

Mid-Hudson

- Cornell Cooperative Extension of Sullivan County - $450,000

North Country

- St. Regis Mohawk Health Services - $450,000

Western NY

- Prevention Works, Inc. - $450,000

Transitional Safety Units

Central NY

- Catholic Charities of the Diocese of Syracuse- $440,752
- Liberty Resources, Inc.- $894,696

Finger Lakes

- Finger Lakes Area Counseling and Recovery Agency, Inc. - $1,709,580
- UconnectCare, Inc.- $870,256

Mid-Hudson

- Access: Supports for Living Inc. as Sponsor, The Guidance Center of Westchester, Inc., as Operator- $1,432,252
- Mental Health America of Dutchess County, Inc.- $1,200,832

New York City

- Acacia Network, Inc. as Sponsor, United Bronx Parents, Inc. as Operator- $1,164,128
- Project Hospitality, Inc.- $1,346,188
- The Fortune Society, Inc. - $1,528,252
- The Lower East Side Service Center, Inc.- $3,348,884
- Women in Need, Inc.- $1,346,188

North Country

- Champlain Valley Family Center for Drug Treatment and Youth Services, Inc.- $569,888
- THRIVE Wellness and Recovery- $2,351,412

Western NY

- Cazenovia Recovery Systems, Inc.- $1,607,092
- LSCA Group, Inc. as Sponsor, BestSelf Behavioral Health, Inc. as Operator- $1,155,544
- Mental Health Services- Erie County South East Corporation V d/b/a/ Spectrum Health Services- $312,196

Wellness Initiative for Senior Education (WISE)

Finger Lakes

- CASA-Trinity, Inc. - $300,000

Mohawk Valley

- Catholic Charities of Herkimer County - $300,000

New York City

- Elmcor Youth & Adult Activities, Inc. - $300,000
- RiseBoro Community Partnership - $300,000
- The Educational Alliance, Inc. - $300,000

North Country

- Alcohol and Substance Abuse Council of Jefferson County, Inc. d/b/a Pivot - $300,000
- Substance Abuse Prevention Team of Essex County, Inc. - $300,000

Western NY

- Allegany Council on Alcoholism and Substance Abuse, Inc. - $65,953

4) Data and Research

a) Data

i) Harm Reduction Delivered

b) Presentations

i) Opioid Settlement Funding Impact and Results
ii) OASAS Overview
iii) Epidemiology of Overdose Deaths
ii) Epidemiology of Substance Use Disorder Treatment
iii) OASAS Guiding Principles
iv) IUA September 2025 Conference Presentation

c) Publications

i) Peer Reviewed Publications

(a) Aleksanyan, J., Choi, S., Lincourt, P., Burke, C., Ramsey, K. S., Hussain, S., ... & Neighbors, C.J. (2024). Lost in transition: A protocol for a retrospective, longitudinal cohort study for addressing challenges in opioid treatment for transition-age adults. *Plos one*, 19(8), e0297567.

(b) Aleksanyan, J., Maria, Z., Renteria, D., Fawole, A., Jordan, A. E., Drury, V., ... & Neighbors, C. J. (2025). Perspectives of treatment providers overseeing substance use disorder treatment among transition-age adults, aged 18–25 years. *Journal of Substance Use and Addiction Treatment*, 209704.

(c) Bachhuber, M. A., Cunningham, C. O., & Jordan, A. E. (2025). Potential improvement in spatial accessibility of methadone treatment with integration into other outpatient substance use disorder treatment programs, New York City, 2024. *PloS one,* 20(2), e0317967.

(d) Bachhuber, M. A., Cunningham, C. O., Lincourt, P., & Jordan, A. E. (2025). Spatial accessibility of substance use disorder treatment programs, compared with other health care facilities, in New York State, 2024. *Addiction Science & Clinical Practice*, 20(1), 60.

(e) Bao, Y., O'Grady, M. A., Hutchings, K., Hu, J. C., Campbell, K., Knopf, E., ... & Neighbors, C. J. (2025). Payment and billing strategies to support methadone take-home medication: Perspectives of financial leaders of opioid treatment program organizations in New York State. *Journal of Substance Use and Addiction Treatment*, 168, 209547.

(f) Bradley, H., Nguyen, T., Far, S. S., Jordan, A. E., Kamanu, V., King, R., ... & Rosenberg, E. S. (2025). Re: Estimation of opioid misuse prevalence in New York State counties, 2007-2018. A Bayesian spatio-temporal abundance model approach. *American Journal of Epidemiology*, 194(3), 867-868.

(g) Choi, S., Choi, J., O'Grady, M., Renteria, D., Oules, C., Liebmann, E., ... & Neighbors, C. J. (2025). Patient experiences in outpatient substance

use disorder treatment: A qualitative study exploring both clinical and non-clinical contexts. *Journal of Substance Use and Addiction Treatment*, 169, 209581.

(h) Falls, Z., Zhang, X., Jacobs, D. M., Jette, G., Jordan, A. E., Gibson, W., ... & Leonard, K. E. (2025). Predictors of the Rapid vs Longer Term Development of Opioid Use Disorder or Overdose among Clients Treated for an Alcohol Use Problem. *Journal of Studies on Alcohol and Drugs*, jsad-24.

(i) Glasgow, L., Douglas, C., Sprunger, J. G., Campbell, A. N., Chandler, R., Dasgupta, A., ... & El-Bassel, N. (2024). Effect of the Communities that HEAL intervention on receipt of behavioral therapies for opioid use disorder: A cluster randomized wait-list controlled trial. *Drug and Alcohol Dependence*, 259, 111286.

(j) Hennessy, G., Brewster, M., Mund, P., Jordan, A. E., & Cunningham, C. O. (2024). Naloxone Is the Preferred Medication for Decreasing Opioid Overdose Fatalities. *Psychiatric News*, 59(11), doi.org/10.1176/appi.pn.2024.11.11.11.

(k) Henry, B. F., Krawczyk, N., Jordan, A. E., Cunningham, C. O., Lincourt, P., Hussain, S., ... & Williams, A. R. (2025). Opioid use disorder Cascade of care: defining a taxonomy for measurement. *The American Journal of Drug and Alcohol Abuse*, 51(3), 276-289.

(l) Jordan, A. E., Jette, G., Graham, J. K., Burke, C., & Cunningham, C. O. (2024). Drug overdose death following substance use disorder treatment termination in New York City: a retrospective longitudinal cohort study. *Journal of Urban Health*, 101(5), 1045-1057.

(m) Jordan, A. E., Bachhuber, M. A., Tuazon, E., Jimenez, C., Lincourt, P., Hussain, S., ... & Cunningham, C. O. (2024). Methadone dosing at New York State opioid treatment programs following initial revisions to federal regulations. *Drug and Alcohol Dependence*, 258, 111283.

(n) Jordan, A. E., Zhang, W., Gorry, S., Heck, A., Burke, C., & Cunningham, C. O. (2025). A spatial epidemiologic analysis of opioid use disorder treatment in New York state. *Medical Care*, 63(5), 386-392.

(o) Jordan, A. E., Gaynor, R., Moores, C., Canty, Y., & Cunningham, C. O. (2025). The Largest Program for Opioid Use Disorder in a Statewide Carceral System: A Collaborative Multi-Agency Initiative. *The Milbank Quarterly*.

(p) Jordan, A. E., Brewster, M., Mund, P., Hennessy, G., & Cunningham, C. O. (2024). Leveraging Implementation Factors and Policy to Improve the Effectiveness of Naloxone. *Journal of Addiction Medicine*, 10-1097.

(q) Lu, C. H., Su, H. Y., Falls, Z., Jacobs, D. M., Zhang, Q., Gibson, W., ... & Bednarczyk, E. M. (2025). Differences in prescribing patterns of opioid dependence drugs among patients with primary alcohol use problems and opioid use disorders within New York State by social determinant factors, 2005-2018. J*ournal of the American Pharmacists Association*, 65(1), 102258.

(r) O'Grady, M. A., Elkington, K. S., Robson, G., Achebe, I. Y., Williams, A. R., Cohall, A. T., ... & Tross, S. (2024). Referral to and engagement in substance use disorder treatment within opioid intervention courts in New York: a qualitative study of implementation barriers and facilitators. *Substance Abuse Treatment, Prevention, and Policy*, 19(1), 12.

(s) O'Grady, M. A., Lincourt, P., Hong, S., Hussain, S., & Neighbors, C. J. (2025). Early implementation of an electronic measurement-based care tool in substance use disorder treatment clinics. J*ournal of Substance Use and Addiction Treatment*, 169, 209605.

ii) Non-Peer Reviewed Publications

a) Hennessy, G. (2024, April 24). Can medical cannabis treat chronic pain? *Behavioral Health News.*
b) Brewster, M. & Ramsey, K. (2023, October 23). The long history and bright future of harm reduction in New York State. *Behavioral Health News.*
c) Lincourt, P. & Ramsey, K.S. (2023, April 18). The ways that stigma hurts people who use substances and how to help. *Behavioral Health News.*
d) Hennessy, G. (2023, July 29). What do we know about the relationship between cannabis and psychosis? *Behavioral Health News.*

iii) Addiction Data Bulletins

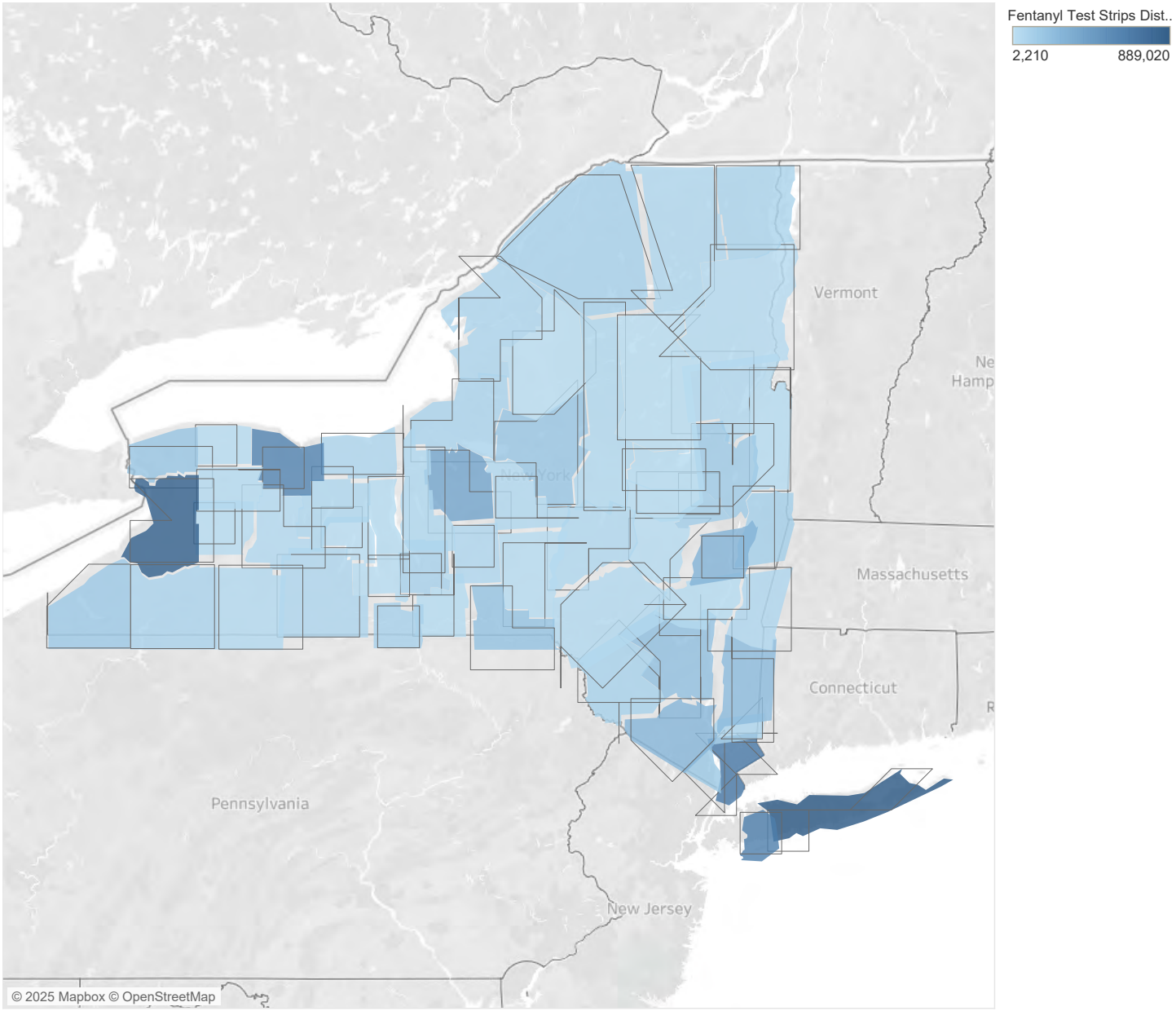
a) Cooper, R., Hennessy, G., Black, S., Stickle, T., Farrell, J., Locke, S., Chen, S. Gargon, N., Heck, A., Cunningham, C.O. & Jordan, A.E. (April 2025). The Gambling Risk Environment and Public Perceptions of Gambling Harms in New York State. Addiction Data Bulletin (No. 2025-05).
b) Cooper, R., Hennessy, G., Black, S., Stickle, T., Farrell, J., Locke, S., Chen, S. Gargon, N., Heck, A., Cunningham, C.O. & Jordan, A.E. (April 2025). Gambling Harms and Gambling Disorder Healthcare and Service Utilization in New York State. Addiction Data Bulletin (No. 2025-06).
c) Heck, A., Jette, G., Jordan, A.E., Zhang, A., Burke, C., & Cunningham, C.O. (November 2024). Stimulant Use and Stimulant Use Disorder in New York State. New York State Office of Addiction Services and Supports: Addiction Data Bulletin (No. 2024-02).
d) Jette, G., Heck, A., Burke, C., & Cunningham, C.O. (September 2023) New York State Substance Use Disorder Treatment Service System. New York State Office of Addiction Services and Supports: Addiction Data Bulletin (No. 2023-01).
e) Jordan, A.E., Jette, G., Gorry, S., Brewster, M., Mund, P., Heck, A., & Cunningham, C.O. (June 2024) Reducing Overdose Deaths: Strategies to Enhance Overdose Prevention During and After

Substance Use Disorder Treatment: Addiction Data Bulletin (No. 2024-03).

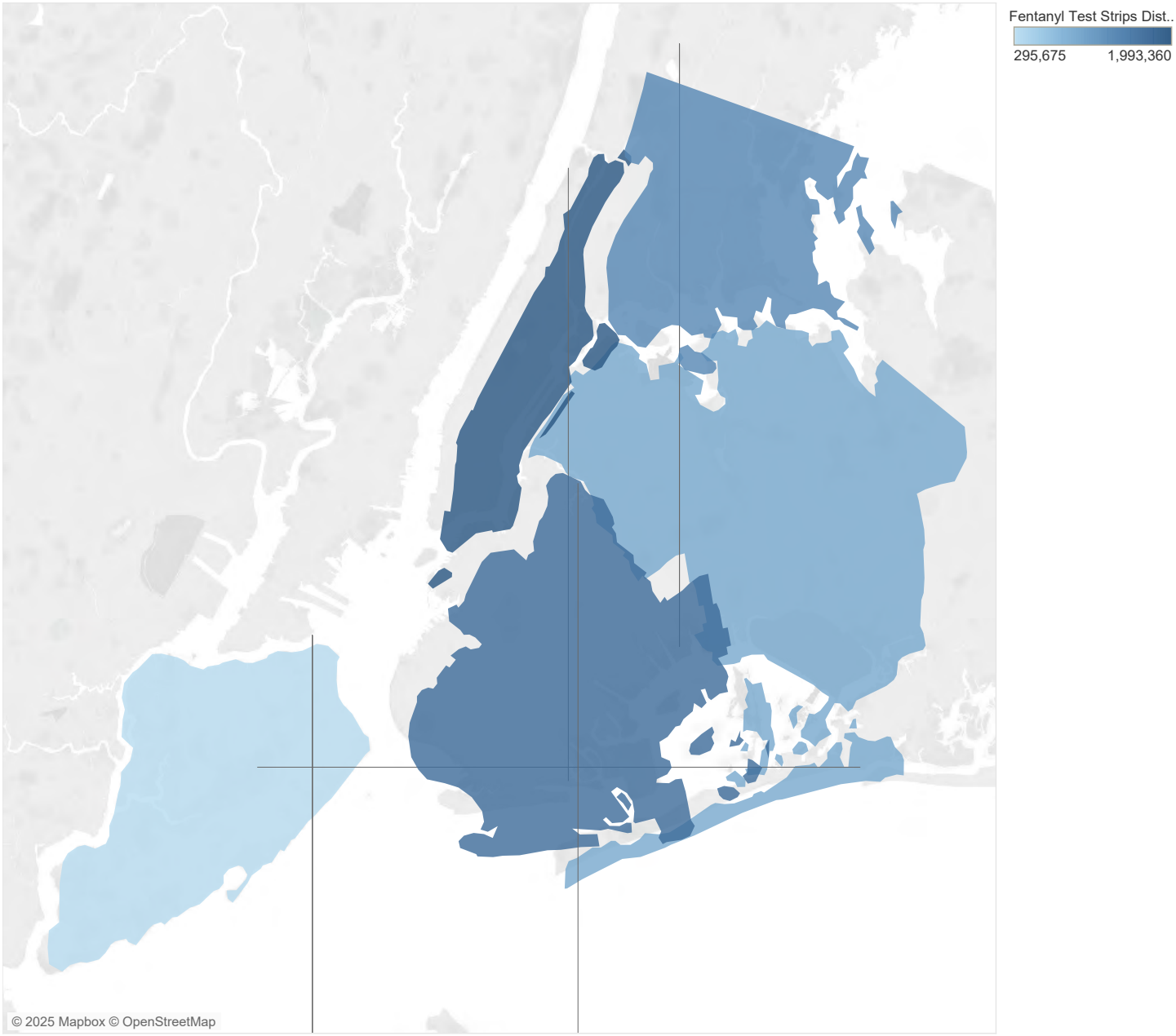
f) Zhang, W., Gorry, S., Heck, A., Jette, G., Brewster, M., Cunningham, C.O., & Jordan, A.E. (October 2024) Time trend analysis of drug injection reported at substance use disorder treatment admission in New York State, 2002-2022: Addiction Data Bulletin (No. 2024-04).

Fentanyl Test Strip Distribution

Distribution Date Range: 08-2022 to 08-2025



Inset of NYC


Fentanyl Test Strips Dist..
295,675
1,993,360
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FTS (table)

NYS Empire Zones	County	Individual	Organization	Grand Total
Capital Region	Albany	117,925	152,300	270,225
	Columbia	21,155	31,100	52,255
	Greene	10,780	10,800	21,580
	Rensselaer	53,490	48,800	102,290
	Saratoga	62,645	68,600	131,245
	Schenectady	66,185	47,900	114,085
	Warren	18,850	29,900	48,750
	Washington	14,860	6,500	21,360
Central	Cayuga	14,915	34,500	49,415
	Cortland	10,800	40,300	51,100
	Madison	19,645	24,600	44,245
	Onondaga	173,840	190,500	364,340
	Oswego	44,635	31,300	75,935
Finger Lakes	Genesee	16,705	14,600	31,305
	Livingston	15,105	21,700	36,805
	Monroe	218,815	359,550	578,365
	Ontario	33,025	22,600	55,625
	Orleans	8,925	9,200	18,125
	Seneca	8,860	13,200	22,060
	Wayne	22,790	37,300	60,090
	Wyoming	6,645	13,700	20,345
	Yates	3,885	5,900	9,785
Long Island	Nassau	369,820	245,600	615,420
	Suffolk	501,820	387,200	889,020
Mid-Hud..	Dutchess	111,030	111,700	222,730
	Orange	121,115	131,300	252,415
	Putnam	31,745	29,100	60,845
	Rockland	73,670	67,400	141,070
	Sullivan	23,000	59,700	82,700
	Ulster	65,740	127,400	193,140
	Westchester	288,940	362,500	651,440
Mohawk Valley	Fulton	11,990	10,600	22,590
	Herkimer	15,025	27,100	42,125
	Montgomery	12,170	9,700	21,870
	Oneida	72,890	89,150	162,040
	Otsego	18,670	27,900	46,570
	Schoharie	8,915	9,800	18,715
New York City	Bronx	397,900	956,400	1,354,300
	Kings	950,620	767,500	1,718,120
	New York	849,760	1,143,600	1,993,360
	Queens	481,535	465,900	947,435
	Richmond	125,275	170,400	295,675
North	Clinton	25,095	43,700	68,795

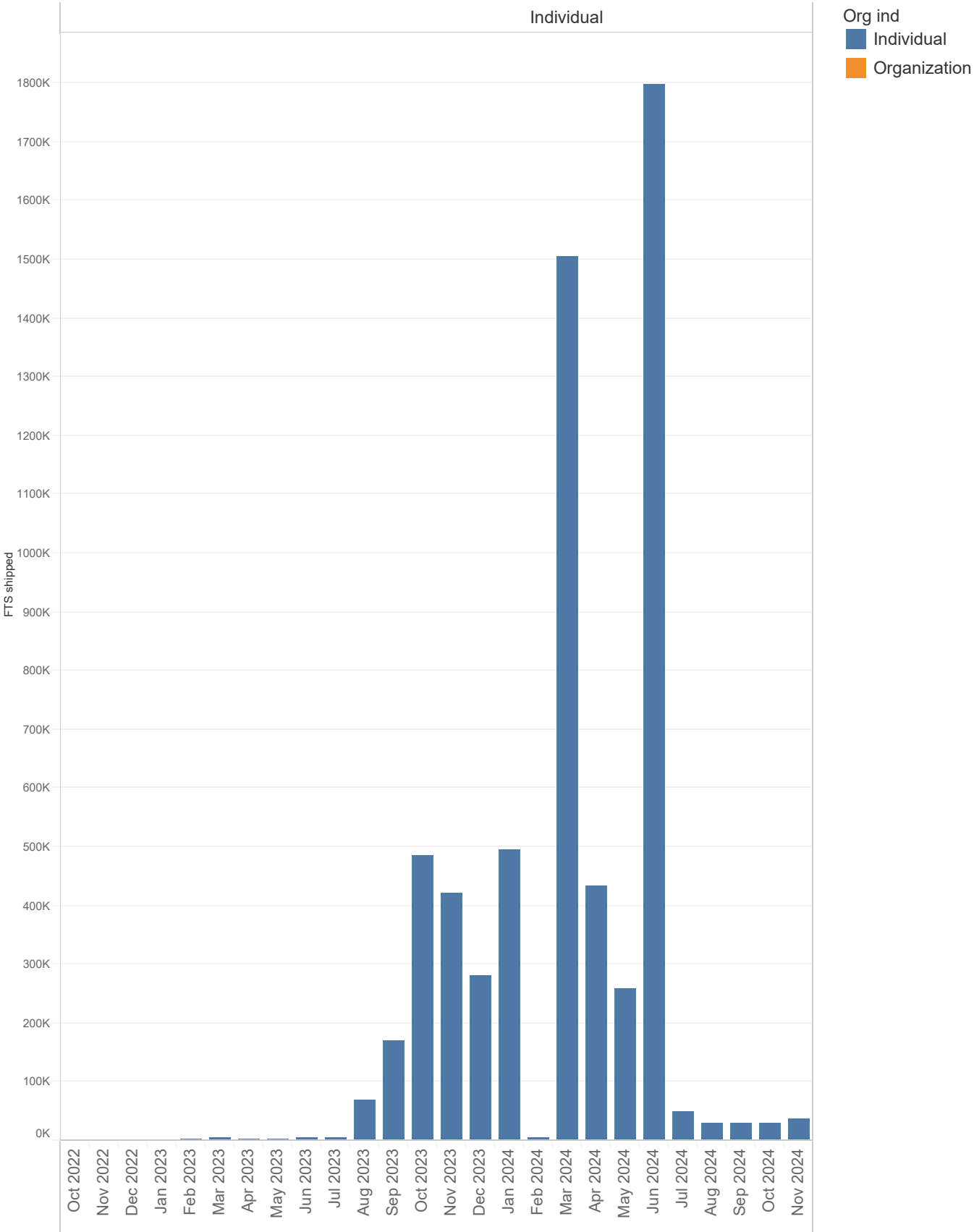
Org ind
- Individual
- Organization
- Grand Total

FTS (table)

NYS Empire Zones	County	Individual	Organization	Grand Total
North Country	Essex	10,265	12,600	22,865
	Franklin	18,300	29,400	47,700
	Hamilton	410	1,800	2,210
	Jefferson	26,505	33,100	59,605
	Lewis	2,305	4,100	6,405
	St. Lawrence	27,670	62,200	89,870
Southern Tier	Broome	64,900	111,700	176,600
	Chemung	43,125	42,750	85,875
	Chenango	12,000	7,500	19,500
	Delaware	12,320	21,300	33,620
	Schuyler	5,765	6,600	12,365
	Steuben	24,700	33,000	57,700
	Tioga	11,705	9,800	21,505
	Tompkins	27,930	56,200	84,130
Western	Allegany	14,125	17,700	31,825
	Cattaraugus	34,265	37,500	71,765
	Chautauqua	62,805	75,150	137,955
	Erie	364,330	468,510	832,840
	Niagara	91,045	70,000	161,045
Grand Total		6,375,675	7,559,410	13,935,085

Org ind
- Individual
- Organization
- Grand Total

FTS (bar)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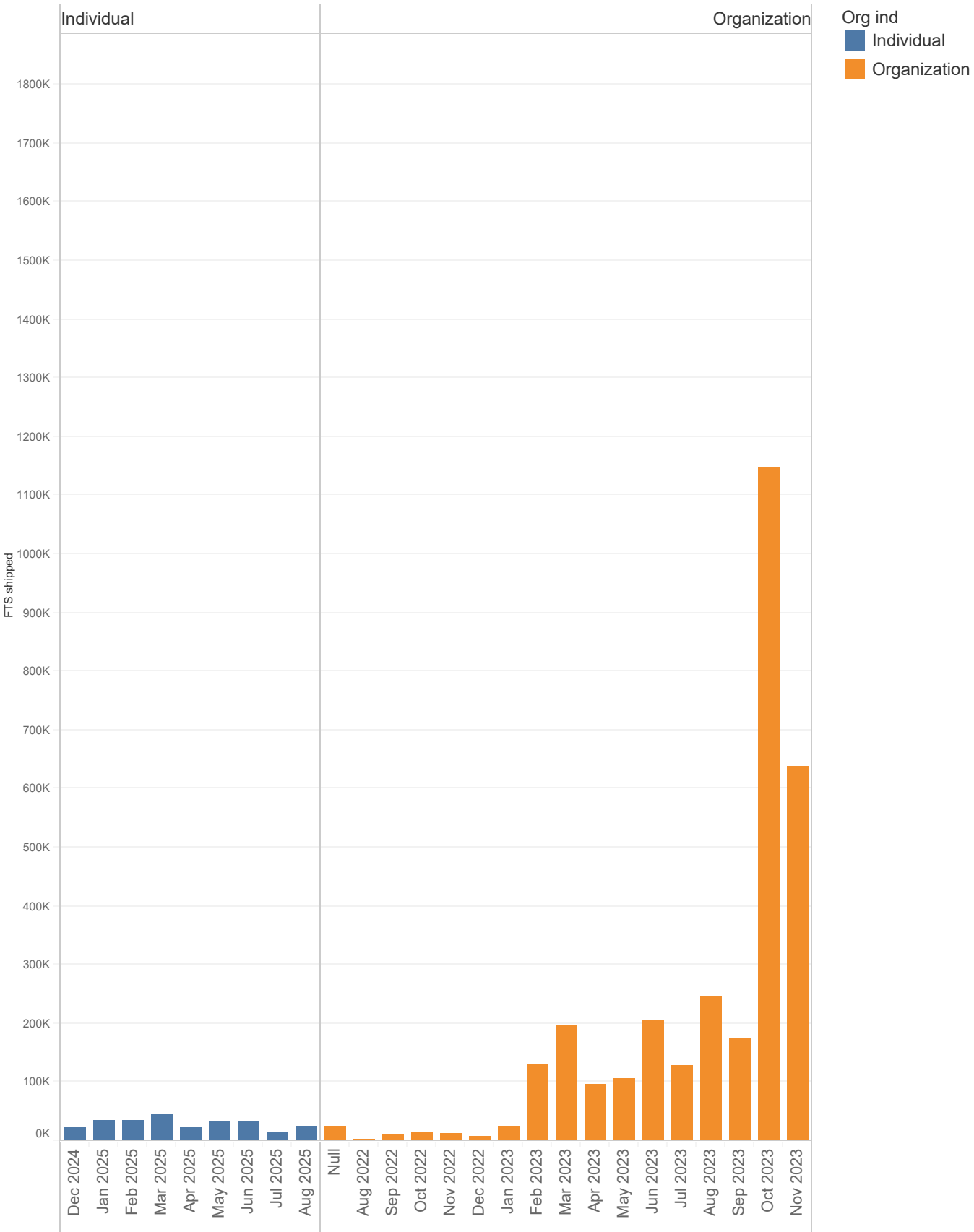
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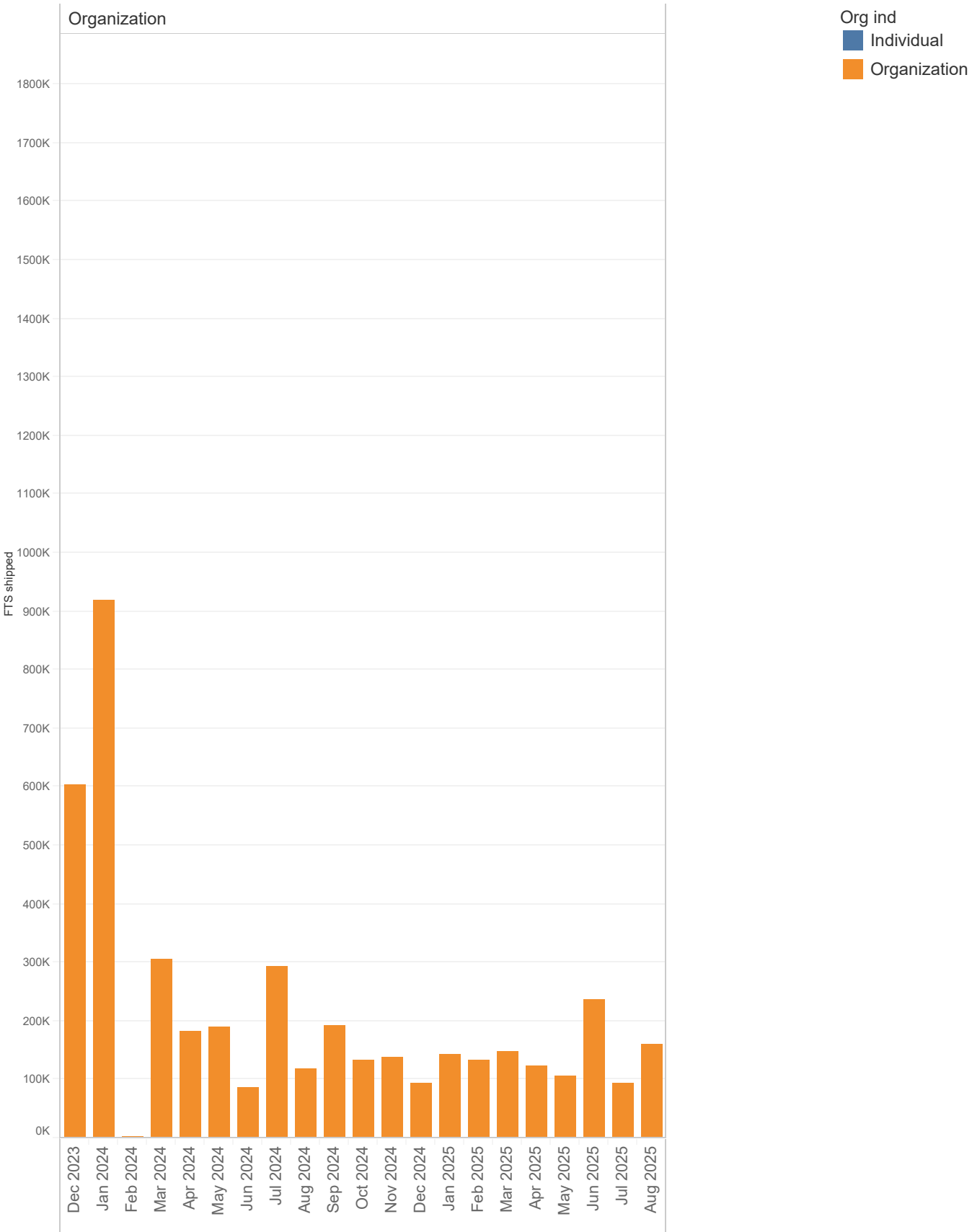
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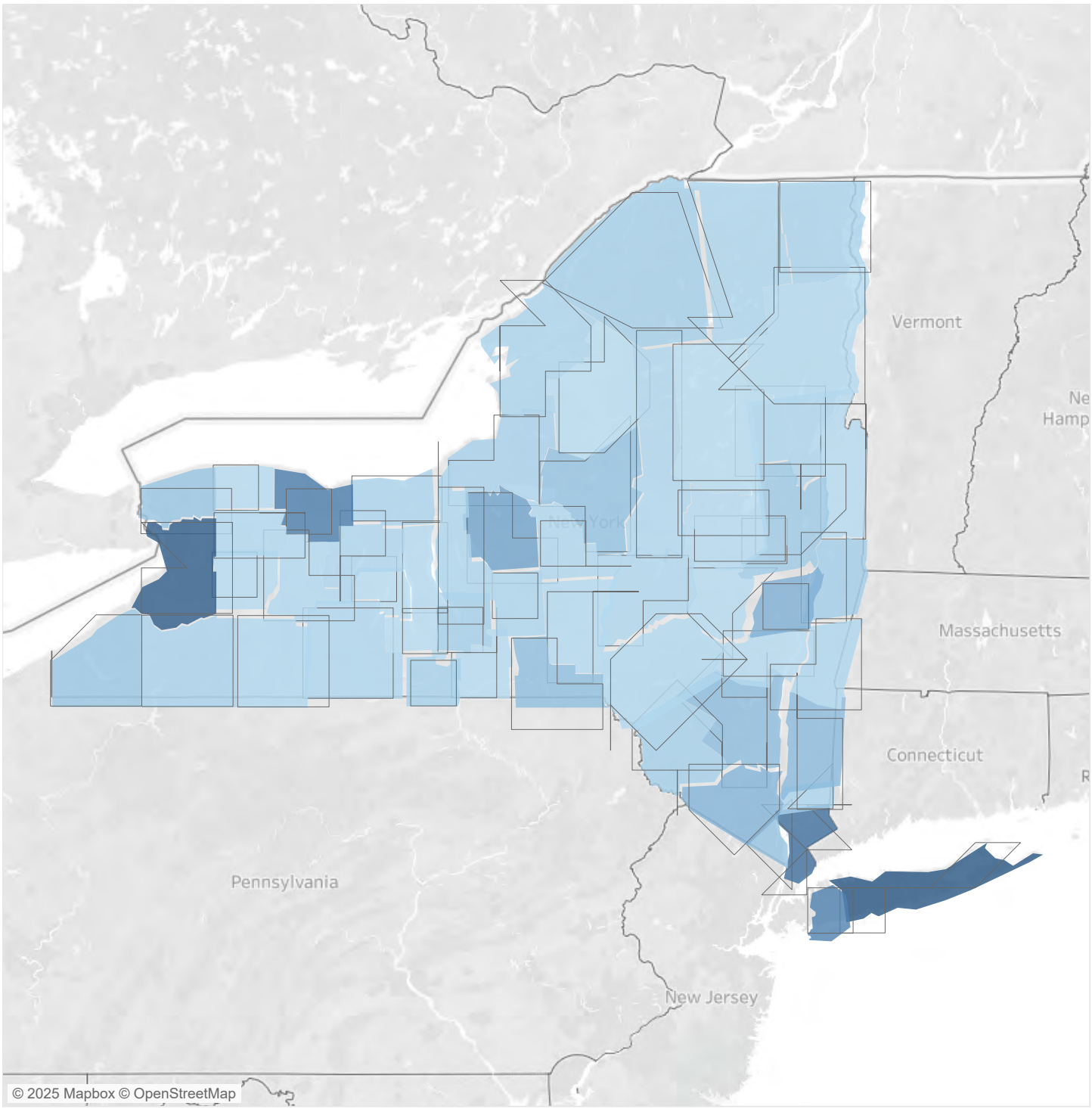
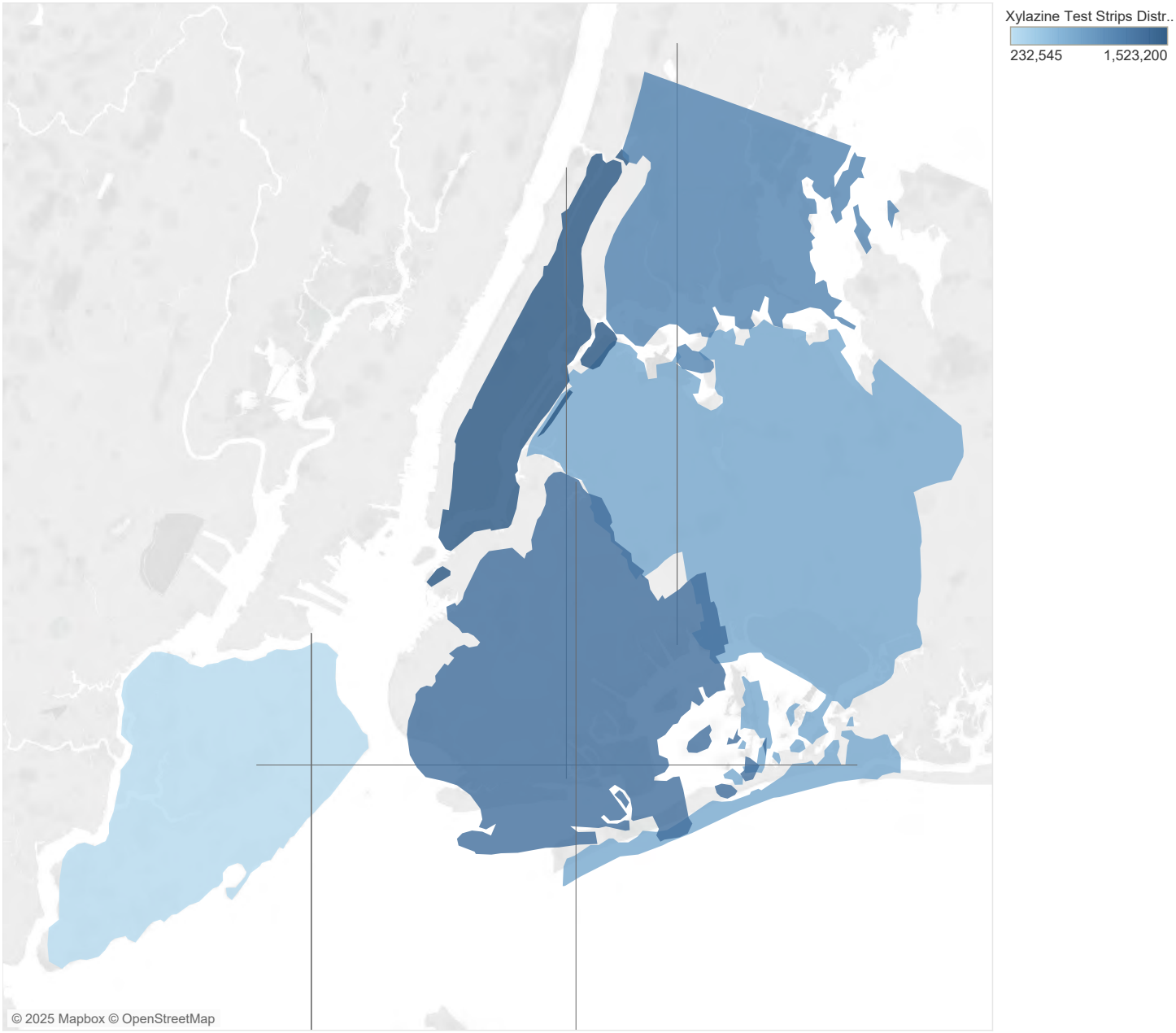
Xylazine Test Strip Distribution

Distribution Date Range: 05-2023 to 08-2025



Inset of NYC


Xylazine Test Strips Distr..
232,545
1,523,200
© 2025 Mapbox © OpenStreetMap

XTS (table)

NYS Empire Zones	County	Individual	Organization	Grand Total
Capital Region	Albany	77,720	133,300	211,020
	Columbia	11,905	24,400	36,305
	Greene	7,175	7,400	14,575
	Rensselaer	37,390	41,700	79,090
	Saratoga	42,210	53,700	95,910
	Schenectady	44,225	44,900	89,125
	Warren	13,120	29,400	42,520
	Washington	9,020	4,800	13,820
Central	Cayuga	8,705	31,500	40,205
	Cortland	8,395	35,600	43,995
	Madison	12,900	21,300	34,200
	Onondaga	115,620	159,800	275,420
	Oswego	30,995	28,200	59,195
Finger Lakes	Genesee	10,820	18,400	29,220
	Livingston	10,395	18,300	28,695
	Monroe	146,295	303,950	450,245
	Ontario	23,400	19,100	42,500
	Orleans	5,715	9,700	15,415
	Seneca	6,655	10,500	17,155
	Wayne	15,180	30,900	46,080
	Wyoming	4,855	10,000	14,855
	Yates	2,675	5,600	8,275
Long Island	Nassau	236,260	192,500	428,760
	Suffolk	320,765	325,200	645,965
Mid-Huds..	Dutchess	68,340	93,600	161,940
	Orange	77,580	110,800	188,380
	Putnam	20,785	25,800	46,585
	Rockland	48,590	68,700	117,290
	Sullivan	16,380	52,900	69,280
	Ulster	44,165	111,700	155,865
	Westchester	178,695	337,300	515,995
Mohawk Valley	Fulton	8,985	9,600	18,585
	Herkimer	11,050	21,100	32,150
	Montgomery	8,945	9,000	17,945
	Oneida	48,720	83,250	131,970
	Otsego	11,695	20,900	32,595
	Schoharie	5,710	8,700	14,410
New York City	Bronx	272,070	809,400	1,081,470
	Kings	648,665	639,200	1,287,865
	New York	567,700	955,500	1,523,200
	Queens	333,415	403,400	736,815
	Richmond	85,845	146,700	232,545
North	Clinton	17,100	35,700	52,800

Org ind
- Individual
- Organization
- Grand Total

XTS (table)

NYS Empire Zones	County	Individual	Organization	Grand Total
North Country	Essex	7,970	12,600	20,570
	Franklin	13,910	25,500	39,410
	Hamilton	200	1,800	2,000
	Jefferson	19,475	28,800	48,275
	Lewis	1,605	3,600	5,205
	St. Lawrence	20,590	46,600	67,190
Southern Tier	Broome	43,410	100,400	143,810
	Chemung	28,130	32,450	60,580
	Chenango	9,465	10,900	20,365
	Delaware	8,535	17,300	25,835
	Schuyler	4,000	6,600	10,600
	Steuben	17,435	21,000	38,435
	Tioga	7,755	7,800	15,555
	Tompkins	20,160	50,600	70,760
Western	Allegany	10,450	16,400	26,850
	Cattaraugus	22,585	30,300	52,885
	Chautauqua	43,470	68,350	111,820
	Erie	231,490	382,800	614,290
	Niagara	61,935	56,900	118,835
Grand Total		4,249,400	6,424,100	10,673,500

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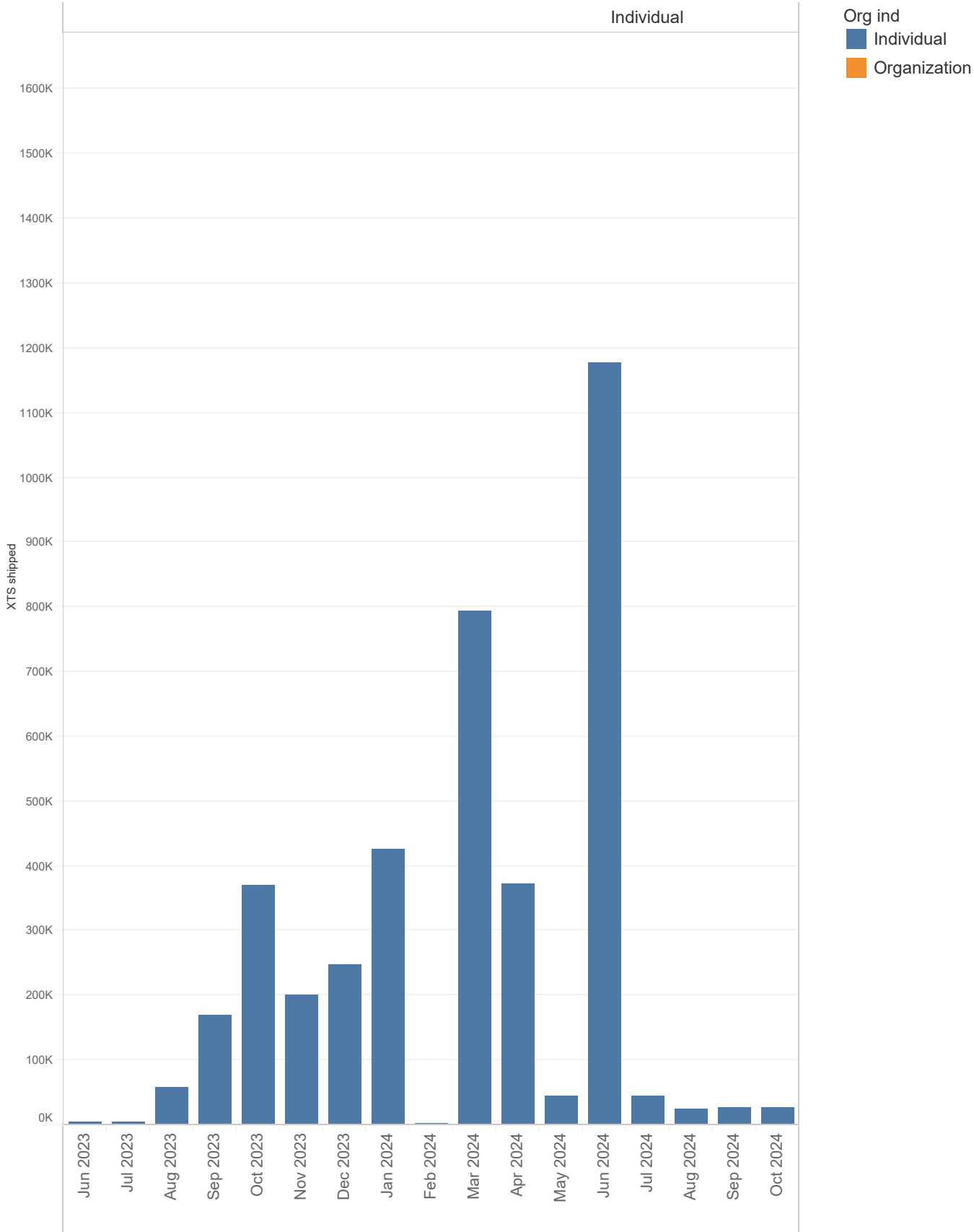
- Grand Total

XTS (bar)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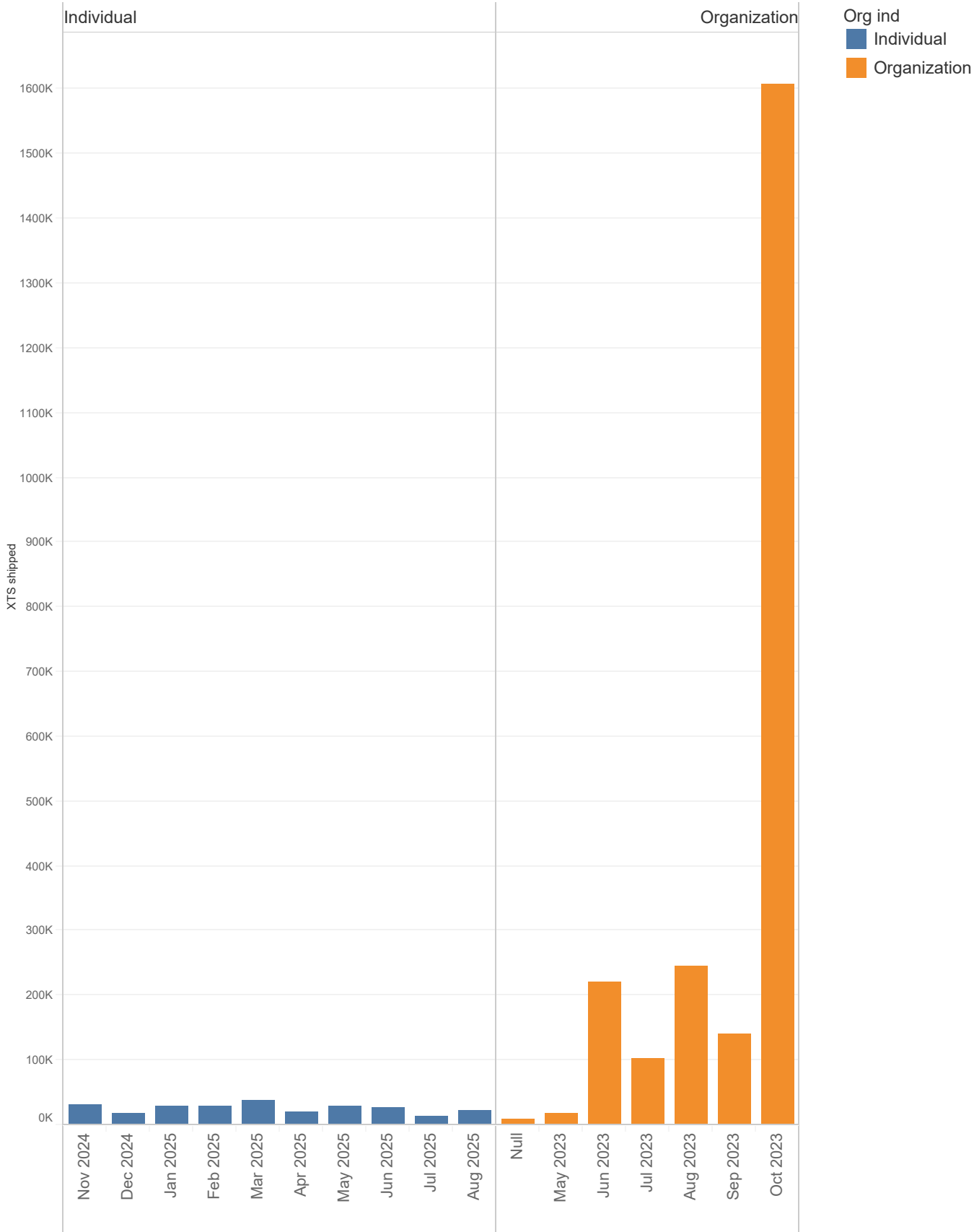
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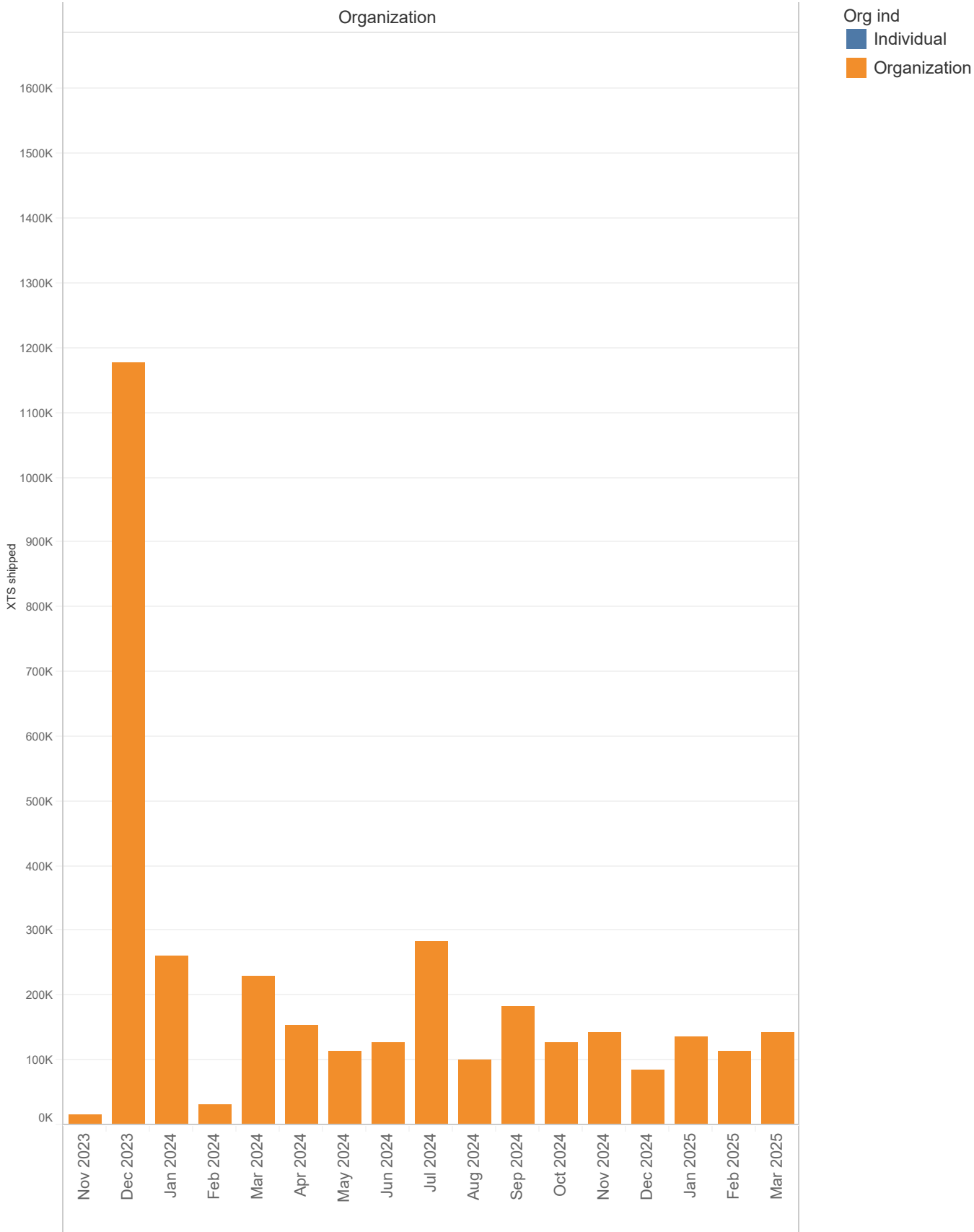
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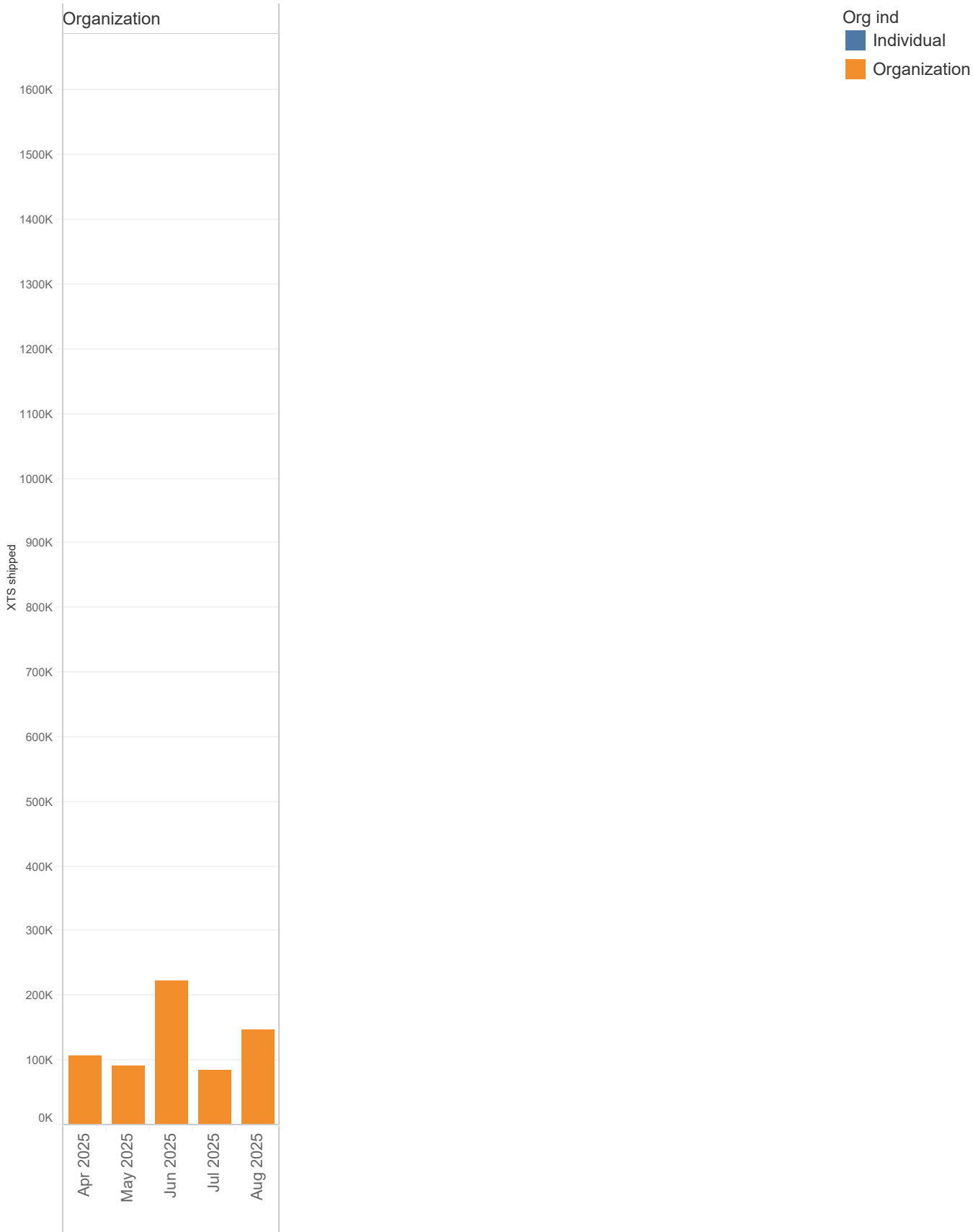
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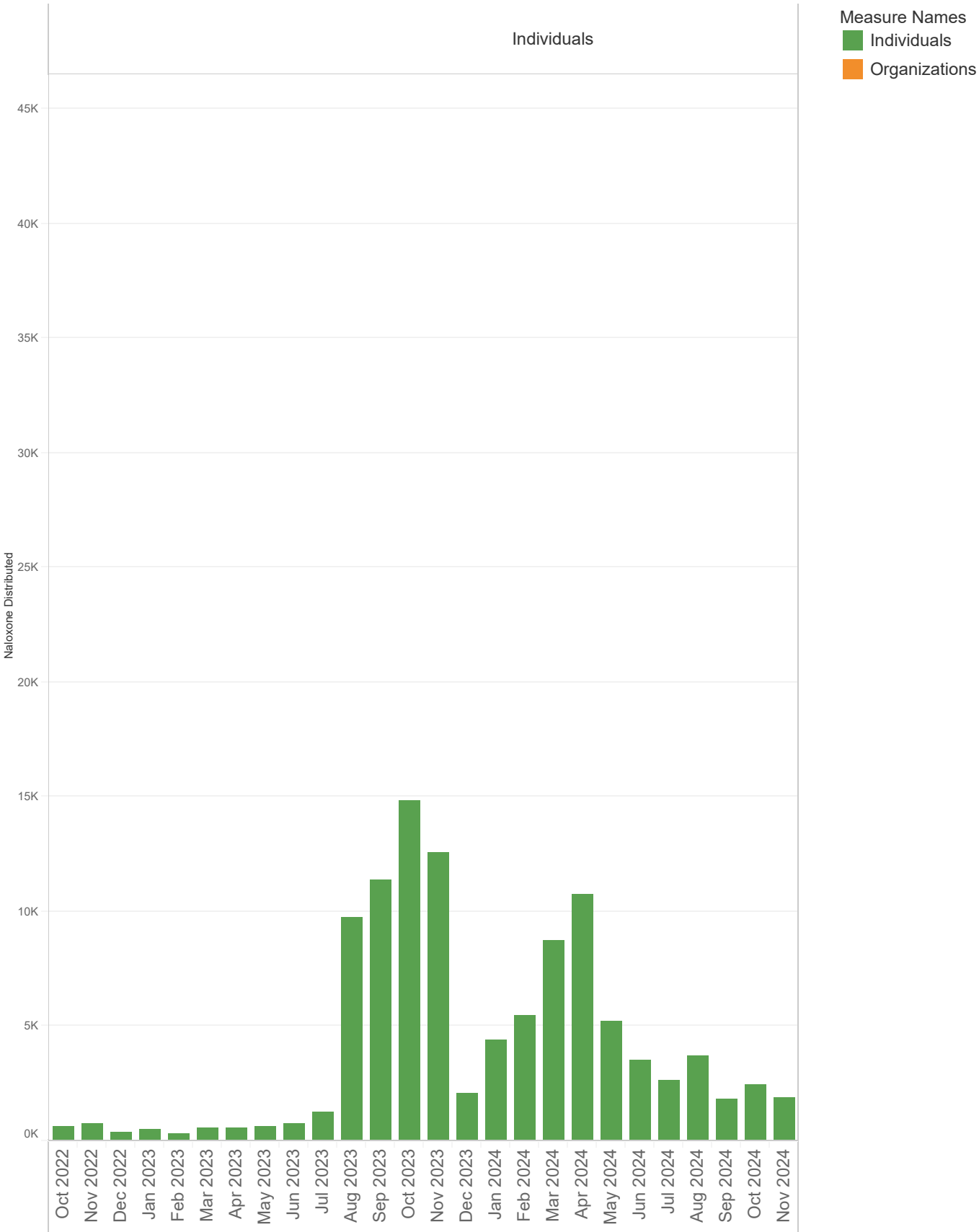
Naloxone Distributed

NYS Empire Zones	County	Individuals	Organizations	Total Naloxone
Capital Region	Albany	4,488	19,020	23,508
	Columbia	2,378	1,416	3,794
	Greene	222	2,568	2,790
	Rensselaer	1,526	2,436	3,962
	Saratoga	1,521	816	2,337
	Schenectady	1,249	4,020	5,269
	Warren	586	1,500	2,086
	Washington	375	240	615
Central	Cayuga	335	2,100	2,435
	Cortland	419	528	947
	Madison	565	156	721
	Onondaga	4,657	12,120	16,777
	Oswego	3,071	588	3,659
Finger Lakes	Genesee	229	1,872	2,101
	Livingston	596	648	1,244
	Monroe	4,692	15,660	20,352
	Ontario	956	2,076	3,032
	Orleans	135	60	195
	Seneca	254	336	590
	Wayne	407	1,008	1,415
	Wyoming	122	192	314
	Yates	81	204	285
Long Island	Nassau	6,361	4,752	11,113
	Suffolk	8,909	14,382	23,291
Mid-Hu..	Dutchess	2,487	8,232	10,719
	Orange	2,764	10,380	13,144
	Putnam	896	132	1,028
	Rockland	2,489	1,116	3,605
	Sullivan	680	13,368	14,048
	Ulster	1,477	6,852	8,329
	Westchester	5,066	2,196	7,262
Mohawk Valley	Fulton	232	228	460
	Herkimer	465	600	1,065
	Montgomery	291	348	639
	Oneida	2,011	1,440	3,451
	Otsego	540	948	1,488
	Schoharie	301	120	421
New York City	Bronx	6,400	10,884	17,284
	Kings	10,020	14,958	24,978
	New York	9,489	23,004	32,493
	Queens	5,938	3,300	9,238
	Richmond	1,753	2,424	4,177
North	Clinton	679	912	1,591

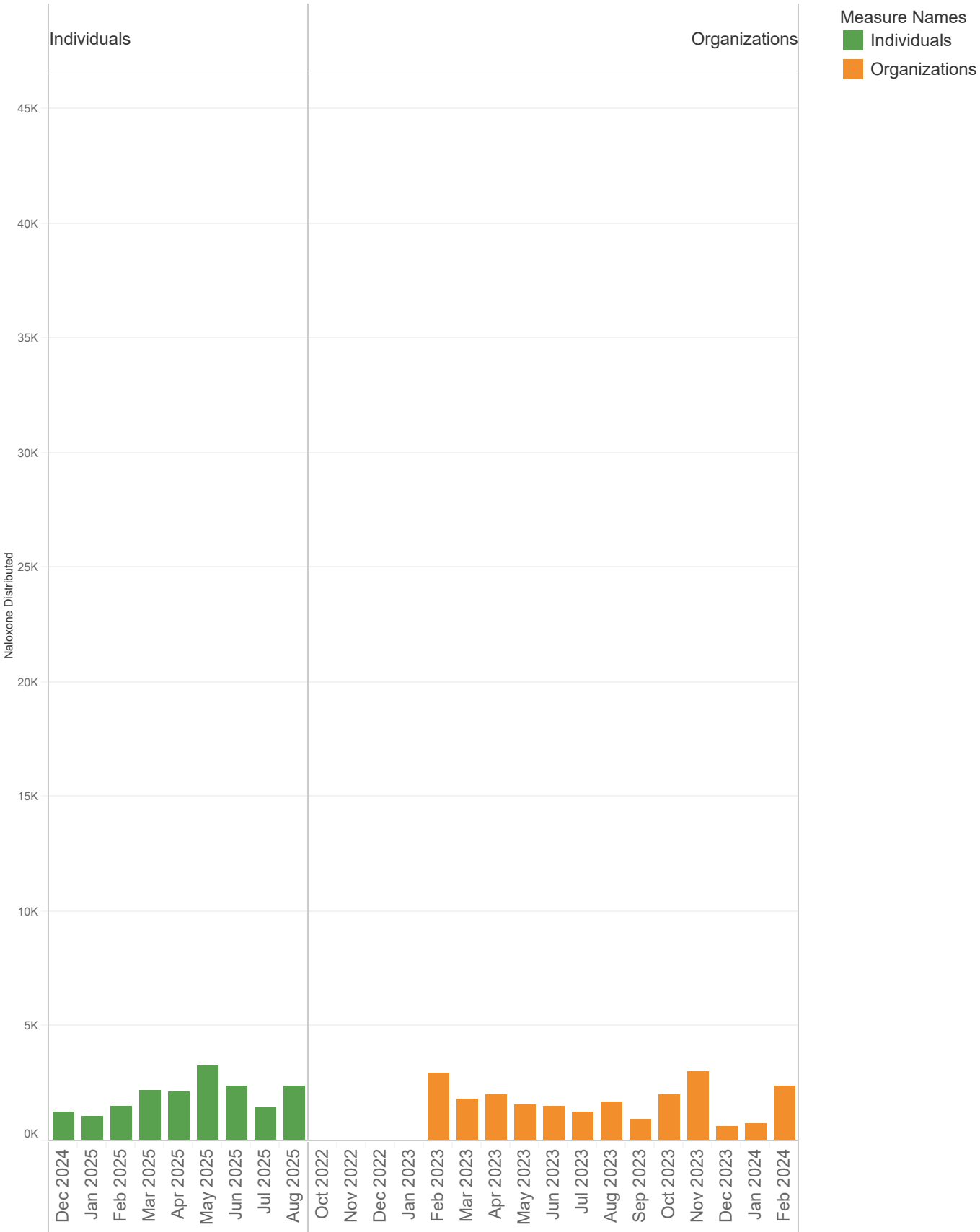
Naloxone Distributed

NYS Empire Zones	County	Individuals	Organizations	Total Naloxone
North Country	Essex	341	480	821
	Franklin	872	2,016	2,888
	Hamilton	25	24	49
	Jefferson	481	552	1,033
	Lewis	138	36	174
	St. Lawrence	1,565	3,024	4,589
Southern Tier	Broome	2,858	5,496	8,354
	Chemung	2,331	3,000	5,331
	Chenango	386	1,440	1,826
	Delaware	451	1,236	1,687
	Schuyler	144	60	204
	Steuben	1,269	1,020	2,289
	Tioga	547	192	739
	Tompkins	756	972	1,728
Western	Allegany	1,252	4,380	5,632
	Cattaraugus	670	924	1,594
	Chautauqua	2,402	3,096	5,498
	Erie	8,169	10,248	18,417
	Niagara	2,472	1,992	4,464
Grand Total		125,241	230,328	355,569

Naloxone Distributed



Naloxone Distributed



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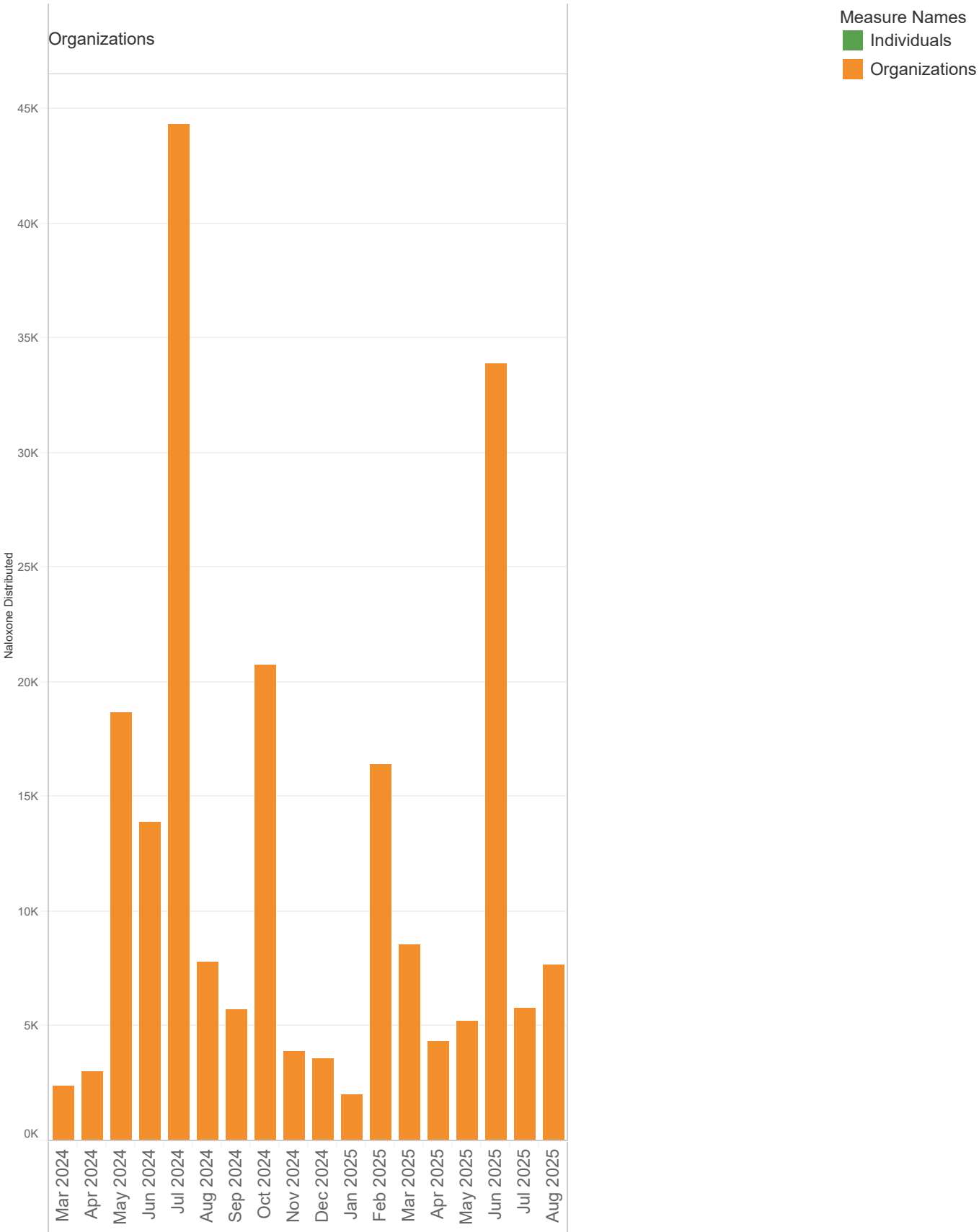
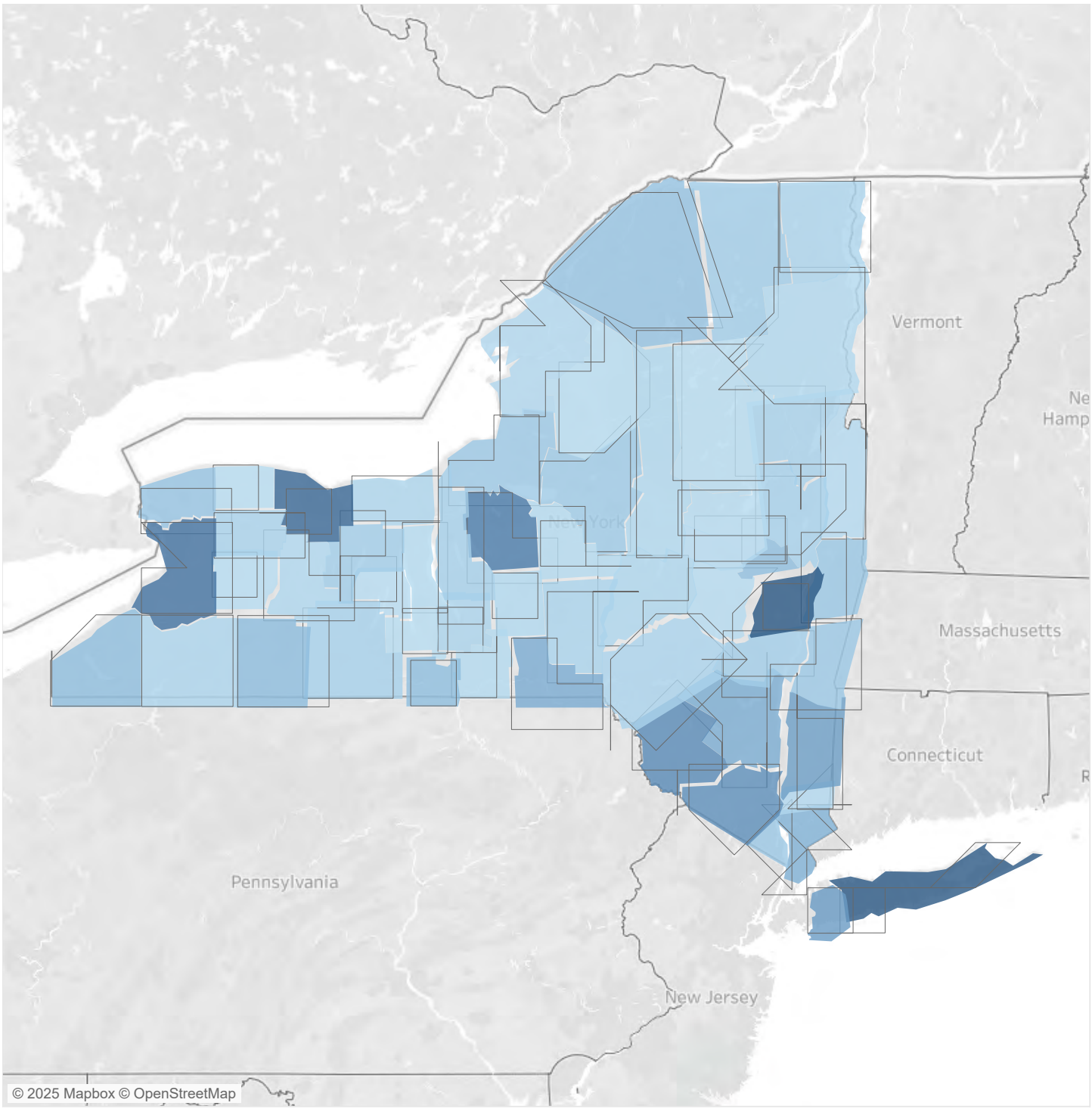
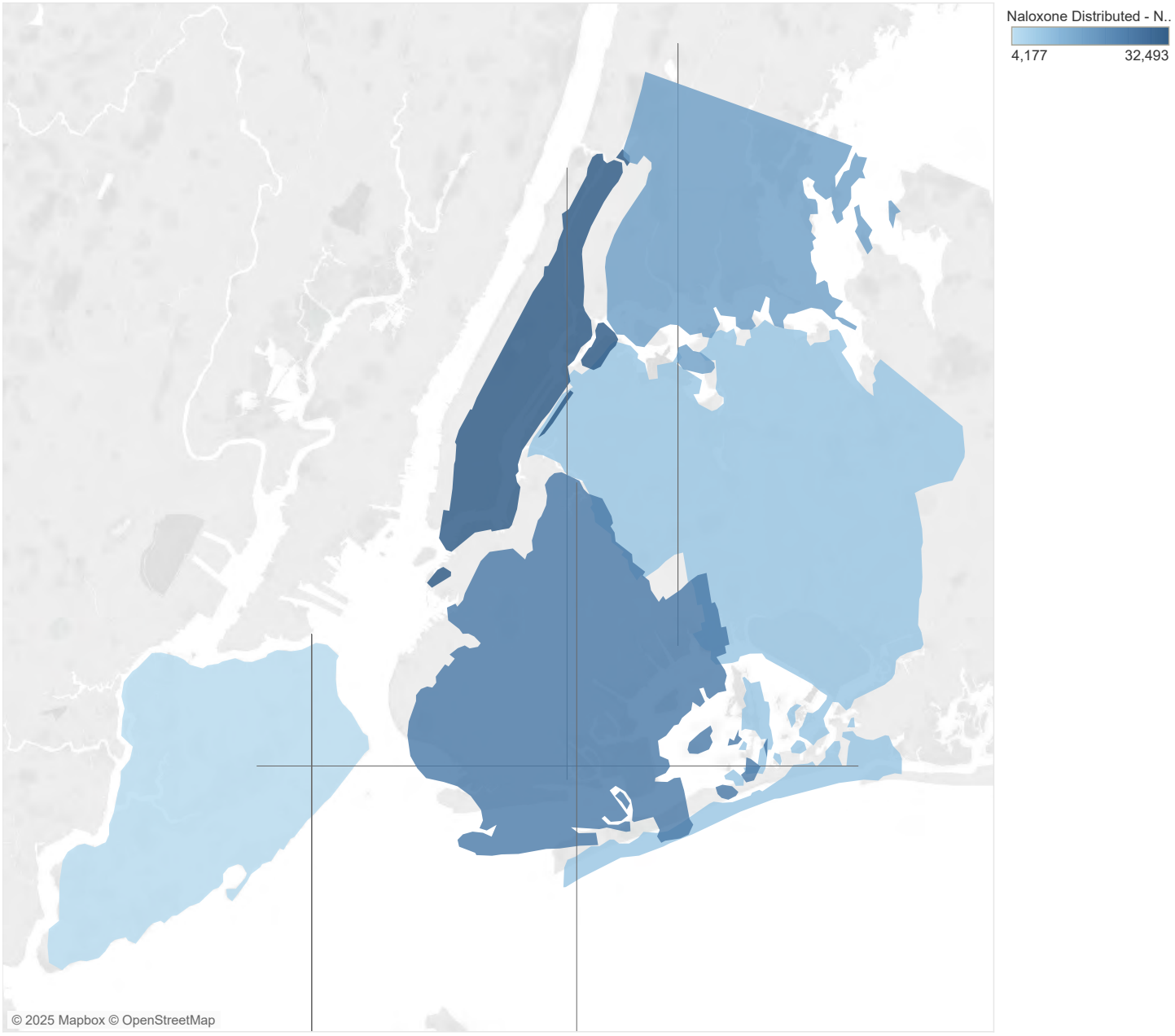


Naloxone Distribution

Distribution Date Range: 10-2022 to 08-2025



Inset of NYC


Naloxone Distributed - N..
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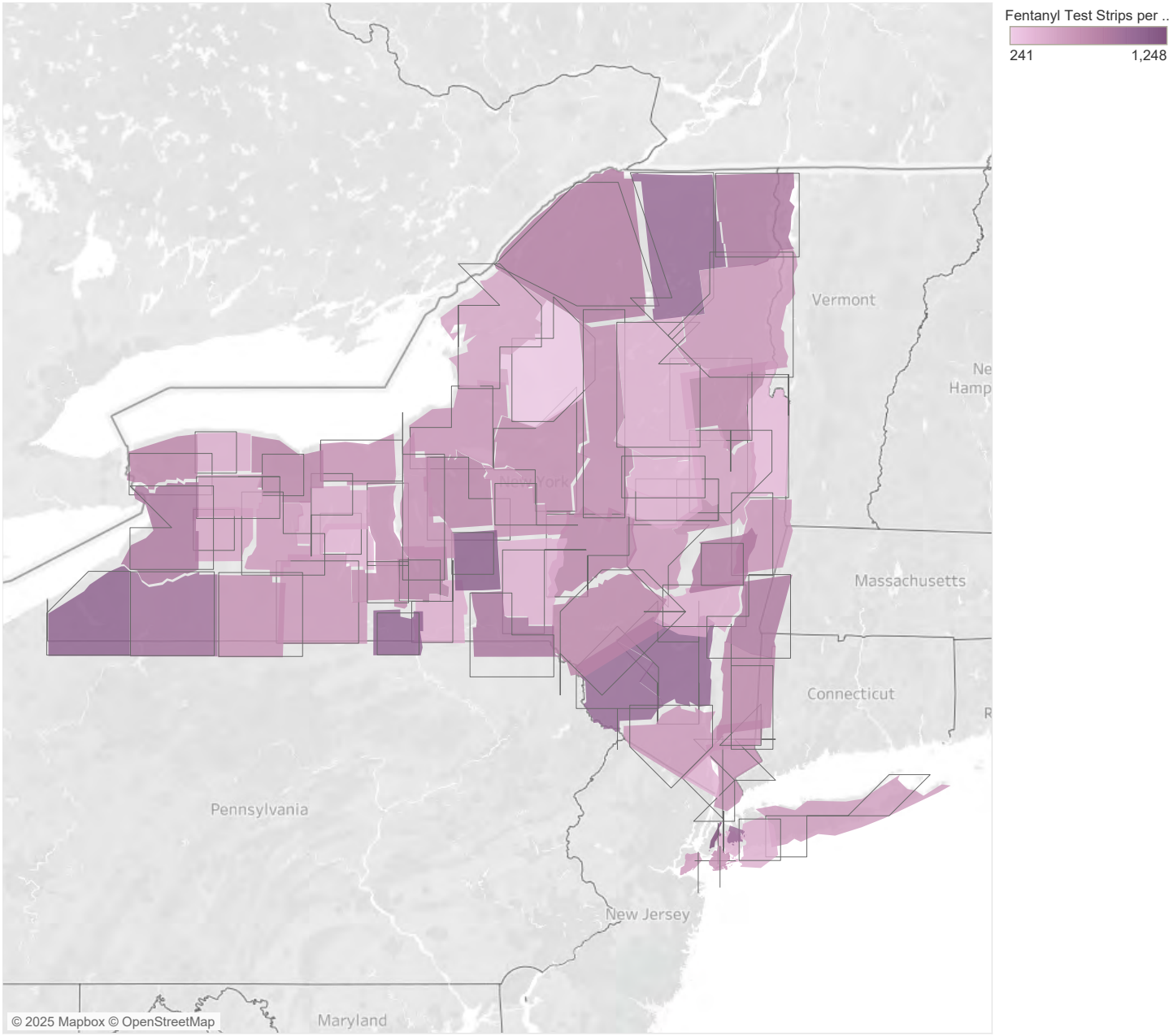
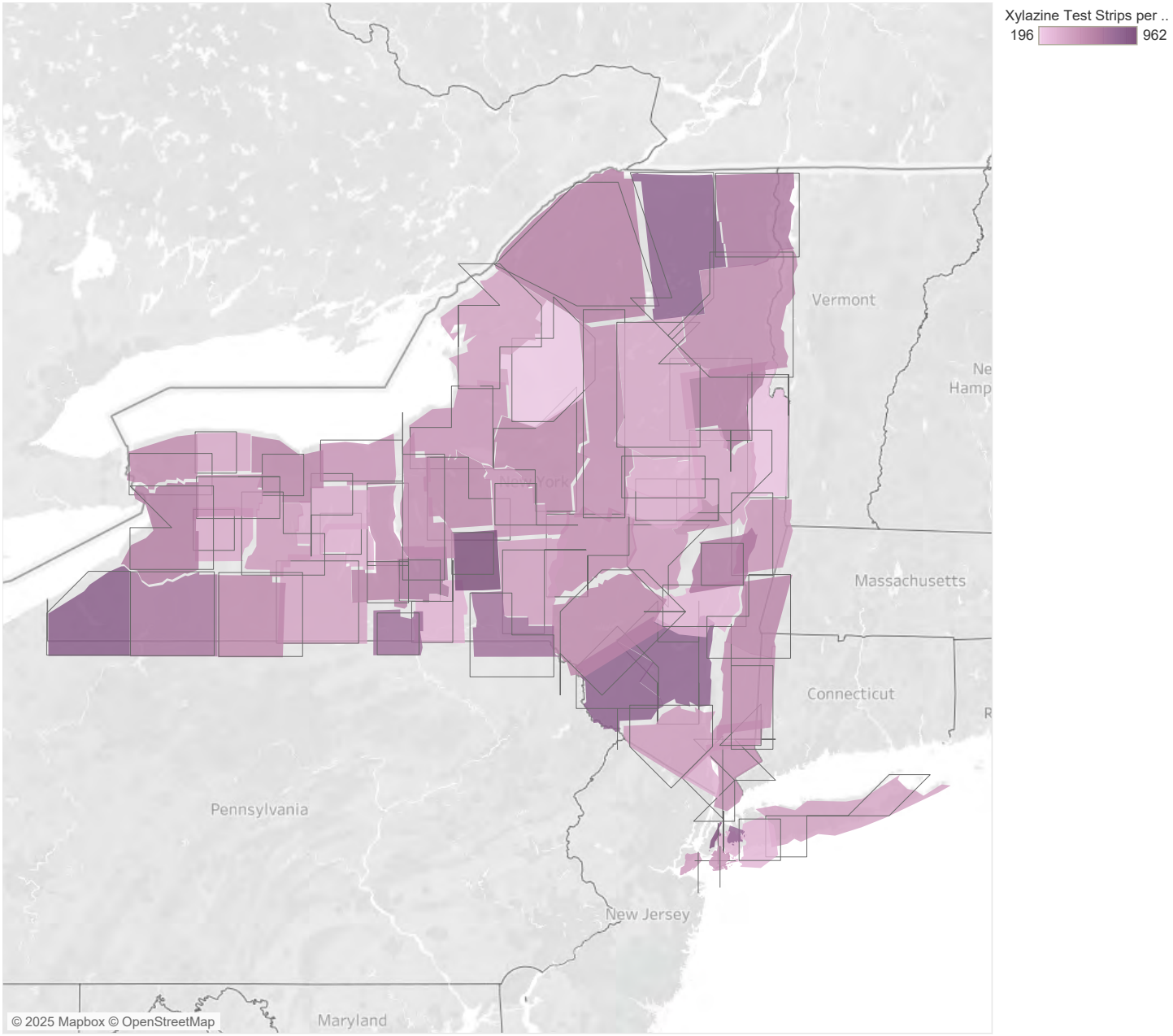
© 2025 Mapbox © OpenStreetMap

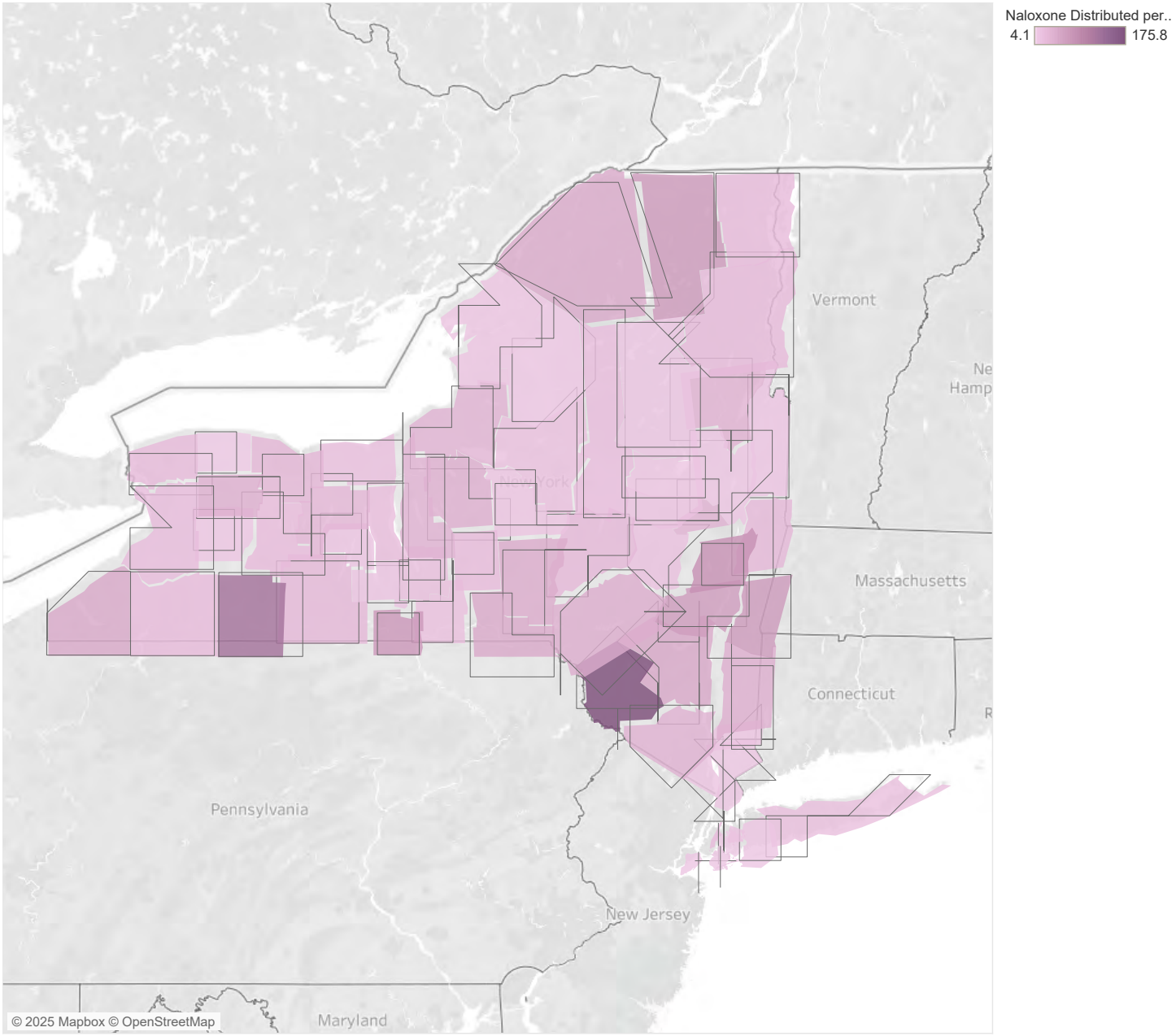
Fentanyl Test Strips Distributed per 1,000 Residents



Xylazine Test Strips Distributed per 1,000 Residents



Naloxone Kits Distributed per 1,000 Residents



NEW YORK STATE | Office of Addiction Services and Supports

OASAS. Every Step of the Way.

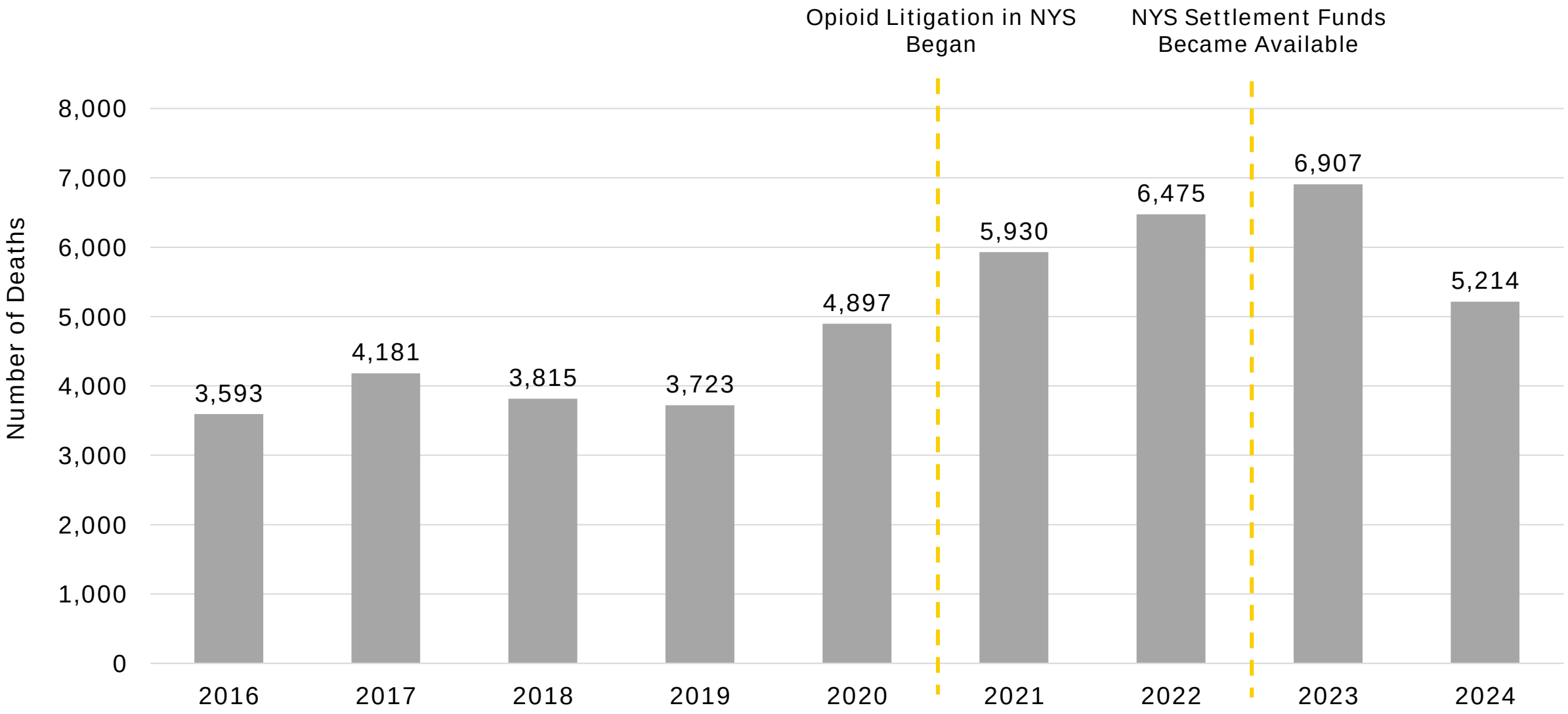
Opioid Settlement Fund Advisory Board

Impact Monitoring and Reporting

Chinazo Cunningham, MD, MS
Commissioner, New York State Office of Addiction Services and Supports (OASAS)

SEPTEMBER 25, 2025

NYS Overdose Deaths (2016-24)



Source: CDC National Vital Statistics System 12-month Rolling Average Overdose Death Data. Data represent a 12-month periods ending Sept. 30, 2024.

NEW YORK STATE | Office of Addiction Services and Supports

NYS Opioid Settlements

- **Opioid Settlement Funds (OASAS Oversight)**
  - Discretionary Funding (20%)
  - Regional Abatements to Local Governments (16.4%)
  - OSFAB Recommendations/Input
- **Direct Share (County-Locality Oversight)**
  - NYC (20%)
  - Nassau County (6.7%)
  - Suffolk County (8.6%)
  - Other County/City Subdivisions (10.8%)
- **State Share (NYS Attorney General Oversight)**

Abbreviations: OSF, Opioid Settlement Fund; OSFAB, Opioid Settlement Fund Advisory Board; OASAS, Office of Addiction Services and Supports

NEW YORK STATE | Office of Addiction Services and Supports

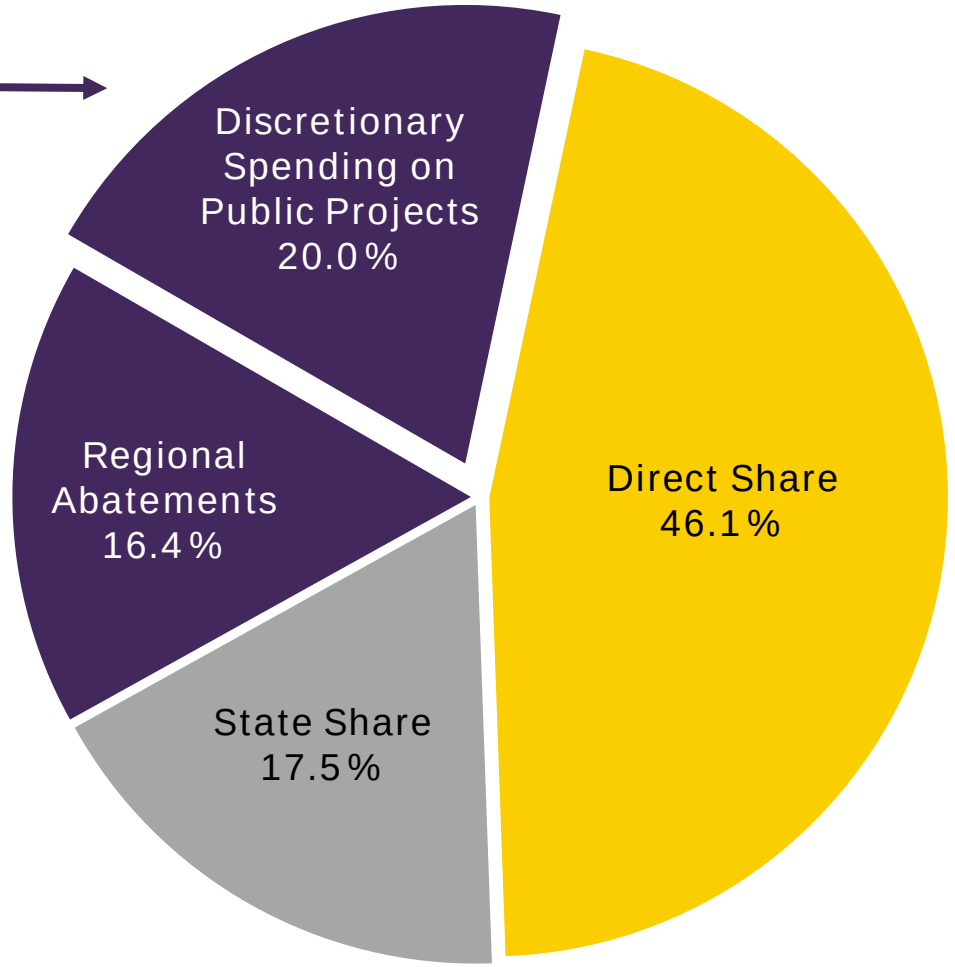
Monitoring and Reporting Leads

OASAS evaluation team

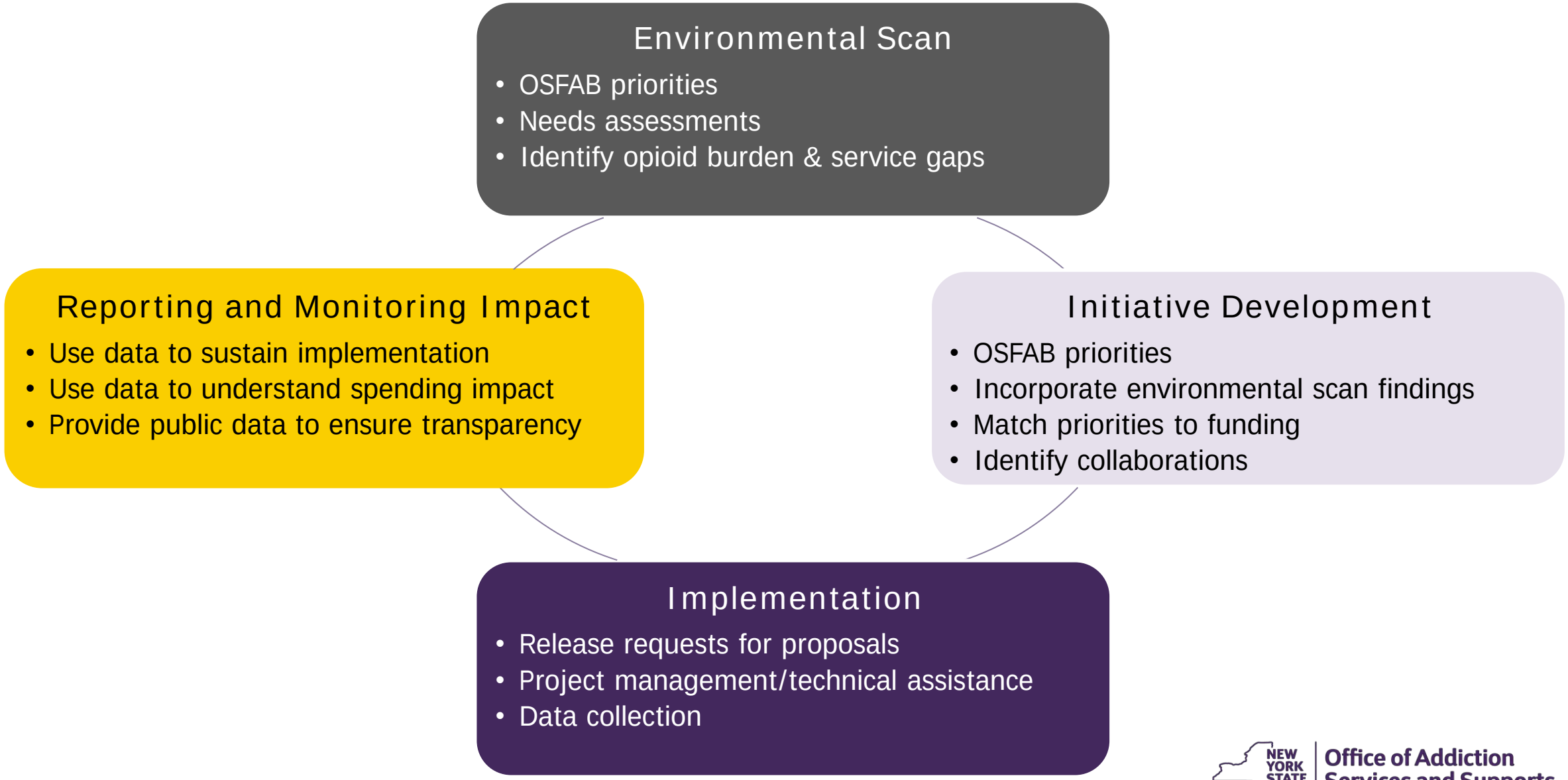
Opioid settlement funding that we are discussing today

OASAS evaluation team
Government-academic partnership

- Established using OSF Research funds
- Three-year initiative (2025-28)



Developing Initiatives and Monitoring Impact



Abbreviations: OSFAB, Opioid Settlement Fund Advisory Board

NEW YORK STATE | Office of Addiction Services and Supports

Monitoring and Reporting Plan

Developed new data monitoring/reporting for OASAS-funded initiatives

- Led by experienced OASAS research/evaluation staff

Ongoing evaluation plans:

- Developed for new initiatives
- Based on continuous quality improvement

Understand opioid settlement fund impact on:

- OSFAB priority areas
- Specific initiatives
- Priority populations
- Geographic areas

Abbreviations: OSFAB, Opioid Settlement Fund Advisory Board; OASAS, Office of Addiction Services and Supports

Routine Data Reporting by Initiative

- Evaluation includes initiatives implemented for at least one year

- Routine Reporting
  - Initiative aims
  - What the funding provides
  - Measures per initiative include:

    Volume: Service visits to OSF-funded providers/programs

    Engagement: Individuals engaged in OSF-funded services

    Key outcomes: Tailored to specific initiatives

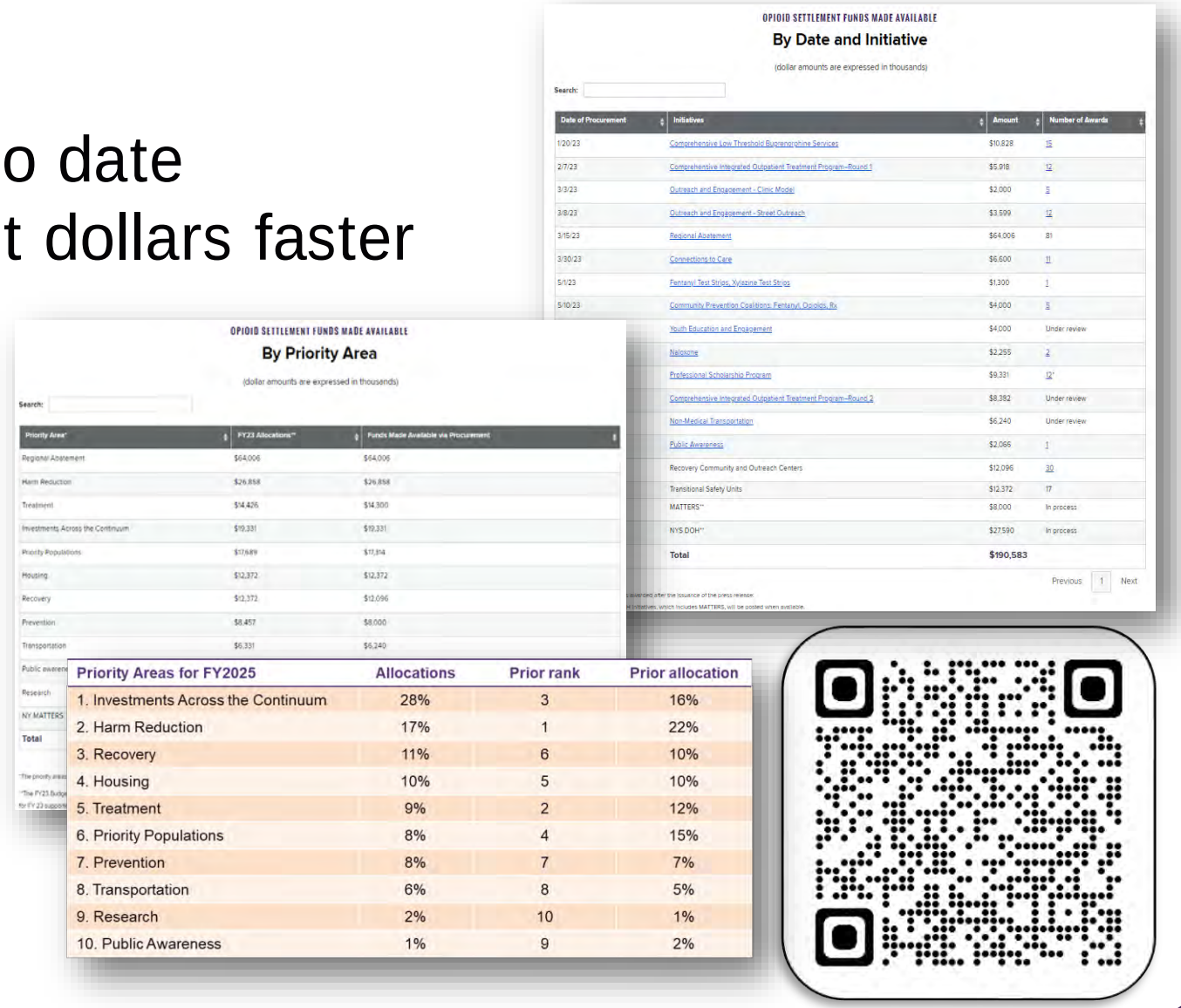
Abbreviations: OSF, Opioid Settlement Fund

Opioid Settlement Fund Data

- Over $398M made available to date
- Distributed the most settlement dollars faster than any other state

Online tracker

- By priority area
- By initiative
- By county
- By fiscal year (2023 & 2024)



OPIOID SETTLEMENT FUNDS MADE AVAILABLE

By Date and Initiative

(dollar amounts are expressed in thousands)

Search:

Date of Procurement	Initiatives	Amount	Number of Awards
1/20/23	Comprehensive Low Threshold Buprenorphine Services	$10,828	15
2/7/23	Comprehensive Integrated Outpatient Treatment Program--Round 1	$5,918	12
3/3/23	Outreach and Engagement - Clinic Model	$2,000	3
3/8/23	Outreach and Engagement - Street Outreach	$3,599	12
3/15/23	Regional Abatement	$64,006	81
3/30/23	Connections to Care	$6,600	11
5/1/23	Fentanyl Test Strips, Xylazine Test Strips	$1,300	1
5/10/23	Community Prevention Coalitions: Fentanyl, Opioids, Rx	$4,000	5
	Youth Education and Engagement	$4,000	Under review
	Naloxone	$2,255	2
	Professional Scholarship Program	$9,331	12*
	Comprehensive Integrated Outpatient Treatment Program--Round 2	$8,382	Under review
	Non-Medical Transportation	$6,240	Under review
	Public Awareness	$2,066	1
	Recovery Community and Outreach Centers	$12,096	30
	Transitional Safety Units	$12,372	17
	MATTERS**	$8,000	In process
	NYS DOH**	$27,590	In process
	Total	$190,583	

Previous 1 Next

OPIOID SETTLEMENT FUNDS MADE AVAILABLE

By Priority Area

(dollar amounts are expressed in thousands)

Search:

Priority Area*	FY23 Allocations**	Funds Made Available via Procurement
Regional Abatement	$64,006	$64,006
Harm Reduction	$26,858	$26,858
Treatment	$14,426	$14,300
Investments Across the Continuum	$19,331	$19,331
Priority Populations	$17,689	$17,814
Housing	$12,372	$12,372
Recovery	$12,372	$12,096
Prevention	$8,457	$8,000
Transportation	$6,331	$6,240
Public awareness		
Research		
NY MATTERS		
Total		

Priority Areas for FY2025	Allocations	Prior rank	Prior allocation
1. Investments Across the Continuum	28%	3	16%
2. Harm Reduction	17%	1	22%
3. Recovery	11%	6	10%
4. Housing	10%	5	10%
5. Treatment	9%	2	12%
6. Priority Populations	8%	4	15%
7. Prevention	8%	7	7%
8. Transportation	6%	8	5%
9. Research	2%	10	1%
10. Public Awareness	1%	9	2%

Initiatives with Year One Implementation Data

- Low Threshold Buprenorphine
- Outreach **and Engagement**
- Connections **to Care**
- Non-Medical **Transportation**
- Harm Reduction Delivered
- Scholarships and Paid Internships
- Community Prevention Coalitions: Fentanyl, Opioids, Rx

Abbreviations: M, million

SEPTEMBER 25, 2025

Low Threshold Buprenorphine

Low Threshold Buprenorphine: Aims and Funding

Initiative Aims:

- Engage people in a safe and nonjudgmental setting using harm reduction
- Increase access and utilization of buprenorphine

Funding Provides:

- Diagnosing opioid use disorder
- Prescribing buprenorphine
- Care management

Initiative launch date: Sep. 1, 2023

Data collection period: Oct. 1, 2023 – September 1, 2025

Months of funding: 36

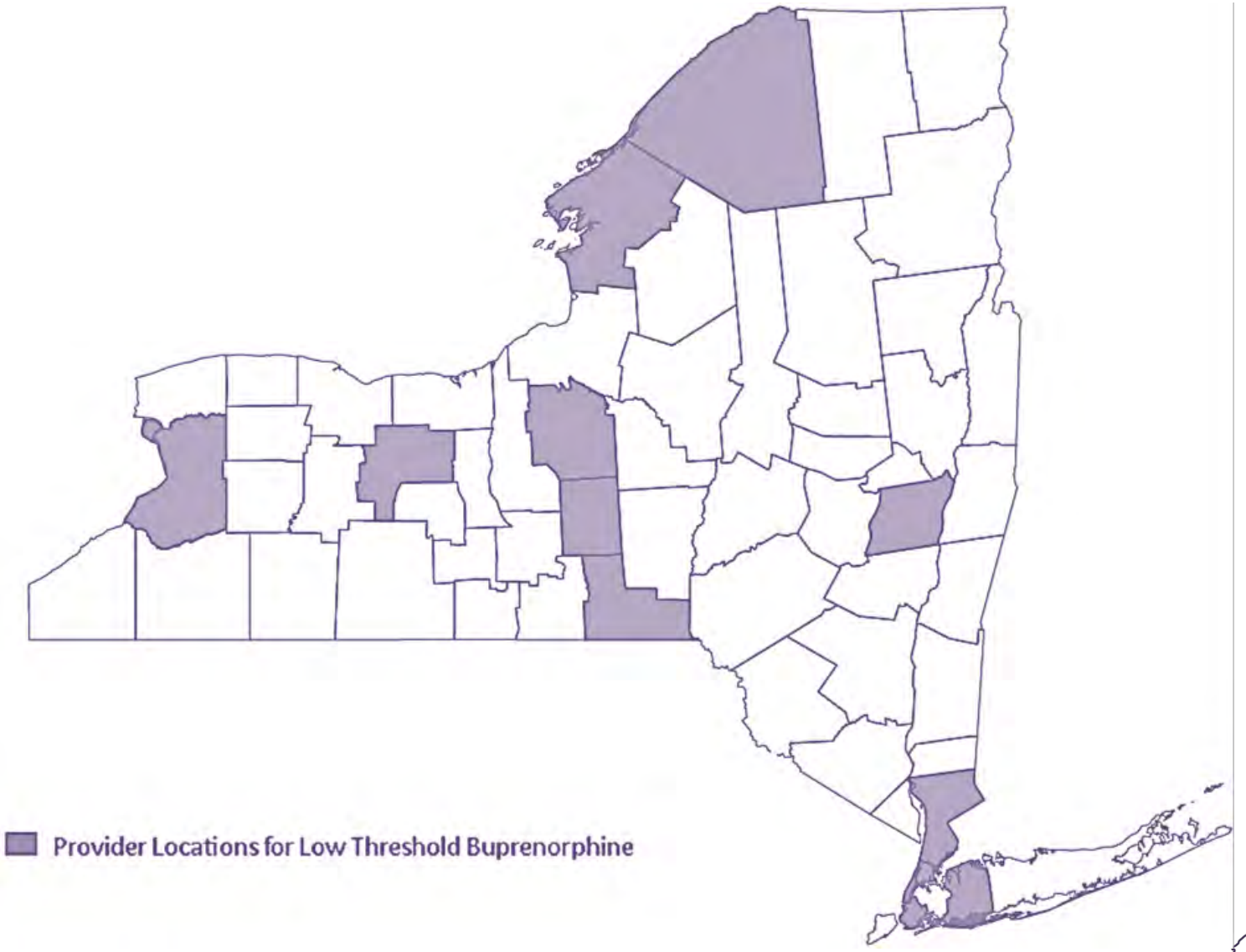
Number of providers: 15

Funding: $22M

Priority Area: Harm Reduction

Abbreviations: M, million

Low Threshold Buprenorphine: Provider Locations



Low Threshold Buprenorphine: Demographics

- Hispanic: 19.9%
- White, Non-Hispanic: 56.9%
- Black or African American, Non-Hispanic: 13.0%
- Asian, Non-Hispanic: 0.3%

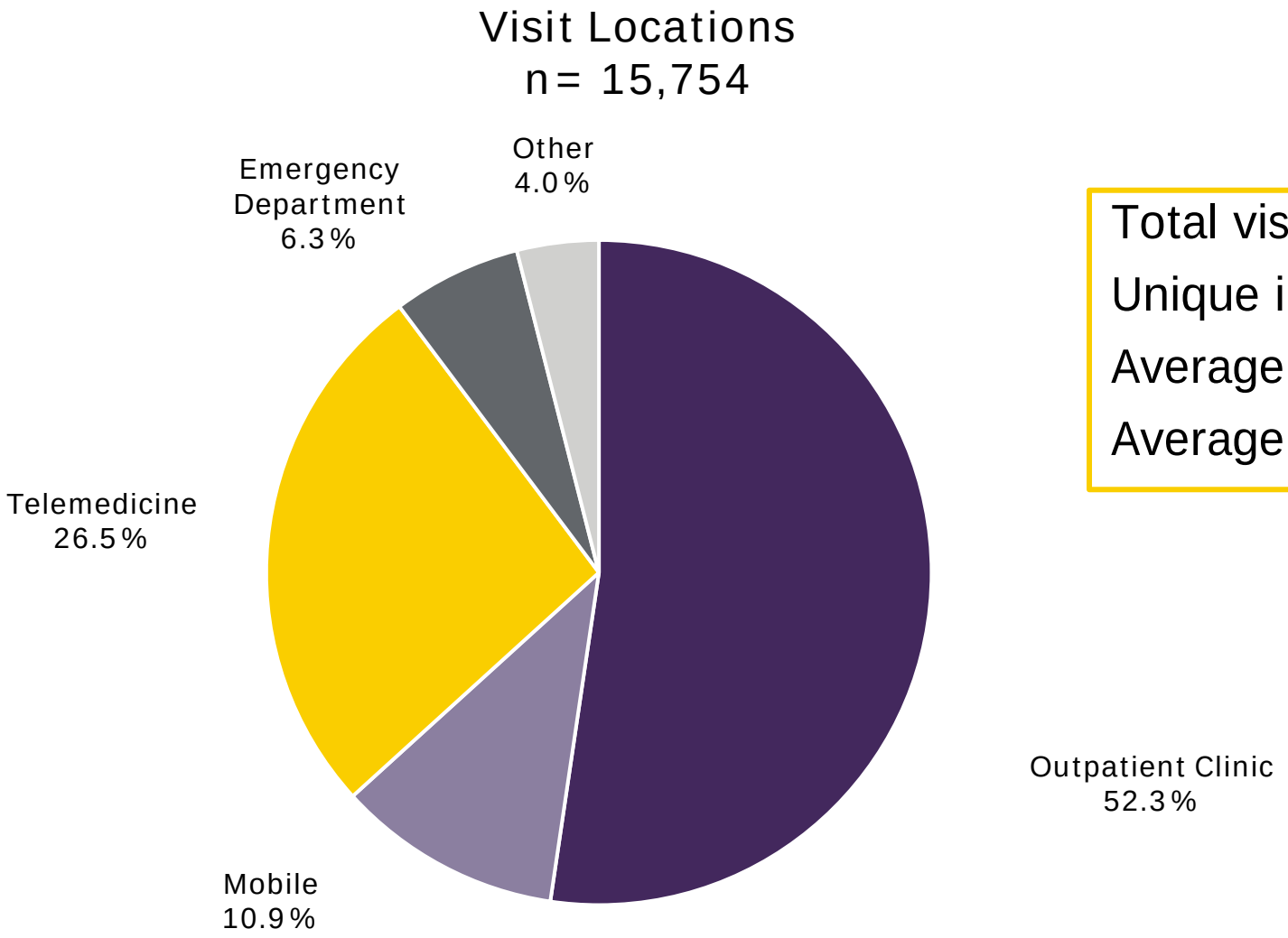
- Transition age adults (18 – 25 years old): 3.9%
- Older adults (65+): 2.8%

- Female (at birth): 36.4%

- Mental health condition: 55.6%

Note: Percentages are of total unique individuals (n, 3,487)

Low Threshold Buprenorphine: Volume and Engagement



Total visits: 15,754

Unique individuals: 3,487

Average visits per individual: 3.9

Average duration of visit: 33.0 minutes

Low Threshold Buprenorphine: Buprenorphine Initiation

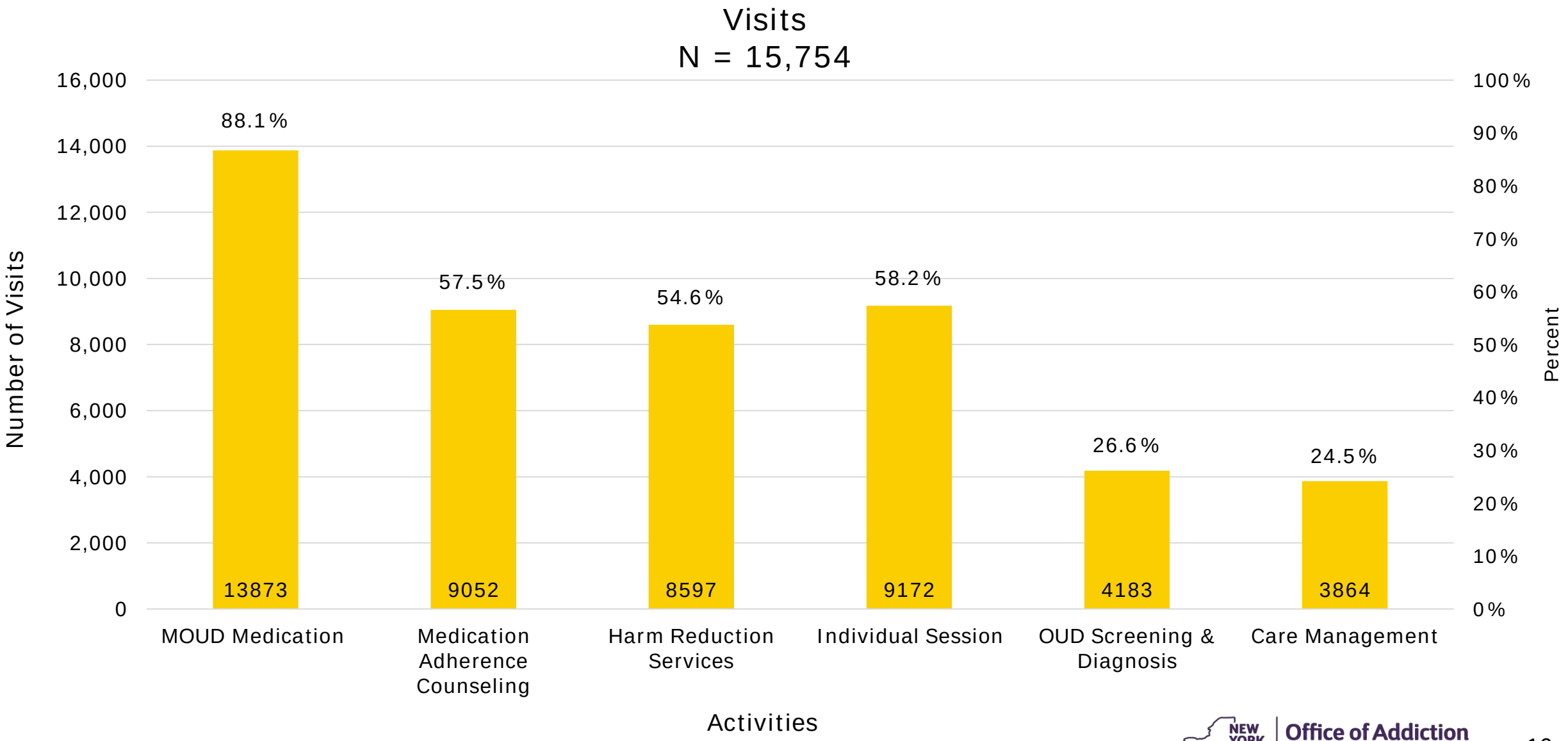
Unique individuals (3,487):

- Reporting active opioid use: 1,232
- Diagnosed with OUD: 613
- Initiating buprenorphine: 415

19.5% initiated buprenorphine among those unique individuals who reported active opioid use.

59.2% of those diagnosed with OUD among those unique individuals who initiated buprenorphine.

Low Threshold Buprenorphine: Activities Conducted



Abbreviations: OUD, opioid use disorder; MOUD, Medication for opioid use disorder

Low Threshold Buprenorphine: Provider Feedback

One noteworthy event that happened this month was an individual was released unexpectedly from incarceration at a court appearance. Upon his release, he did not have access to MAT or any type of warm handoff. Participant had heard about our program through another incarcerated individual and showed up at the door for help. We were able to get him [buprenorphine], Narcan, and Narcan training.

Abbreviations: MAT, medication for addiction treatment

SEPTEMBER 25, 2025

Outreach and Engagement

Outreach and Engagement: Aims and Funding

Initiative Aims:

- Outreach and engagement of underserved priority populations

What Funding Provides:

- Low-threshold medical services: peer support, HIV/HCV testing, care management
- Linkage to SUD treatment including low-threshold medication treatment

Initiative launch date: Oct. 1, 2023,

Data collection period: Feb. 1, 2024 – September 1, 2025,

Months of funding: 24

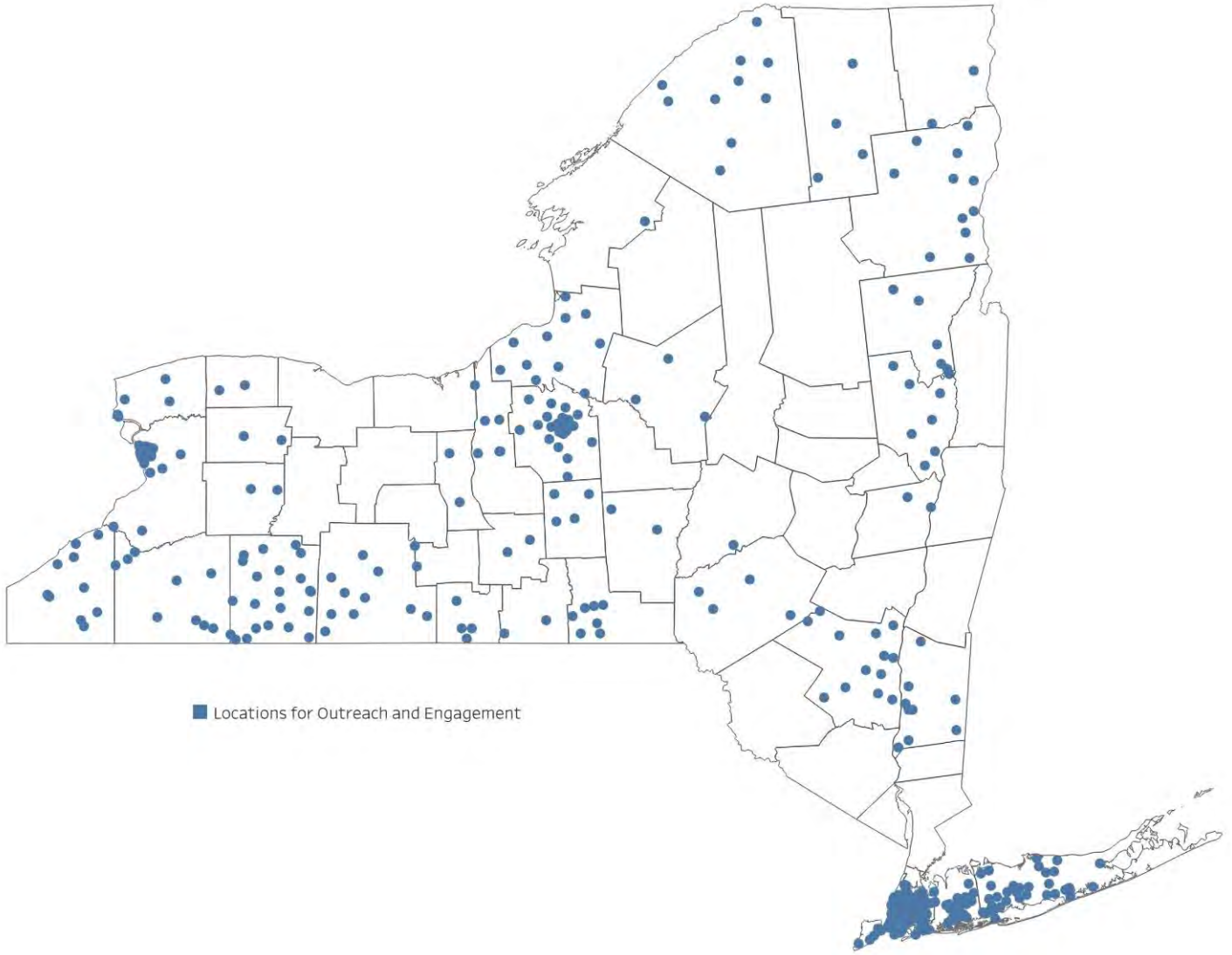
Number of providers: 18

Funding: $9M

Priority Area: Harm Reduction

Abbreviations: M, million; SUD, substance use disorder; HIV, Human Immunodeficiency Virus; HCV, Hepatitis C Virus

Outreach and Engagement: Visit Locations



Outreach and Engagement: Demographics

- Hispanic: 15.9%
- White, Non-Hispanic: 56.0%
- Black or African American, Non-Hispanic: 15.5%
- Asian, Non-Hispanic: 0.3%

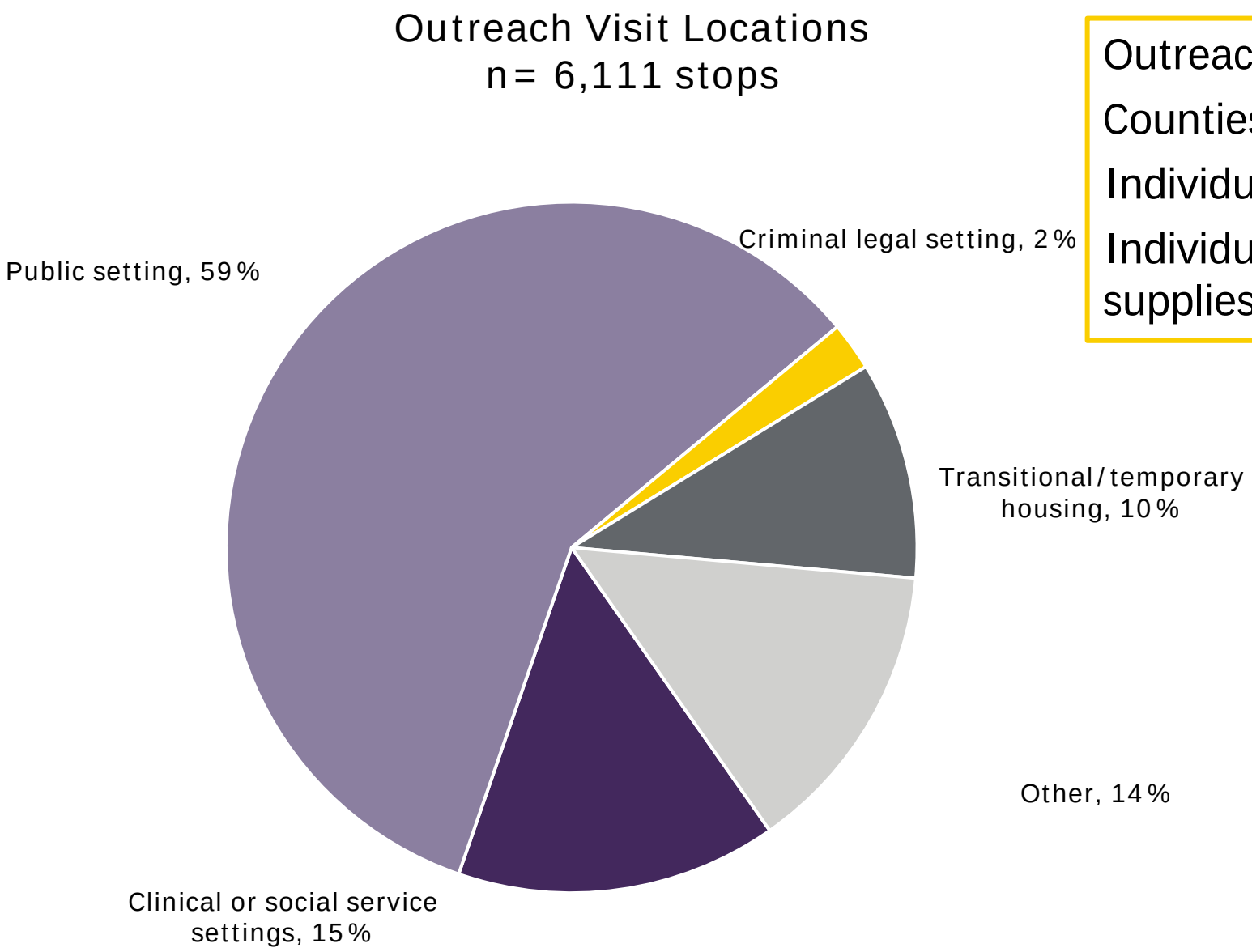
- Transition age adults (18 – 25 years old): 6.8%
- Older adults (65+): 4.7%

- Female (at birth): 37.7%

- Mental health condition: 56.4%

Note: Percentages are of total unique individuals (n, 1,556)

Outreach and Engagement: Volume and Engagement



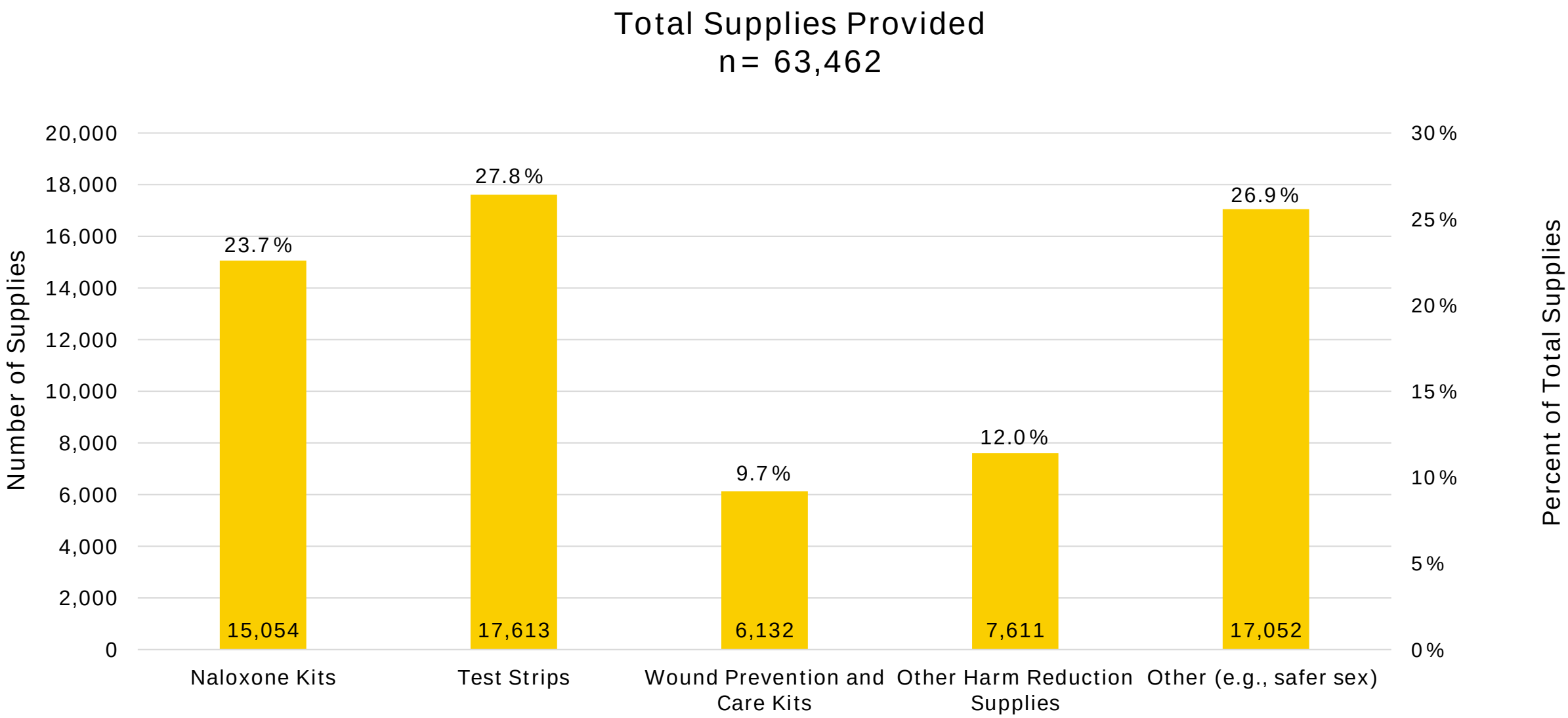
Outreach stops: 6,111

Counties served: 41

Individuals provided services: 45,326

Individuals newly receiving harm reduction supplies: 25,034

Outreach and Engagement: Harm Reduction Supplies



Outreach and Engagement: Provider Feedback

"This service is definitely needed in the southern tier as most of our population is very rural with sometimes no access to public transportation. Our folks have trouble with things like money and child care as well as transportation. This team works hard to ensure people have access to harm reduction materials, a friendly and warm experience, and access to referrals of services including housing, mental health, and MAT to name a few."

SEPTEMBER 25, 2025

Connections to Care

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Connections to Care: Aims and Funding

Initiative Aims:

- Improve connections to needed supports for underserved priority populations
- Increase engagement and retention for underserved priority populations

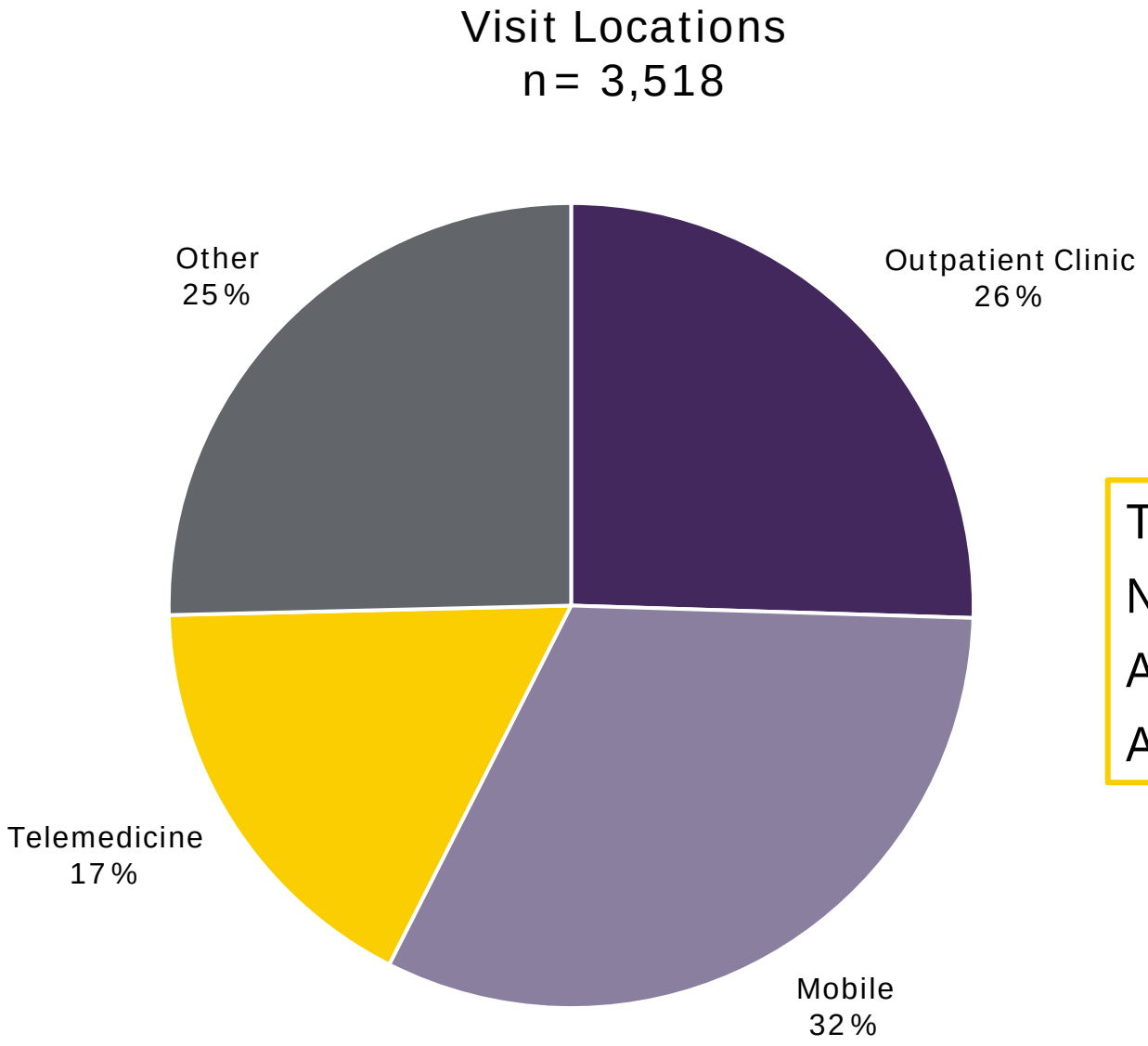
What Funding Provides:

- Screening and assessment to identify biopsychosocial needs of individuals
- Connecting individuals to services based on their unique needs, preferences, and goals
- Ongoing outreach and follow-up to ensure successful connections and supports

Initiative launch date: Jan. 1, 2024
Data Reporting Period: Mar. 1, 2024 – September 1, 2025
Number of providers: 11
Months of funding: 36
Funding: $6M
Priority Area: Priority Populations

Abbreviations: M, million

Connections to Care: Volume and Engagement



Total visits: 3,518

Number of unique individuals engaged: 1,434

Average visits per individual: 1.9

Average duration of visit: 31.47 minutes

Connections to Care: Demographic Characteristics

- Hispanic: 22.4%
- White, Non-Hispanic: 31.9%
- Black or African American, Non-Hispanic: 37.2%
- Asian, Non-Hispanic: 1.5%

- Transition age adults (18 – 25 years old): 9%
- Older adults (65+): 10.9%

- Female (at birth): 26.2%

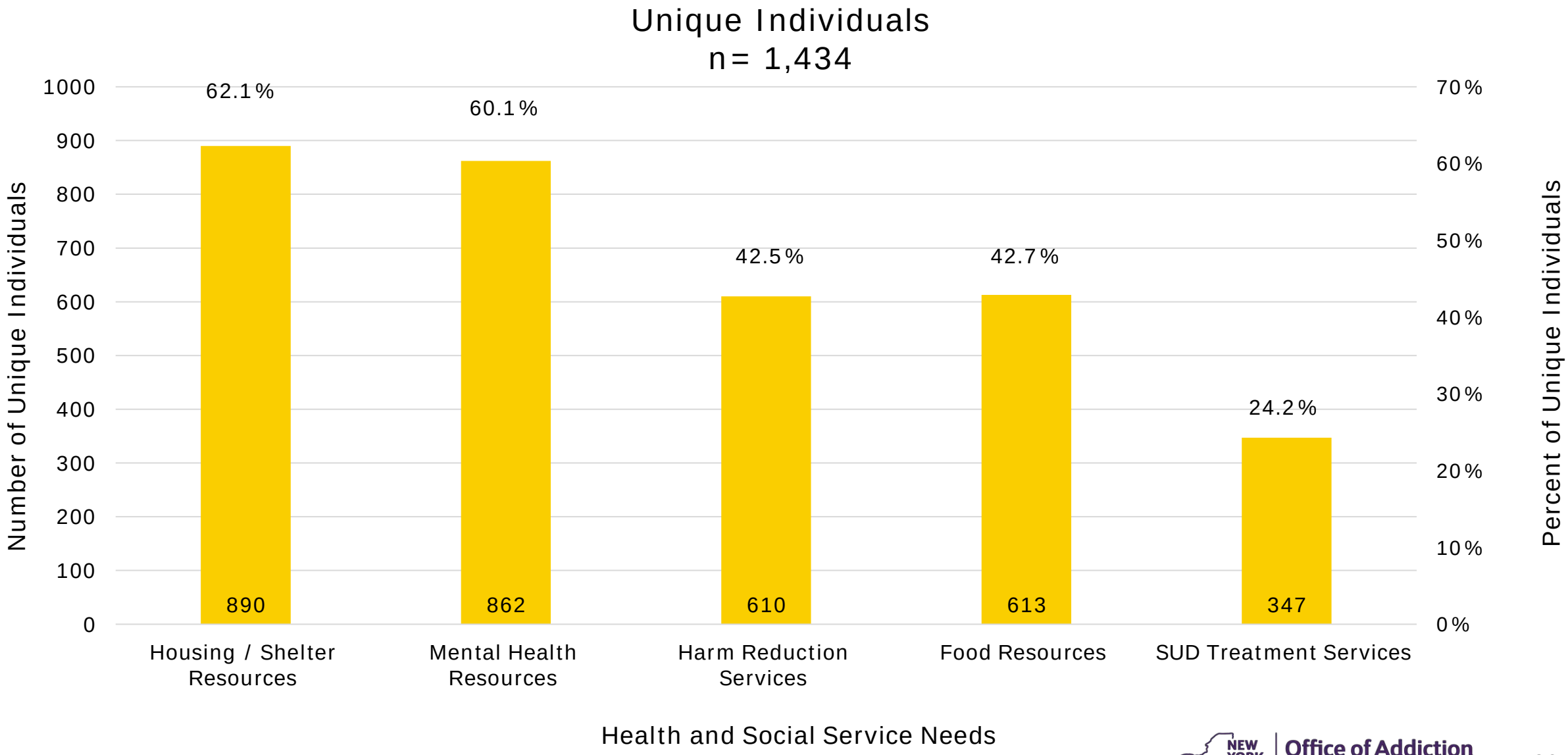
Note: Percentages are of total unique individuals (n, 1,434)

Connections to Care: Population Characteristics

- Mental health condition: 80.9%
- Unstably housed or experiencing homelessness: 78%
- Pregnant or postpartum: 9.6%

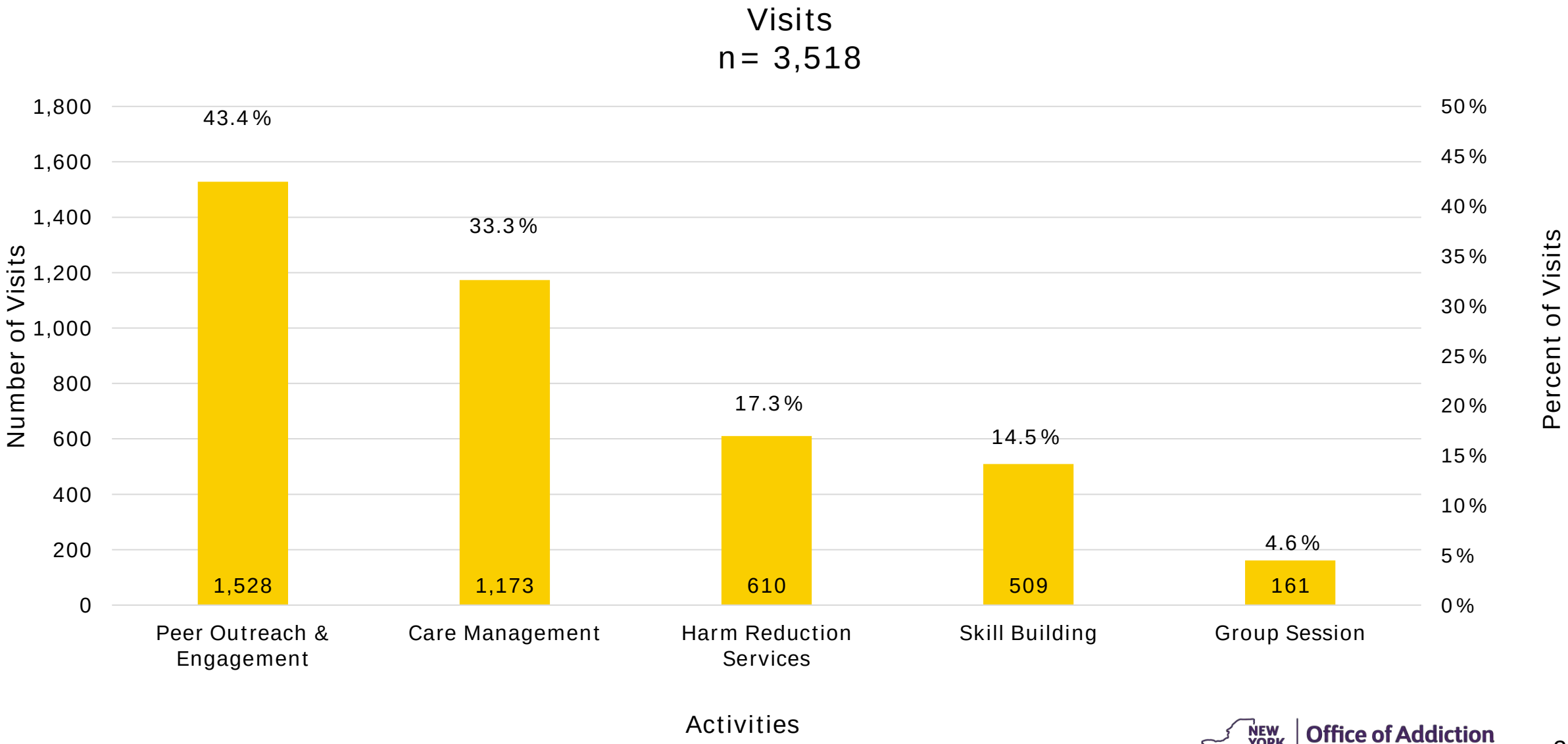
Note: Percentages are of total individuals (n, 1,434)

Connections to Care: Health and Social Needs



Abbreviations: OUD, opioid use disorder; SUD, substance use disorder

Connections to Care: Activities Conducted



Note: A single individual could be seen for multiple visits and so, the number of visits is greater than the number of individuals

Connections to Care: Provider Feedback

"Participants have expressed feeling empowered and motivated when they are a part of their own treatment process. For example, a participant shared with CTC how important it is for him to have a choice on choosing his own SUD provider, although he was open to suggestions."

SEPTEMBER 25, 2025

Non-Medical Transportation

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Non-Medical Transportation: Aims and Funding

Initiative Aims:

- Transport individuals seeking prevention, treatment, recovery, or harm reduction services

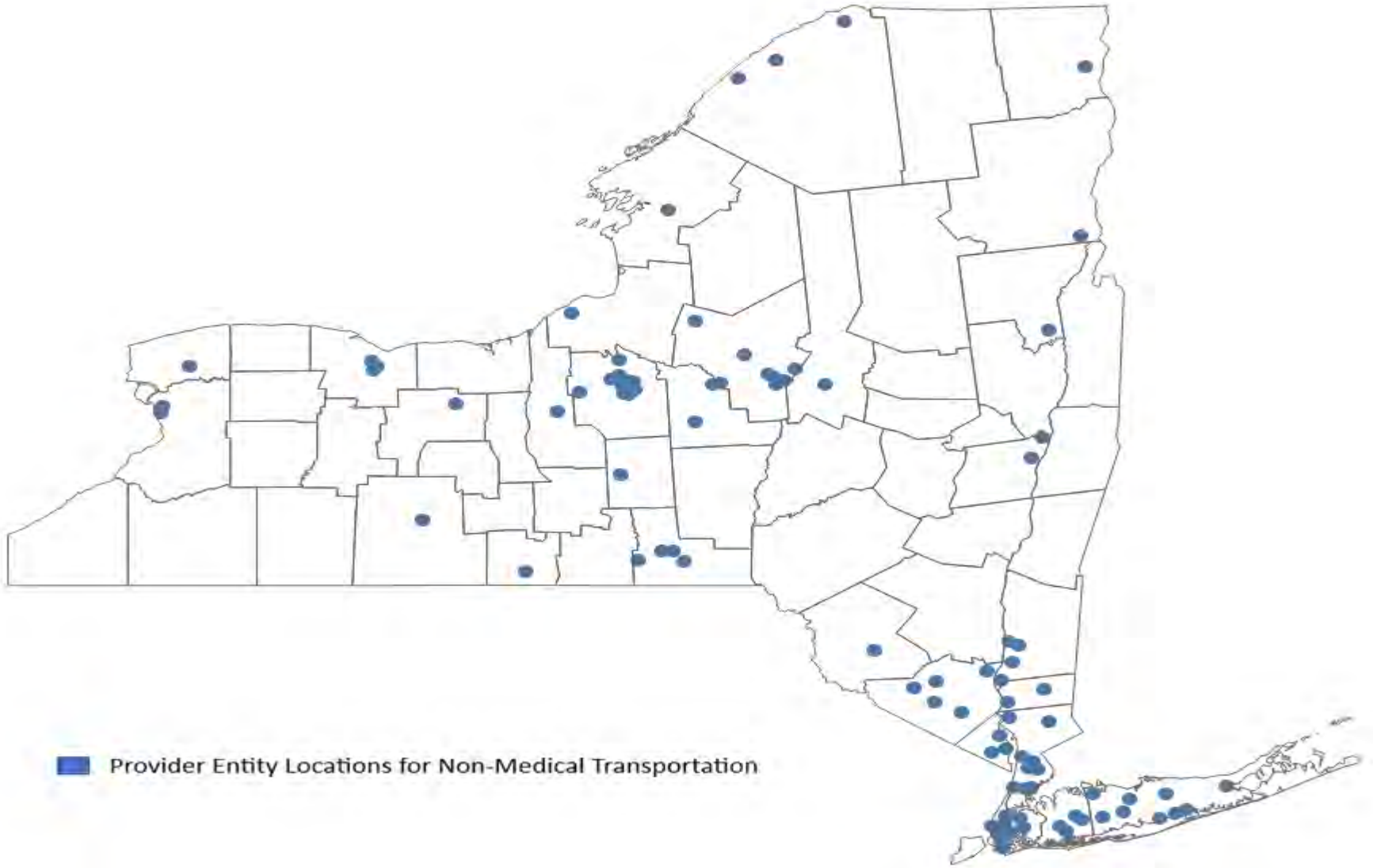
What Funding Provides:

- Transport to non-medical appointments that support recovery and other services
- Ride share programs, bus passes, or fleet services

Initiative launch date: Jan. 1, 2024
Reporting Period: Jan. 1, 2024 – June 30, 2025
Number of providers: 12
Months of funding: 60 months
Funding: $16M
Priority Area: Transportation

Note: Medical appointment can be provided if needed but it is the not the purpose of the dollars.
Abbreviations: M, million

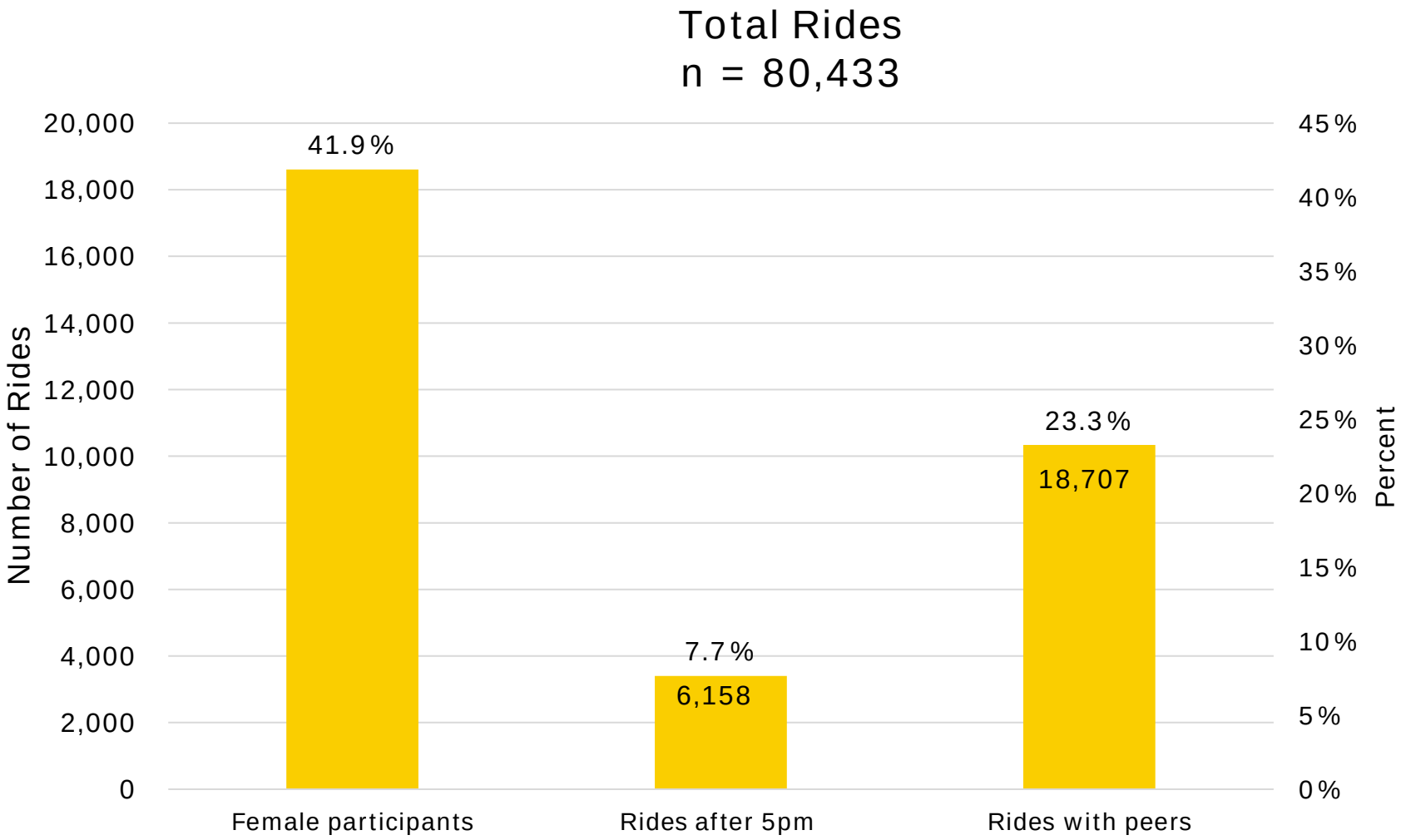
Non-Medical Transportation: Funded Provider Locations



Funded providers can contract other entities to provide transportation services. These entities are Recovery centers and independent practice association (IPA) which is a group of healthcare providers.

Non-Medical Transportation: Volume & Engagement

- Total rides: 80,433
- Total ride milage: 1,246,058.1 miles
- Average mileage per ride: 15.4 miles



Non-Medical Transportation: Participant Feedback

- *"[Driver] helped me feel hope again. Has a lot of care and compassion for his passengers."*
- *"Just overall satisfaction. I love to see services like these that's in the community." " [The ride] saved me from going to jail with this ride. It's my birthday today and this is the best present thanks."*
- *"I was able to attend court and have a meeting w/ the foster parents after court concluded."*
- *"[Peer] was a very positive influence and shared with a lot of encouragement."*
- *"I'm very thankful that this service is available, I would be very limited without these rides."*

SEPTEMBER 25, 2025

Harm Reduction Delivered

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Harm Reduction Delivered: Aims and Funding

Initiative Aims:

- Provide free, online, on-demand harm reduction supplies

What Funding Provides:

- Fentanyl test strips
- Xylazine test strips
- Naloxone
- Shipping and packaging

Initiative launch date: May 1, 2023

Data collection period: May 1, 2023 – July. 31, 2025

Funding: $25.7M

Priority Area: Harm Reduction

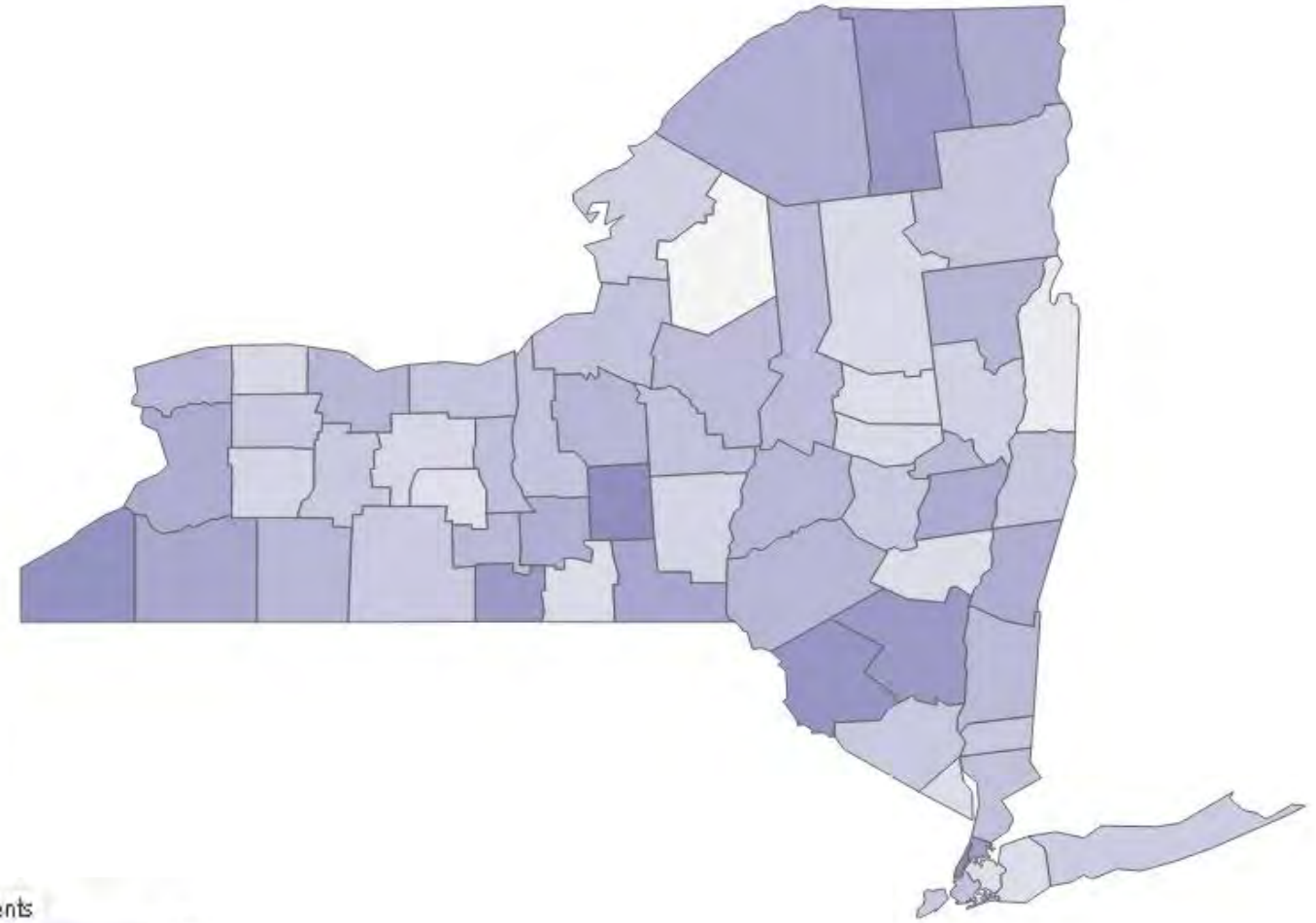
Abbreviations: M, million

Harm Reduction Delivered: Volume by County

Naloxone: 348,074

Fentanyl test strips: 13,748,860

Xylazine test strips: 10,504,710



Note: Rates were calculated using 2023 NYS county population data

Feedback from Naloxone Recipient

I never expected to use it. I just always kept it on me, and it came in handy. I saved somebody's life, and that could be somebody's uncle, dad…I gave him another chance at life. So, I really think it's important to carry it.

SEPTEMBER 25, 2025

Scholarships

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Scholarships: Aims and Funding

Initiative Aims:

- Grow addiction workforce through scholarships toward degrees, credentials, and certifications

What Funding Provides:

- 28 programs: SUNY/CUNY colleges/universities and CBOs
- Bachelor and Associate degrees
- CASAC/CRPA/CPP certificate programs

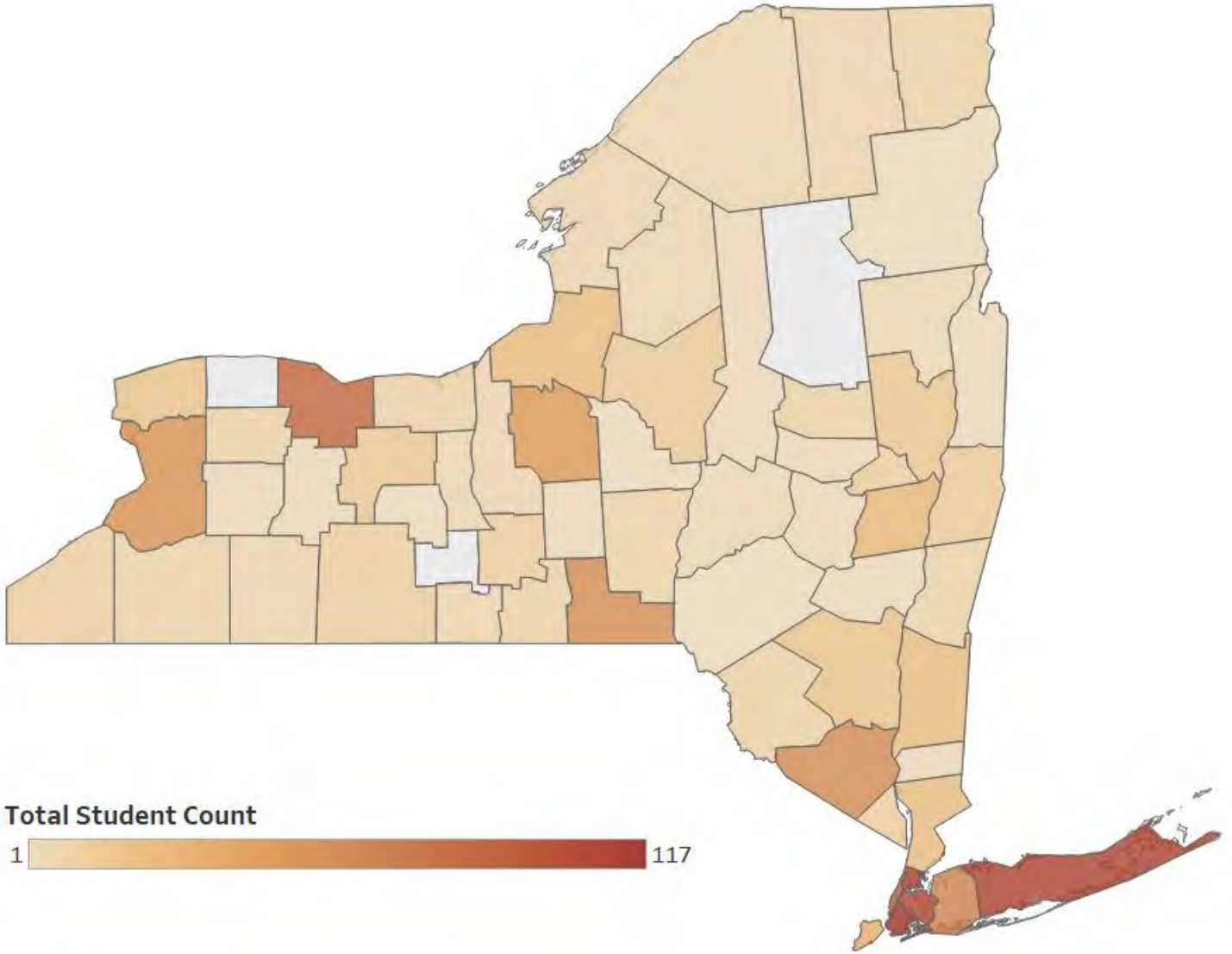
Initiative launch date: Mar. 1, 2023
Reporting Period: Jan. 26, 2024 – Jun. 30, 2025
Number of Education Partners: 28
Months of funding: 28 – 63, depending on program
Funding: $25M
Priority Area: Investments Across the Continuum

Abbreviations: M, million; CASAC, Credentialed Alcoholism and Substance Abuse Counselor; CRPA, Certified Recovery Peer Advocate; CPP, certified prevention professional; CBOs, community-based organizations

Scholarships: Recipient County of Residence

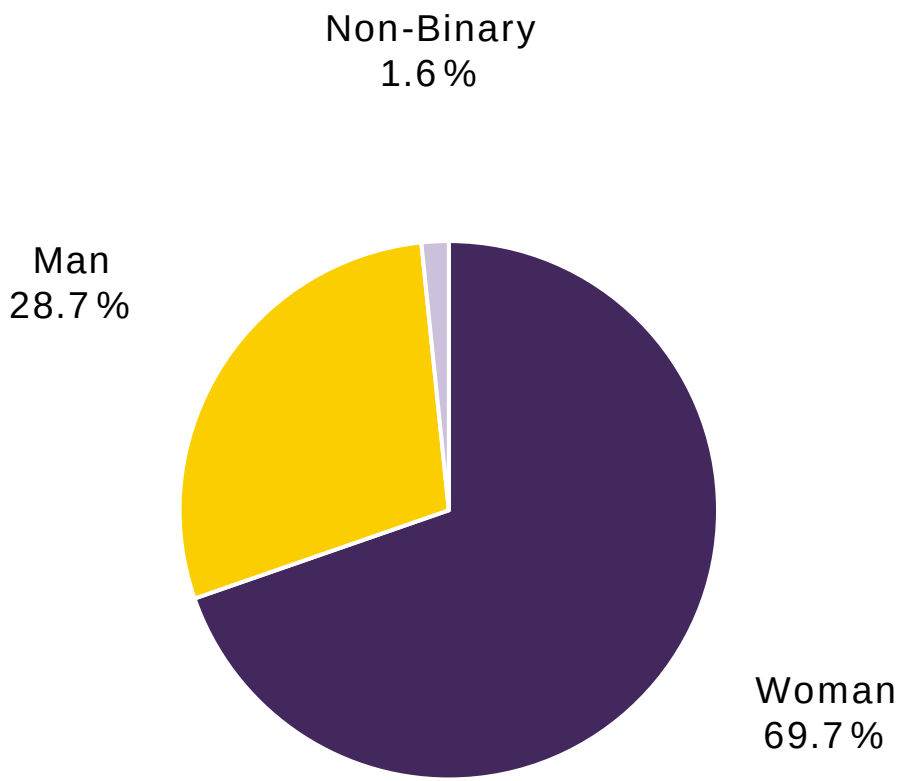
Top 10 Counties with Greatest Number of Recipients:

- Kings 117
- Bronx 110
- Suffolk 106
- Queens 104
- New York 88
- Monroe 81
- Nassau 62
- Orange 56
- Broome 55
- Erie 51

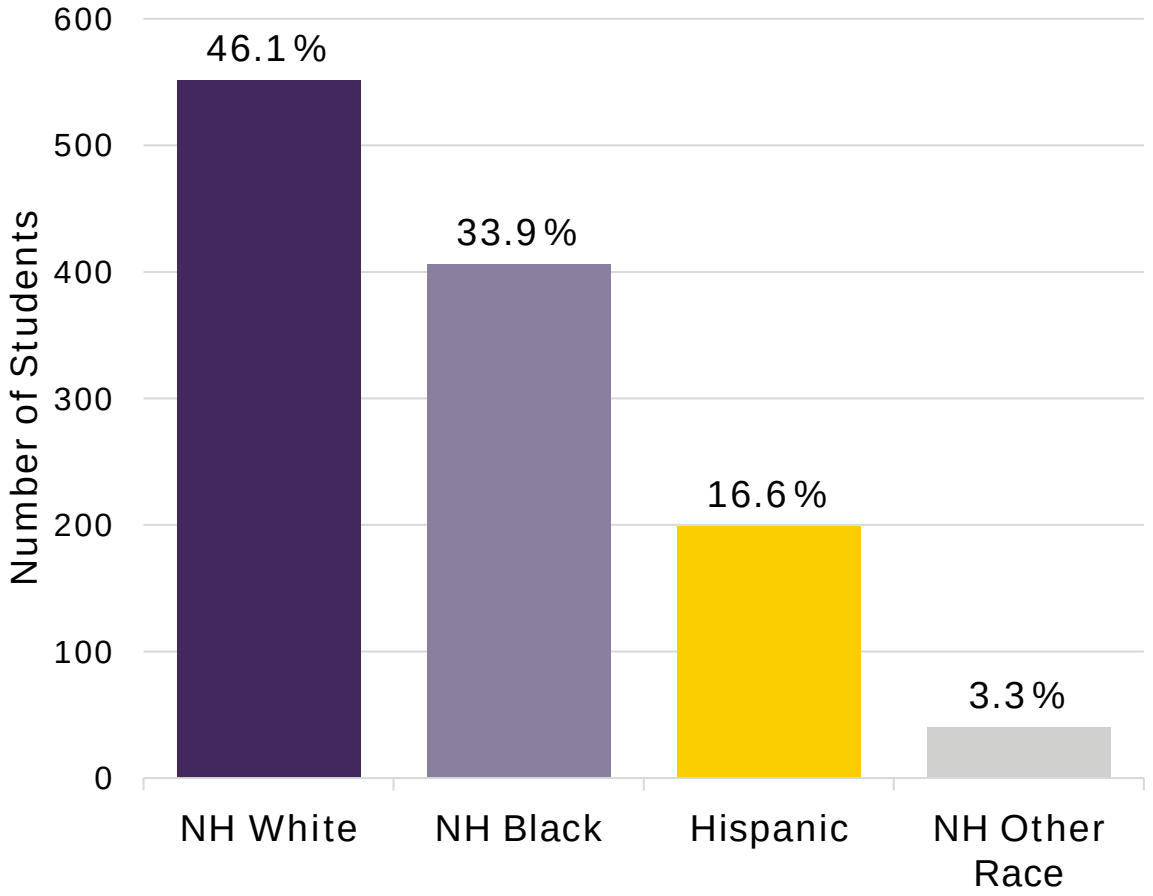


Scholarships: Population Characteristics

Gender Identity



Race/Ethnicity



Abbreviations: NH: non-Hispanic

Feedback from Scholarship Recipient

"...my CRPA certification was a transformative experience, largely due to the incredibly insightful and dedicated trainers. Their ability to translate course material into real-world scenarios, often drawing from impactful lived experiences, provided a depth of understanding that went far beyond textbooks. This…prepared me effectively for the certification but also instilled a profound sense of readiness and confidence to support others in their recovery journeys…The program has changed my life significantly. I've found a new calling in helping others and sharing my experiences in the recovery field."

SEPTEMBER 25, 2025

Community Prevention Coalitions: Fentanyl, Opioids, Rx (FORx)

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Community Prevention Coalitions: Fentanyl, Opioids, Rx: Aims and Funding

Initiative Aims:

- Coalitions will use community-based opioid prevention approaches to reduce access and availability to opioids and reduce the opioid burden.

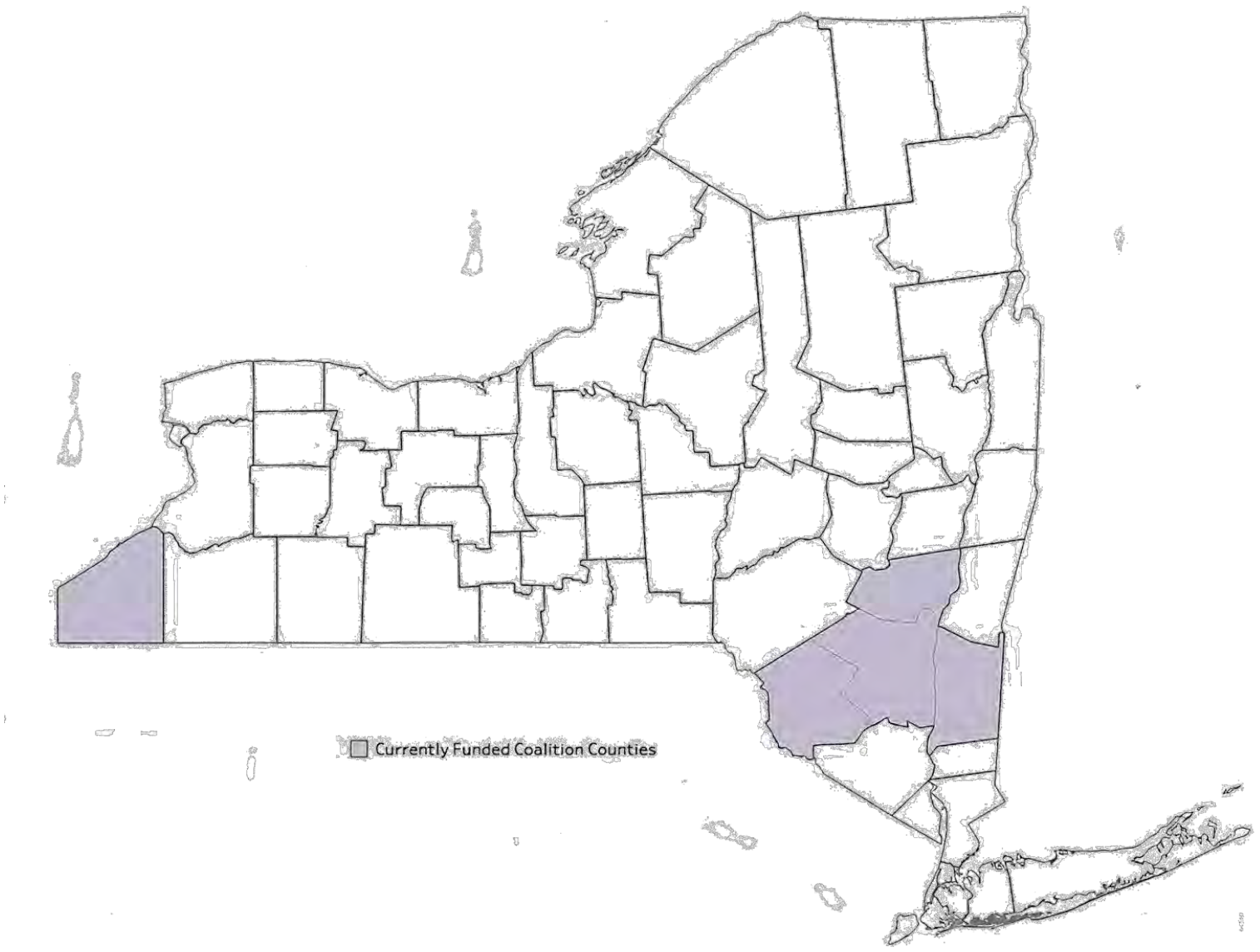
What Funding Provides:

- Initiates or promotes Take Back Days and disseminates use prevention informational sessions in their respective communities.
- Distribution of drug destruction kits, medication lock boxes.

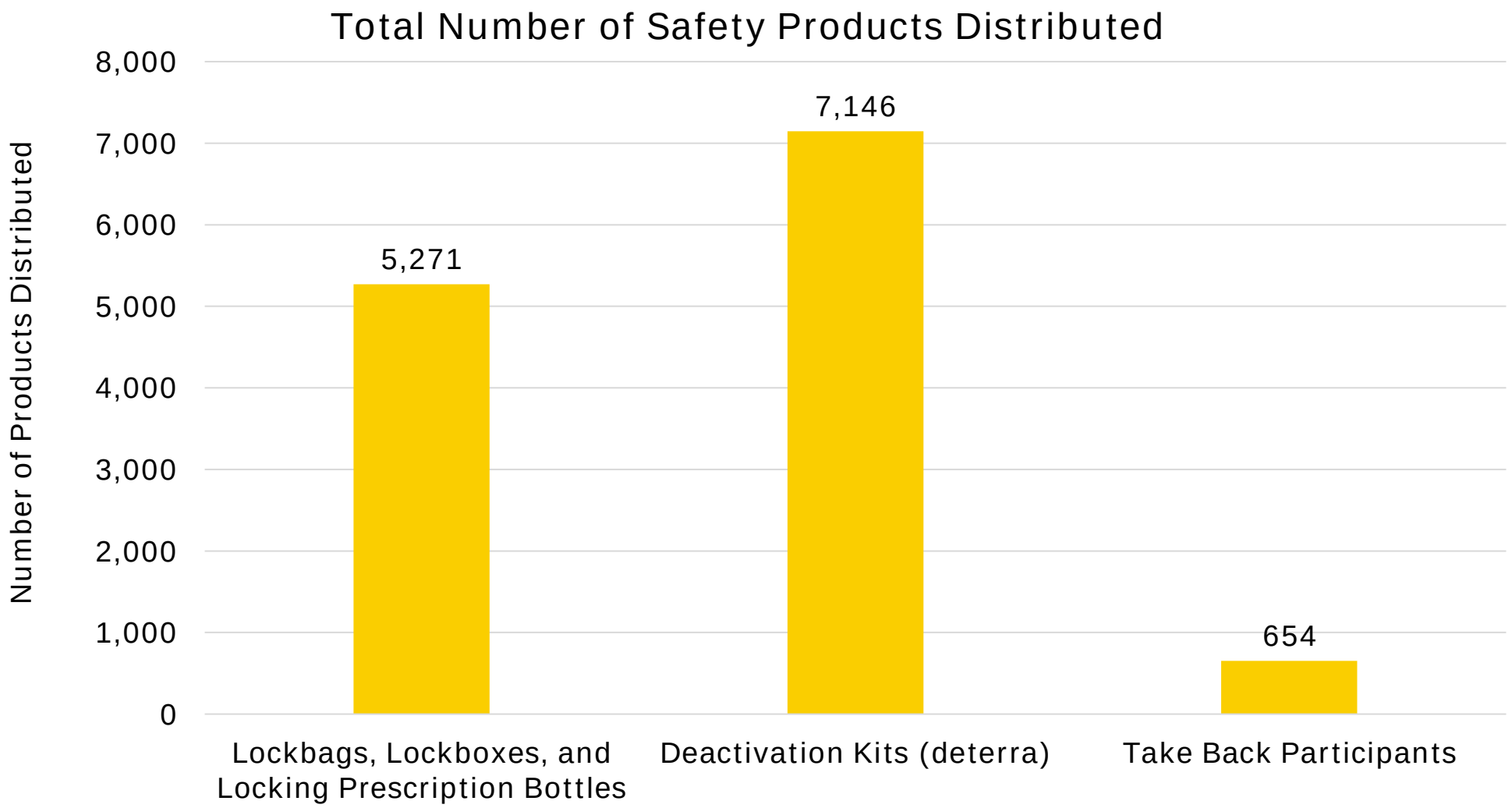
Initiative launch date: Jan. 1, 2024
Reporting Period: Jan. 1, 2024 – Aug. 30, 2025
Number of Coalition Counties: 5
Months of funding: 48 months
Funding: $1.4M
Priority Area: Prevention

Abbreviations: M, million;

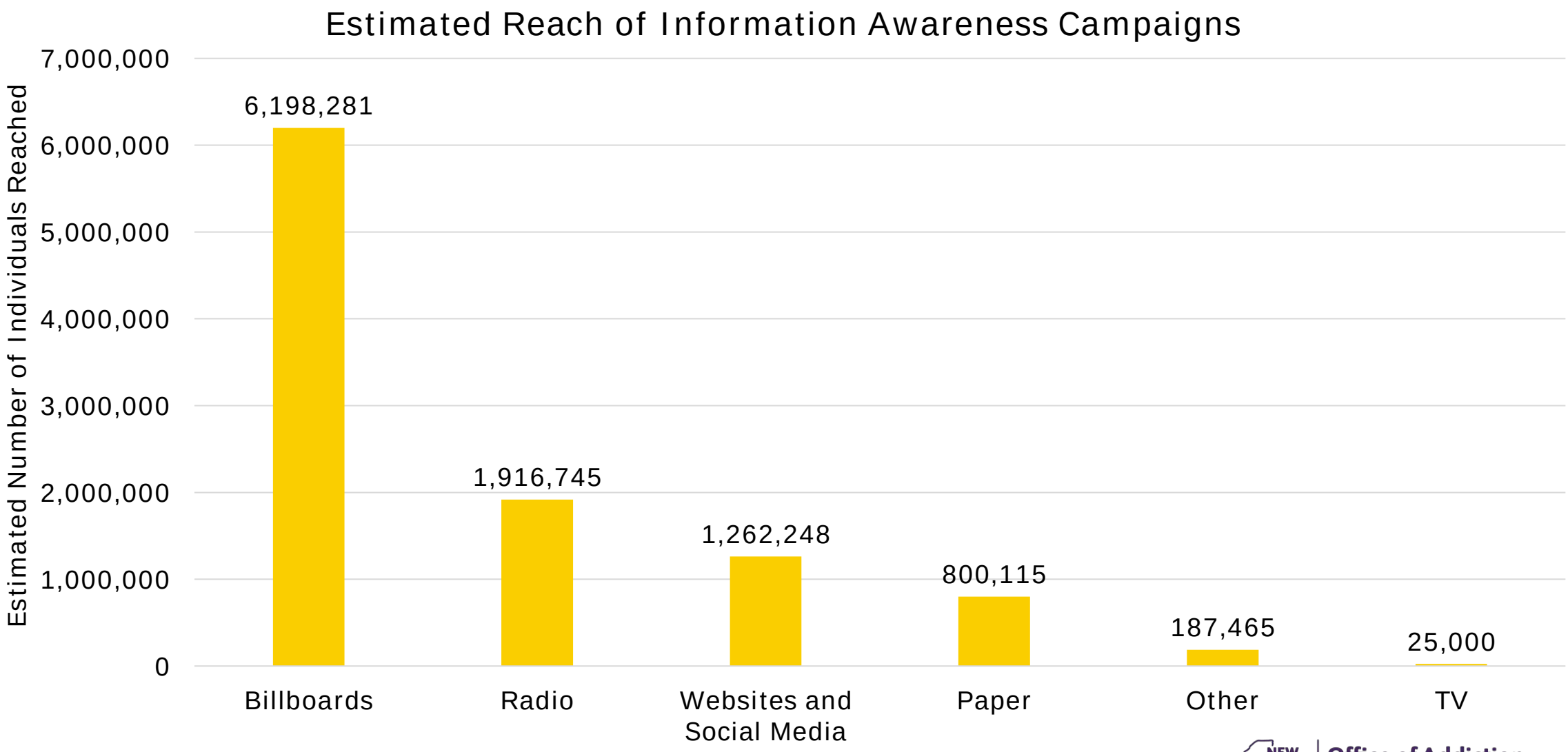
Community Prevention Coalitions: Fentanyl, Opioids, Rx: Coalition Counties



Community Prevention Coalitions: Fentanyl, Opioids, Rx: Prevention Distribution



Community Prevention Coalitions: Fentanyl, Opioids, Rx: Information Awareness Reach



Note: "Paper" category includes Newspaper, Letter to Editor, Posters, Brochures, Mass Mailers;

NEW YORK STATE | Office of Addiction Services and Supports

NEW YORK STATE

Office of Addiction Services and Supports

OASAS. Every Step of the Way.

NYS Office of Addiction Services and Supports (OASAS)

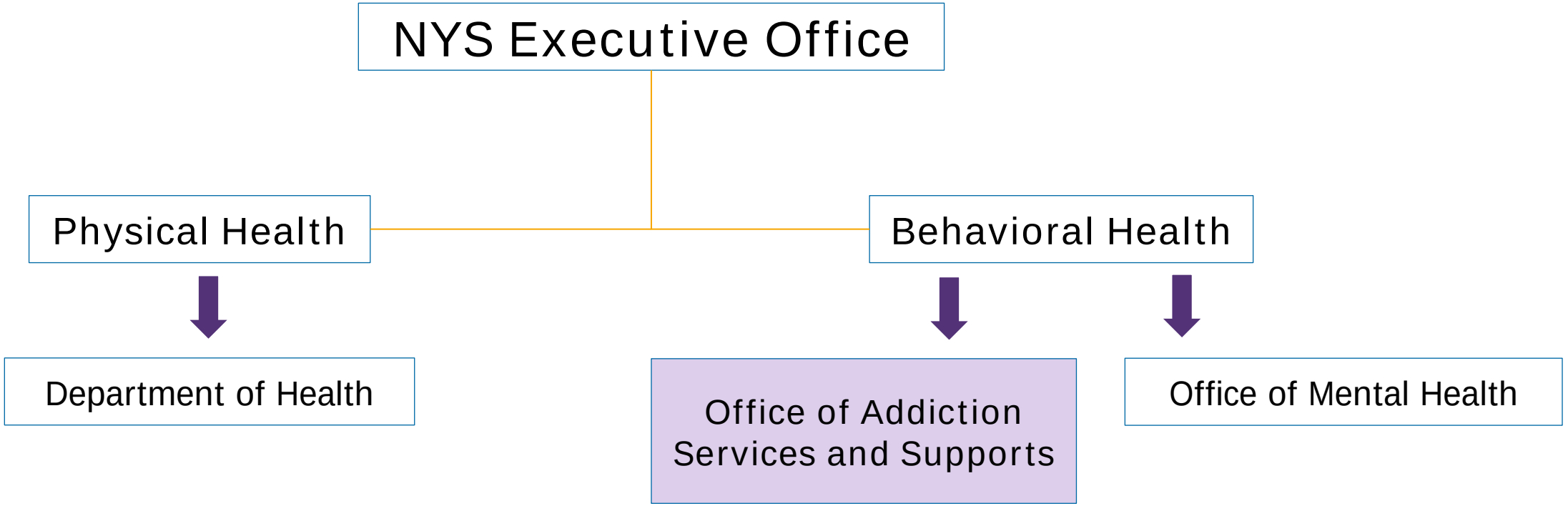
Mission Statement

To provide, support, and oversee a data-driven continuum of addiction services delivered with equity, dignity, compassion, and respect.

OASAS Continuum of Services

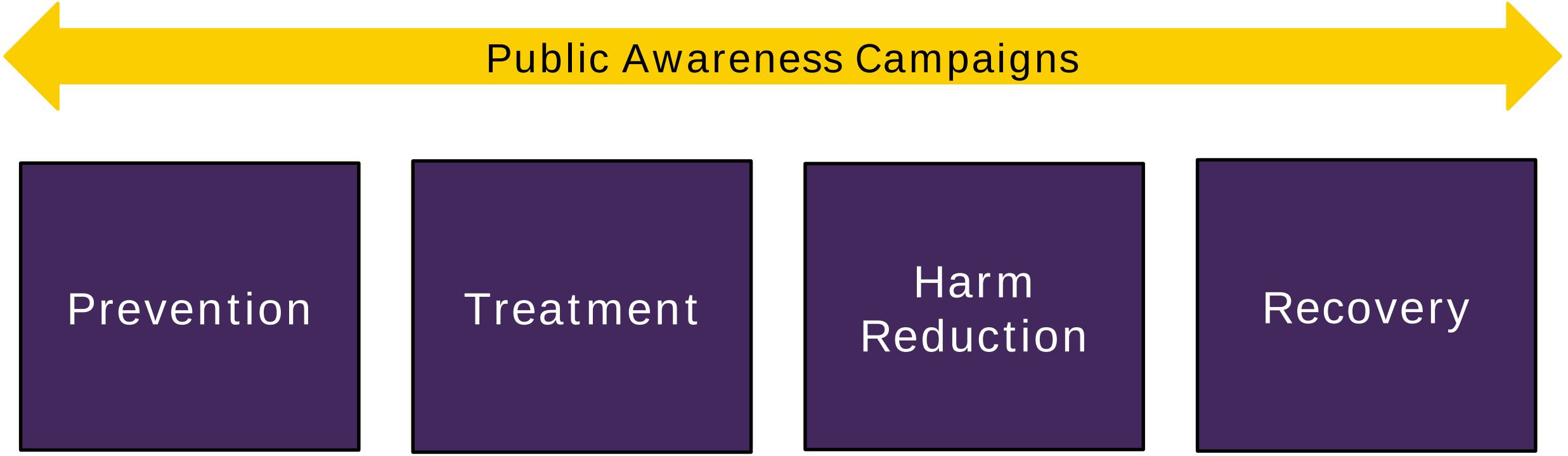
- Prevention
- Treatment
- Harm Reduction
- Recovery

Physical & Behavioral Health in New York State



- >750 staff
- ~$1.3B annual budget
- >1700 addiction programs
- >730,000 people served
- 12 Addiction Treatment Centers
- Substance use and gambling disorder services
- Certify, regulate, support all addiction services

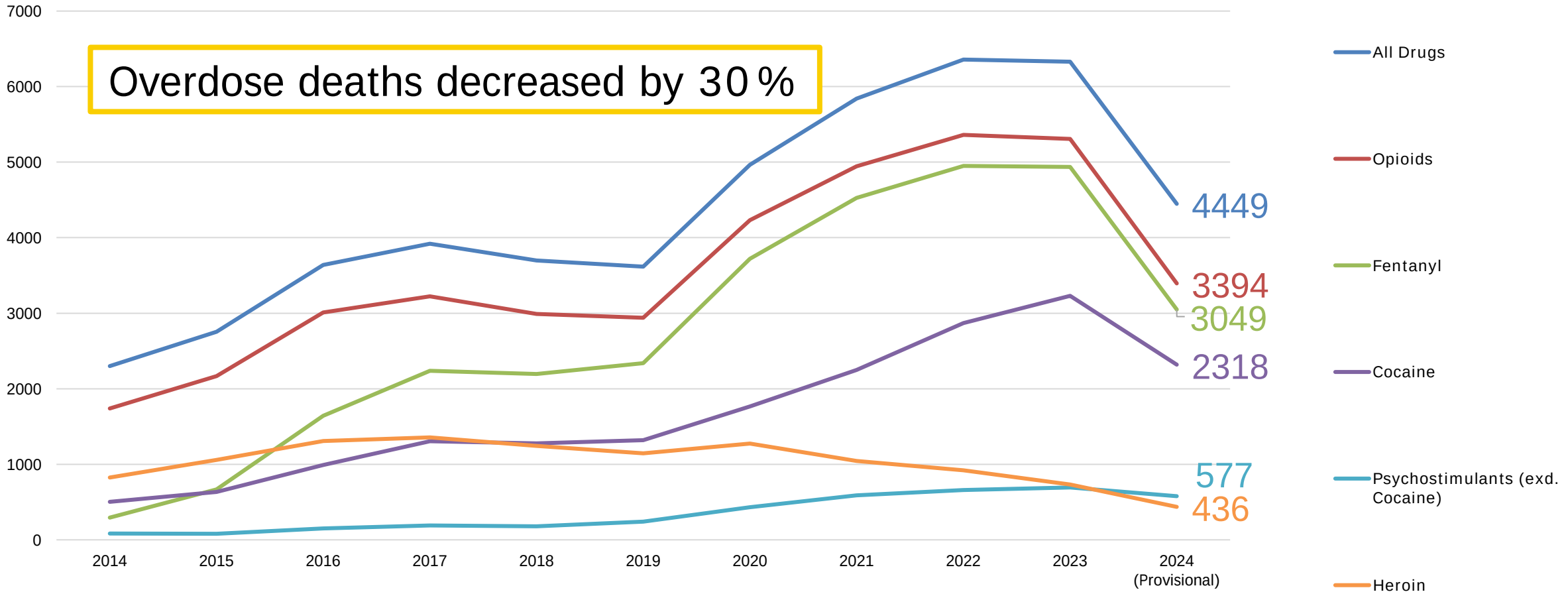
The OASAS Continuum of Care



OCTOBER 6, 2025

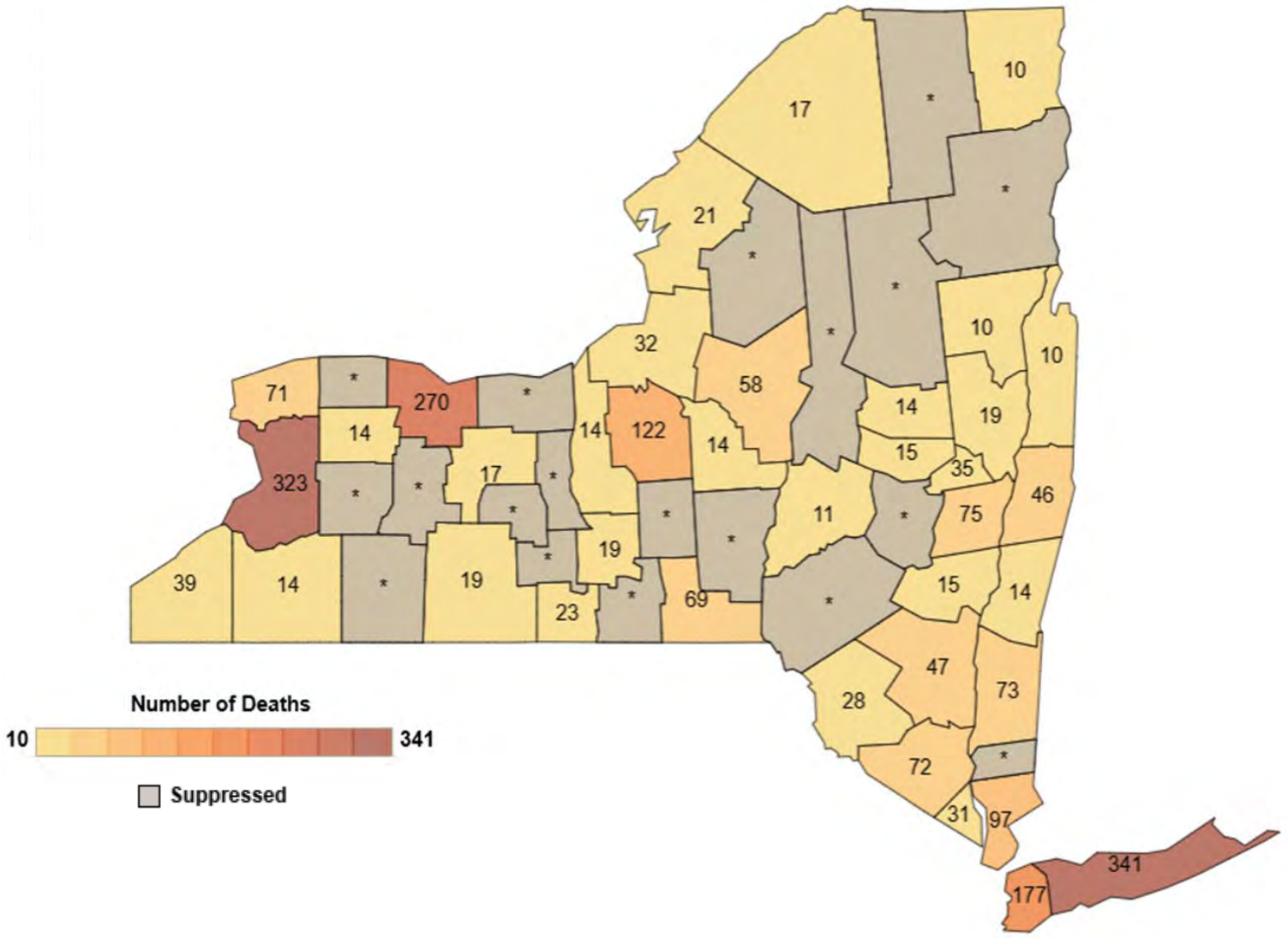
Epidemiology of Overdose Deaths

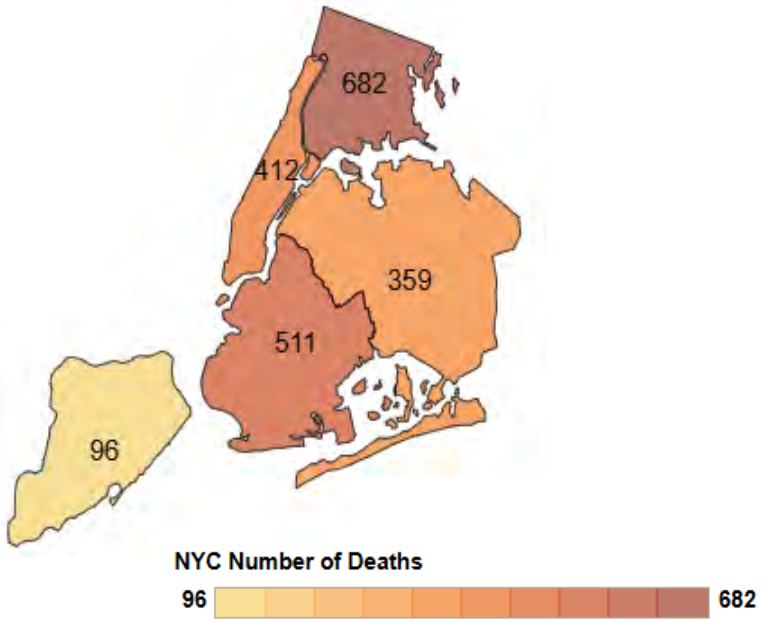
NYS Drug Overdose Deaths by Substance (2014-2024*)



*2024 provisional data. Source: Mortality Data on CDC WONDER Online Database.
Drug categories are not mutually exclusive: more than one substance can be present at death

Number of Overdose Deaths (2024*)





*Provisional
Source: https://oasas.ny.gov/overdose-death-dashboard

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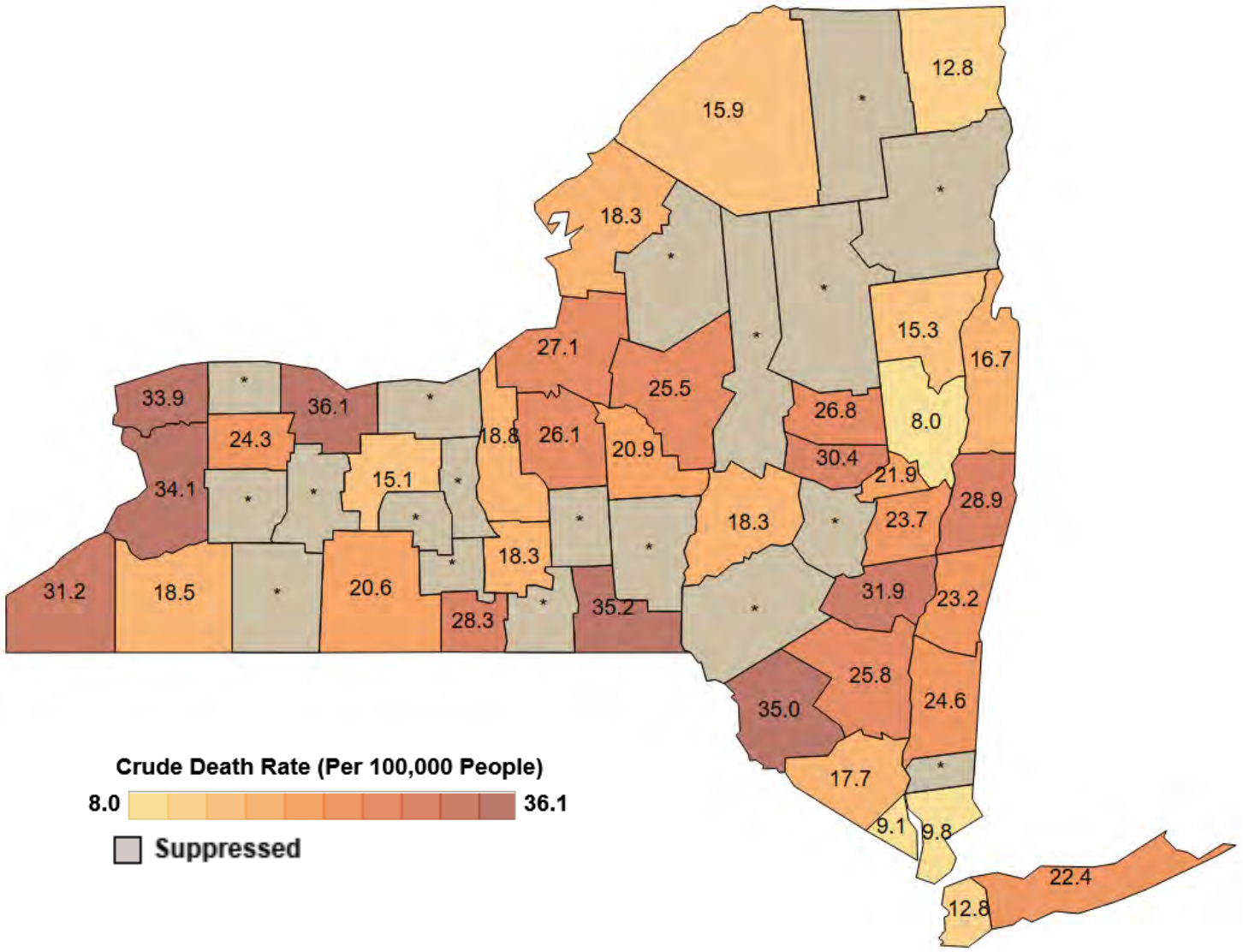
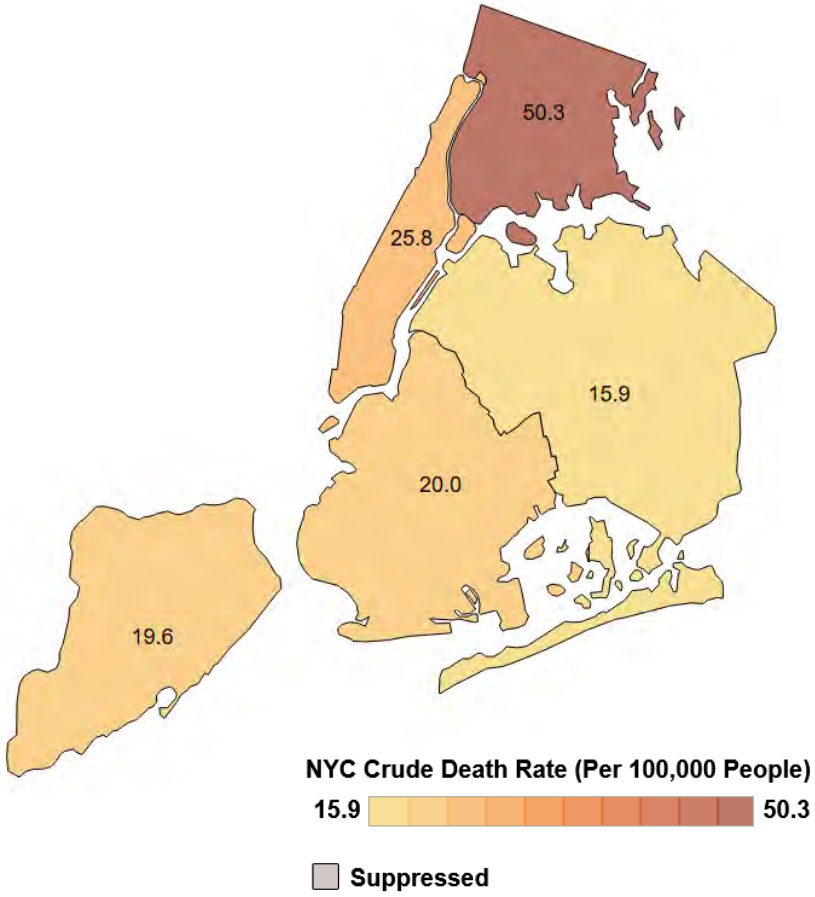
Crude Rate of Overdose Deaths (2024*)

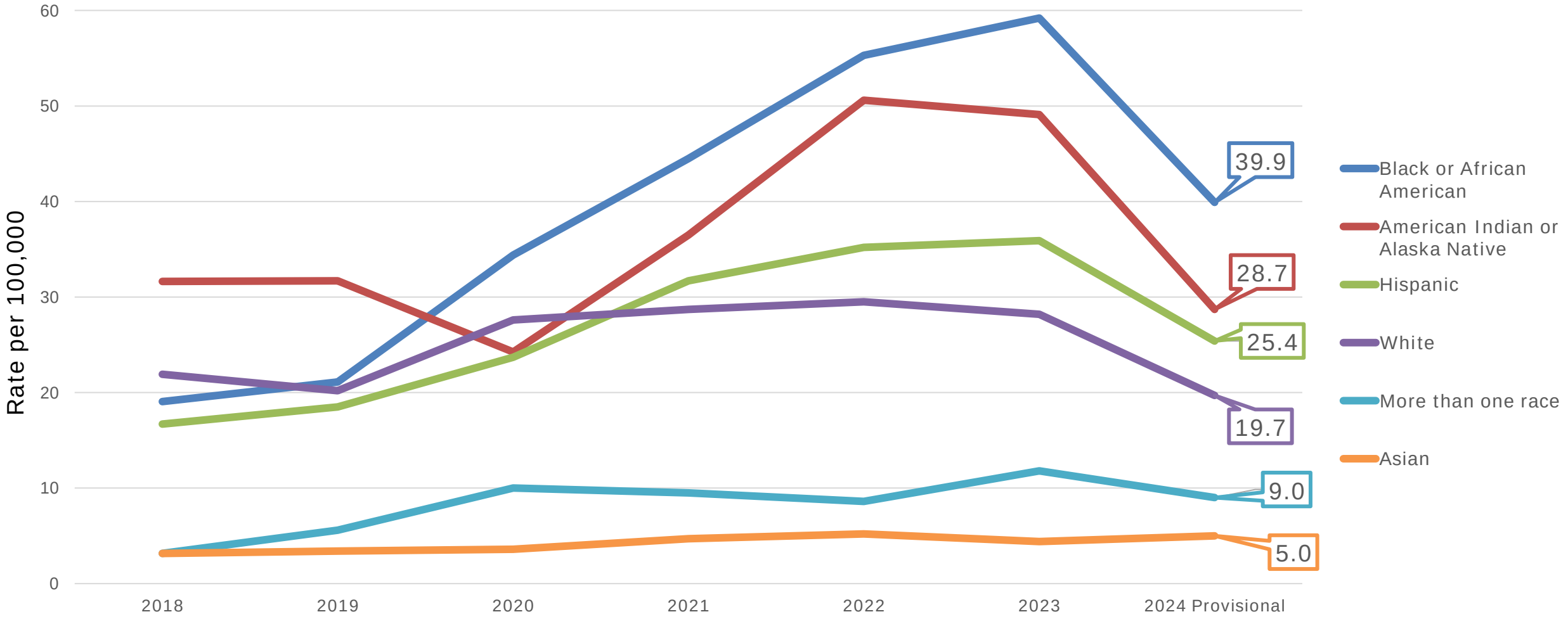




*Provisional
Source: https://oasas.ny.gov/overdose-death-dashboard

NEW YORK STATE | Office of Addiction Services and Supports

Overdose Deaths Crude Rate by Race/Ethnicity in NYS (2018-2024*)



*2024 data is provisional. Source: Mortality Data on CDC WONDER Online Database; Notes: Prior to 2018, mortality data for Asian and Pacific Islander populations were combined. Persons identified as categories other than ""Hispanic" are not of Hispanic ethnicity. Being of Hispanic ethnicity may also include being of any race

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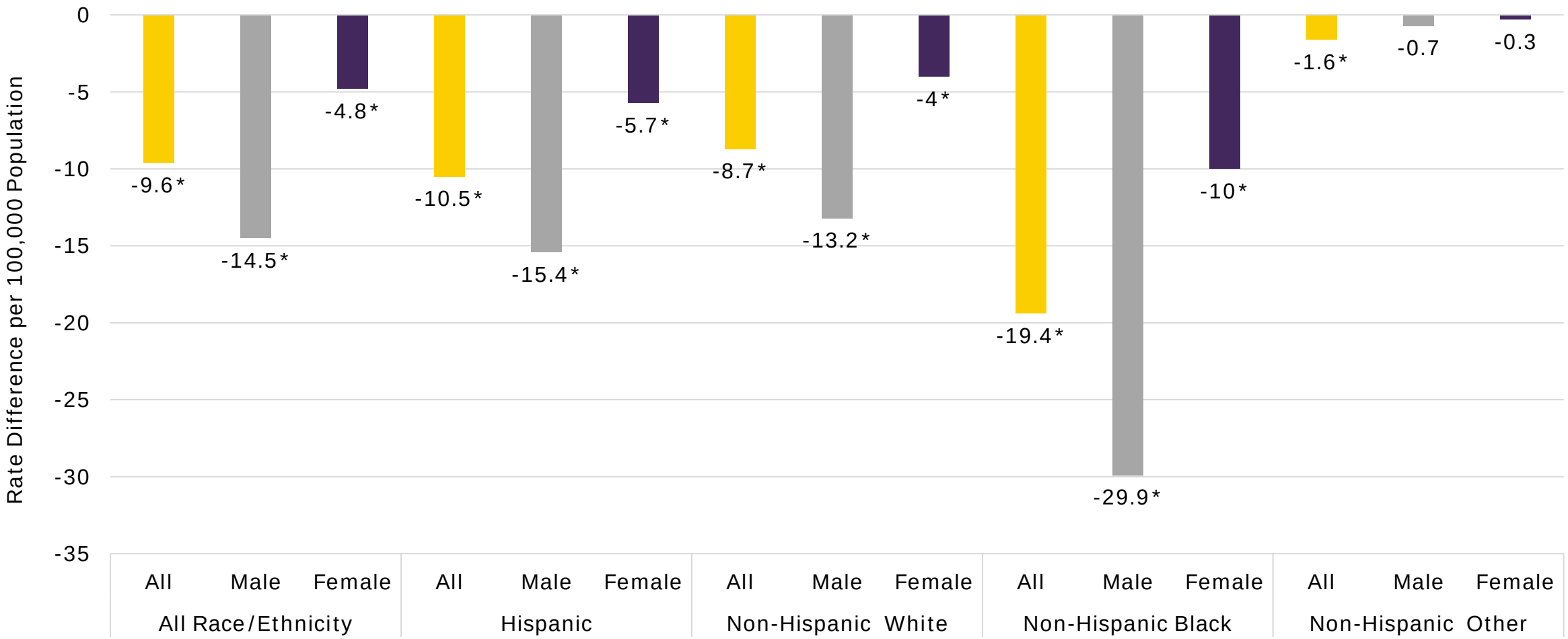
Differences in Overdose Death Rates by Sex, Race/Ethnicity (2023-2024)



*Note that * indicate significant differences*
Source: CDC WONDER

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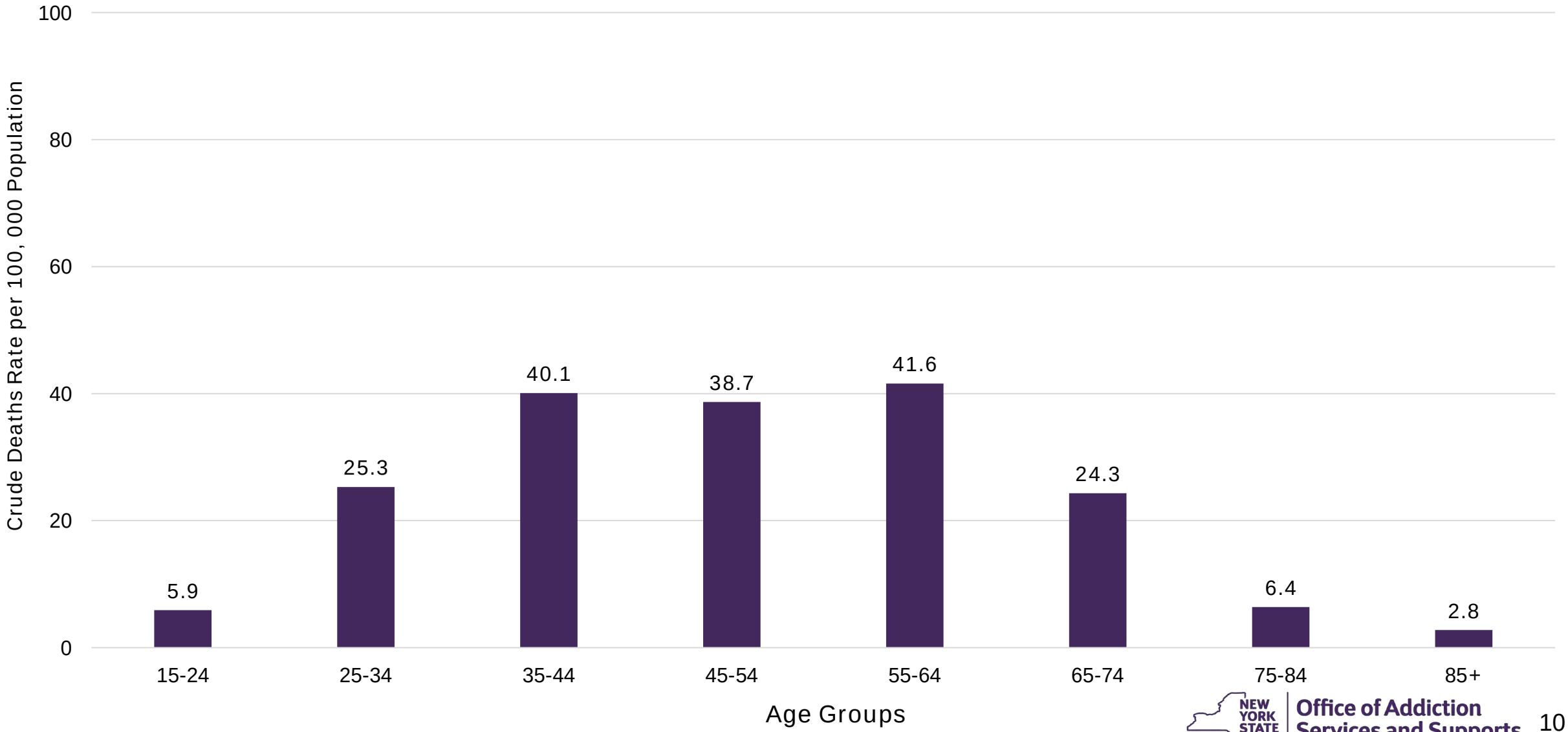
Crude Rate of Overdose Deaths by Age in NYS (2024)



Source: Mortality Data on CDC WONDER Online Database

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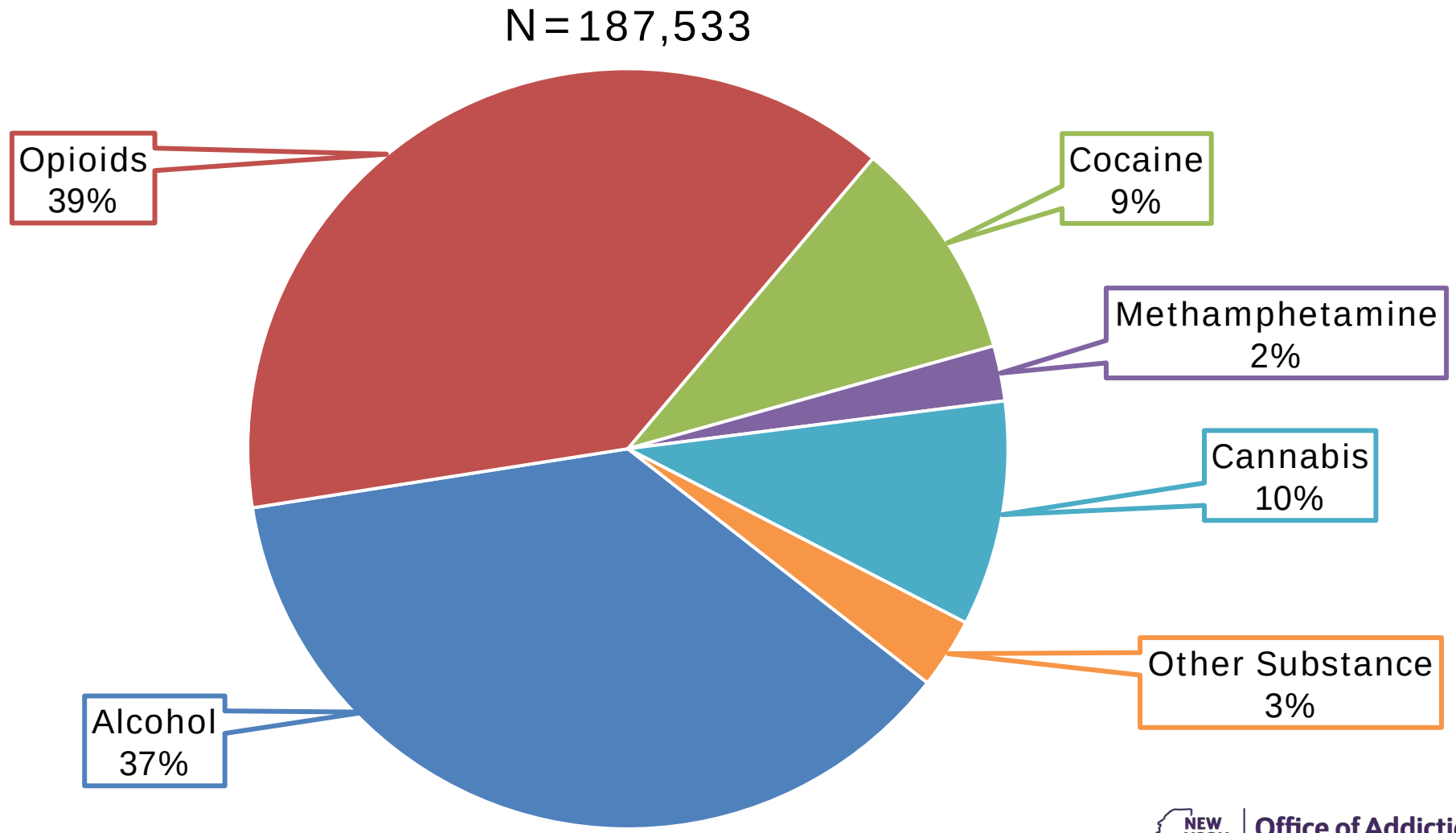
OCTOBER 6, 2025

Epidemiology of Substance Use Disorder Treatment

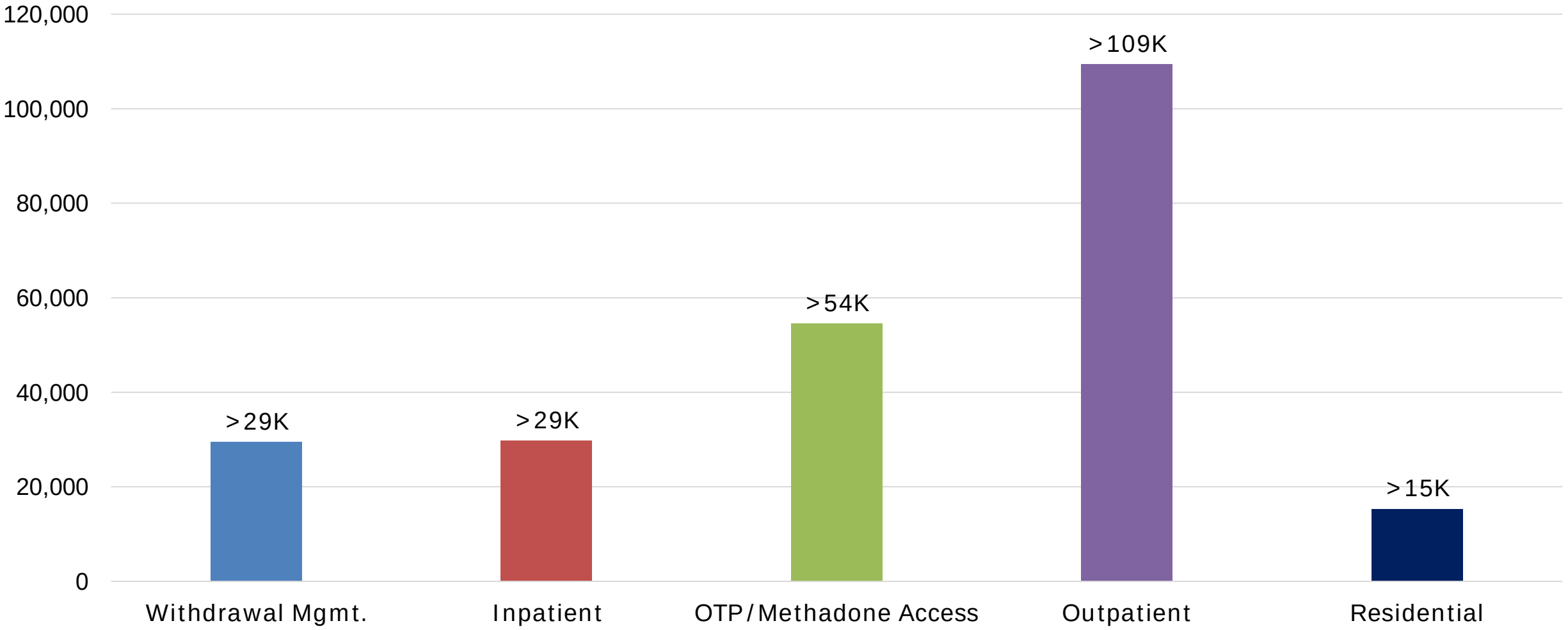
OASAS
Every Step of the Way.

Individuals Served at OASAS-Certified Treatment Programs by Primary Substance (2024)



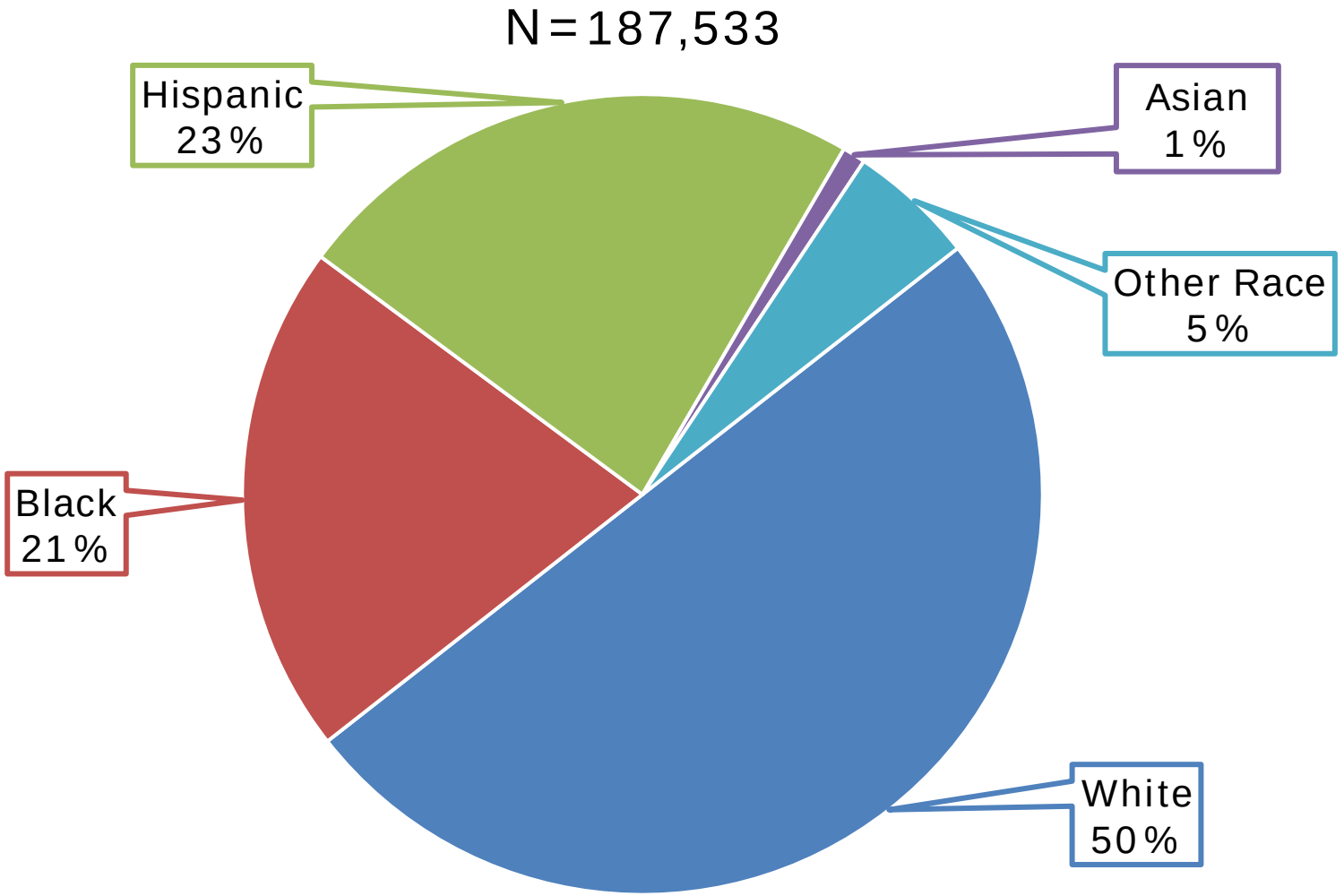
Source: NYS OASAS Data Warehouse, Client Data System, Extract July 1, 2025. Significant others and residents living outside of New York State are removed from the analysis. If a person had multiple treatment services during the year, the most recent admission was used to represent the reported demographic characteristic.

Unique Individuals Served at OASAS-Certified Treatment Programs by Program Type (2024)



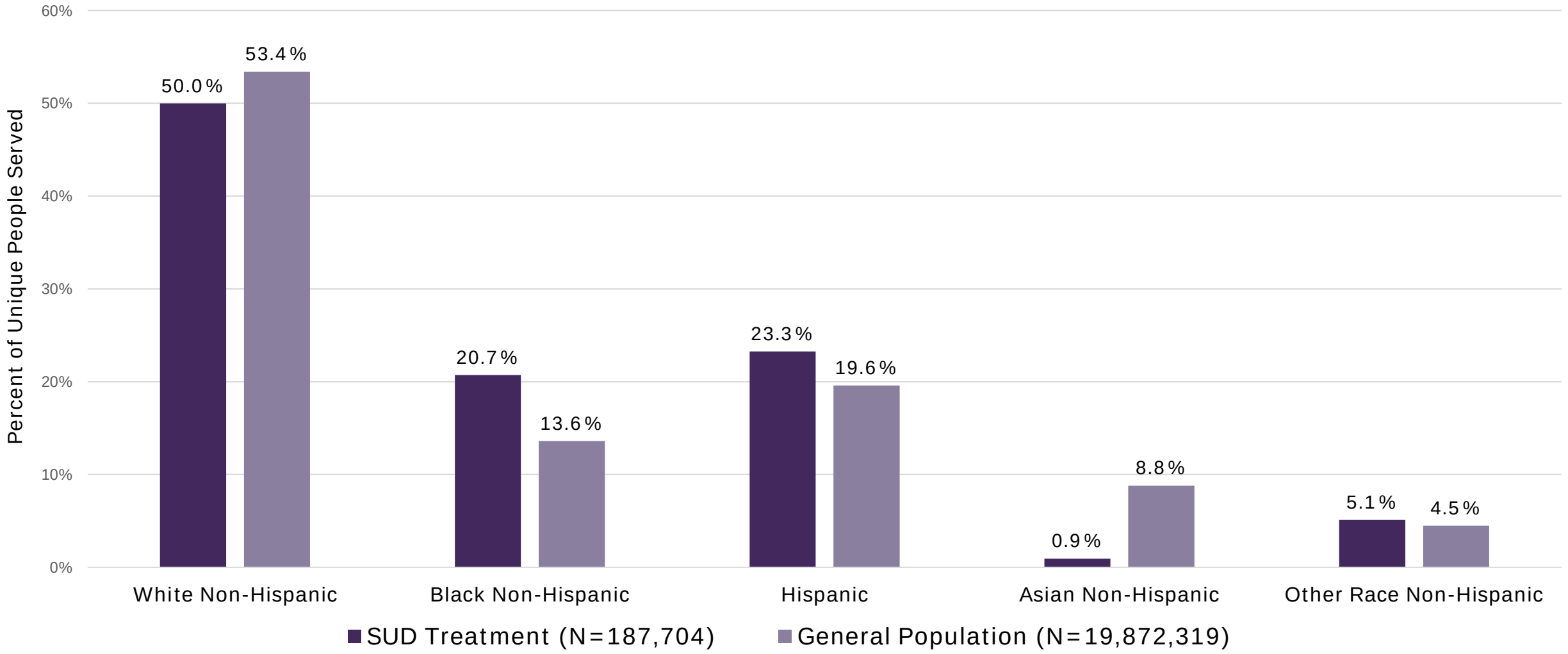
Source: NYS OASAS Data Warehouse, Client Data System Data Extract 07/01/2025*; Unique People Served by Program Service Category (not mutually exclusive)*
A person may be enrolled in more than one program type category during the year.

Individuals Served at OASAS-Certified Treatment Programs by Race/Ethnicity (2024)



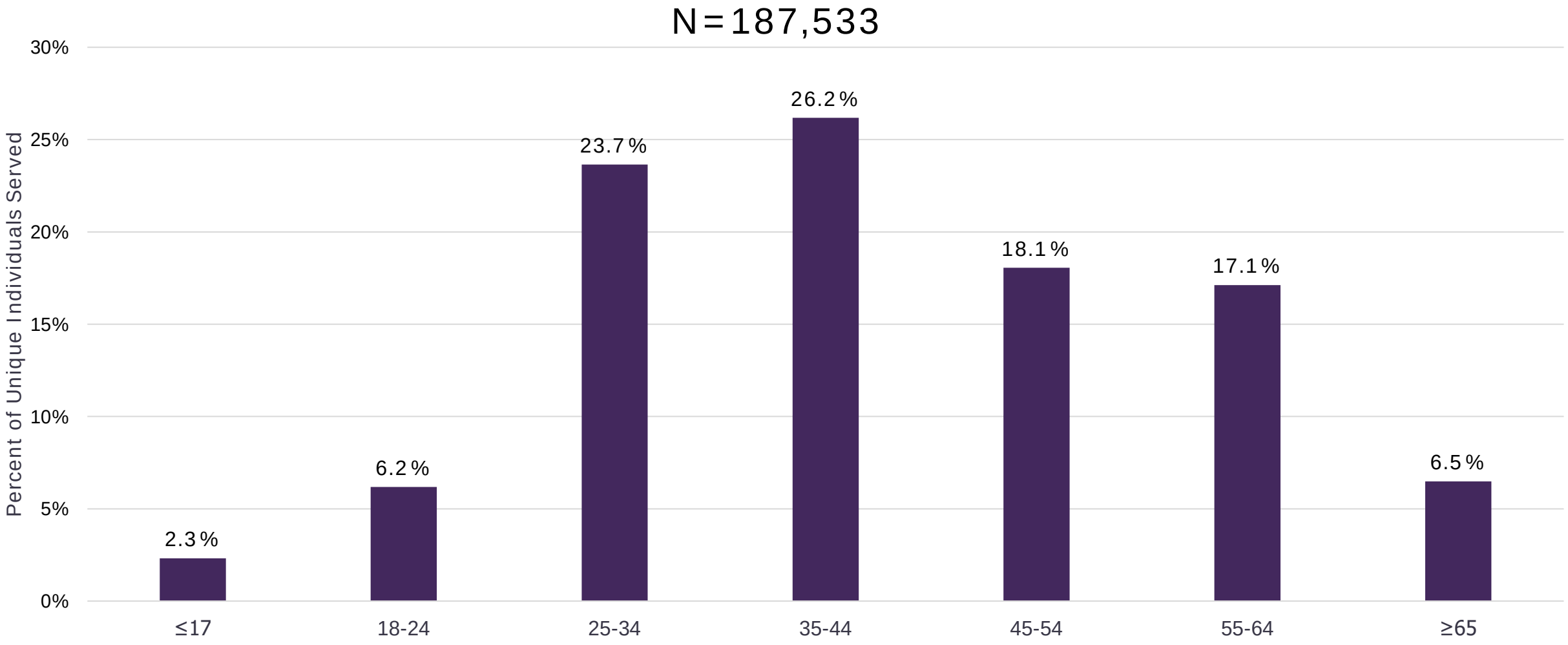
Source: NYS OASAS Data Warehouse, Client Data System Data Extract 07/01/2025*; If a person had multiple treatment services during the year, the most recent admission was used to represent the reported demographic characteristic. Categories include those who were either White, Black, Asian or Other Race respectively, and who were not of Hispanic ethnicity. Hispanic includes those identifying as Hispanic of any race.*

Individuals Served at OASAS-Certified Treatment Programs by Race/Ethnicity Compared to General Population (2024)



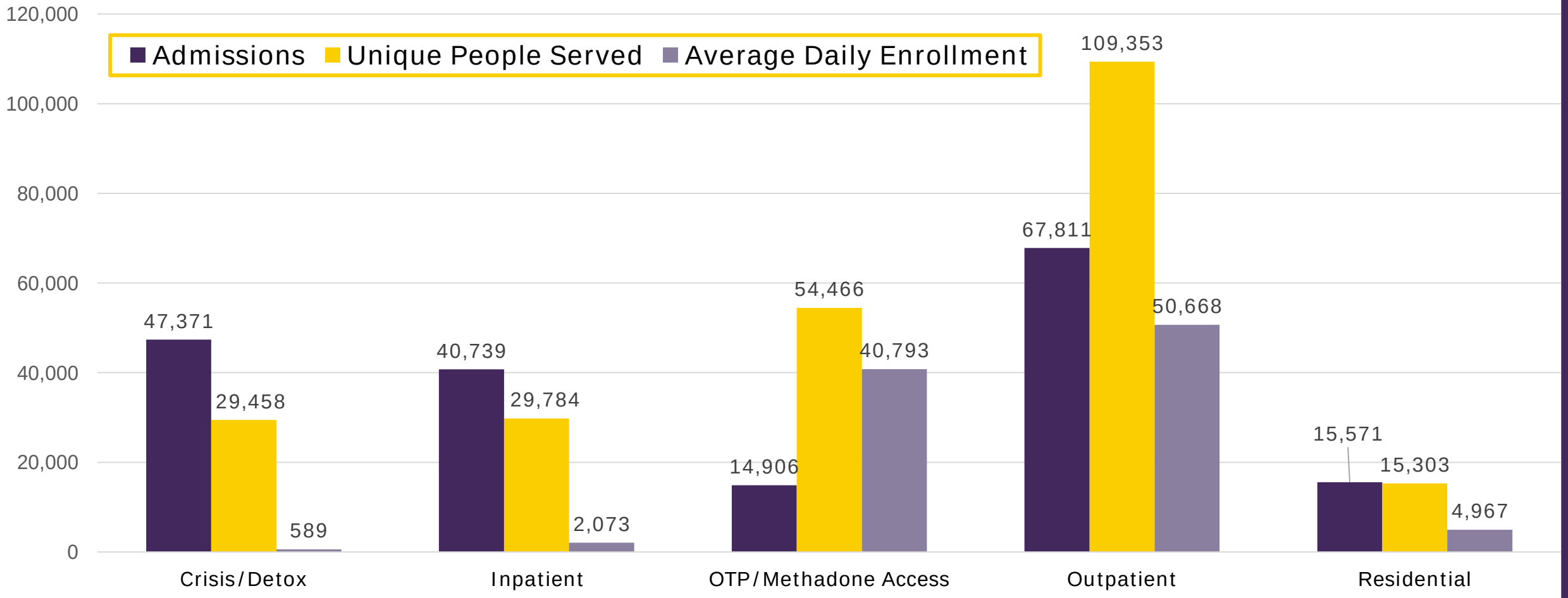
Abbreviations: SUD, Substance Use Disorder. Data Sources: NYS OASAS Data Warehouse, Client Data System Data Mart as of June 17, 2025, American Community Survey 2023 (percentages based on 5-year estimates). SUD treatment data and population data include persons aged 15 years and older. Significant others and non-NYS residents were excluded from this analysis.

Individuals Served at OASAS-Certified Treatment Programs by Age* (2024)



Data Source: NYS OASAS Data Warehouse, Client Data System, July 1, 2025; Significant others and non-NYS residents are excluded from this analysis. *Age was calculated based on date of birth and the mid-point of the calendar year (July 1st). If a person had multiple treatment services during the year, the most recent admission was used to represent the reported demographic characteristic in each group.

Admissions, Unique People Served[1] & Average Daily Enrollment[2] by Treatment Setting (2024)



Data Source: NYS OASAS Data Warehouse, Client Data System, July 1, 2025; Significant others and non-NYS residents are excluded from this analysis.

[1]The number of unique people served in each treatment setting is not mutually exclusive and cannot be summed as an individual can be enrolled in more than one treatment setting during the year.

[2]ADE represents the sum of days enrolled in treatment for people served during a time-period divided by the number of days in the time-period. It is the average number of people enrolled on any given day. If a person had multiple treatment services during the year, the most recent admission was used to represent the reported demographic characteristic in each group.

Guiding Principles

- Data-driven, evidence-based approach
- Harm reduction
- Equity

OASAS
Every Step of the Way.

Treatment of Substance Use Disorder

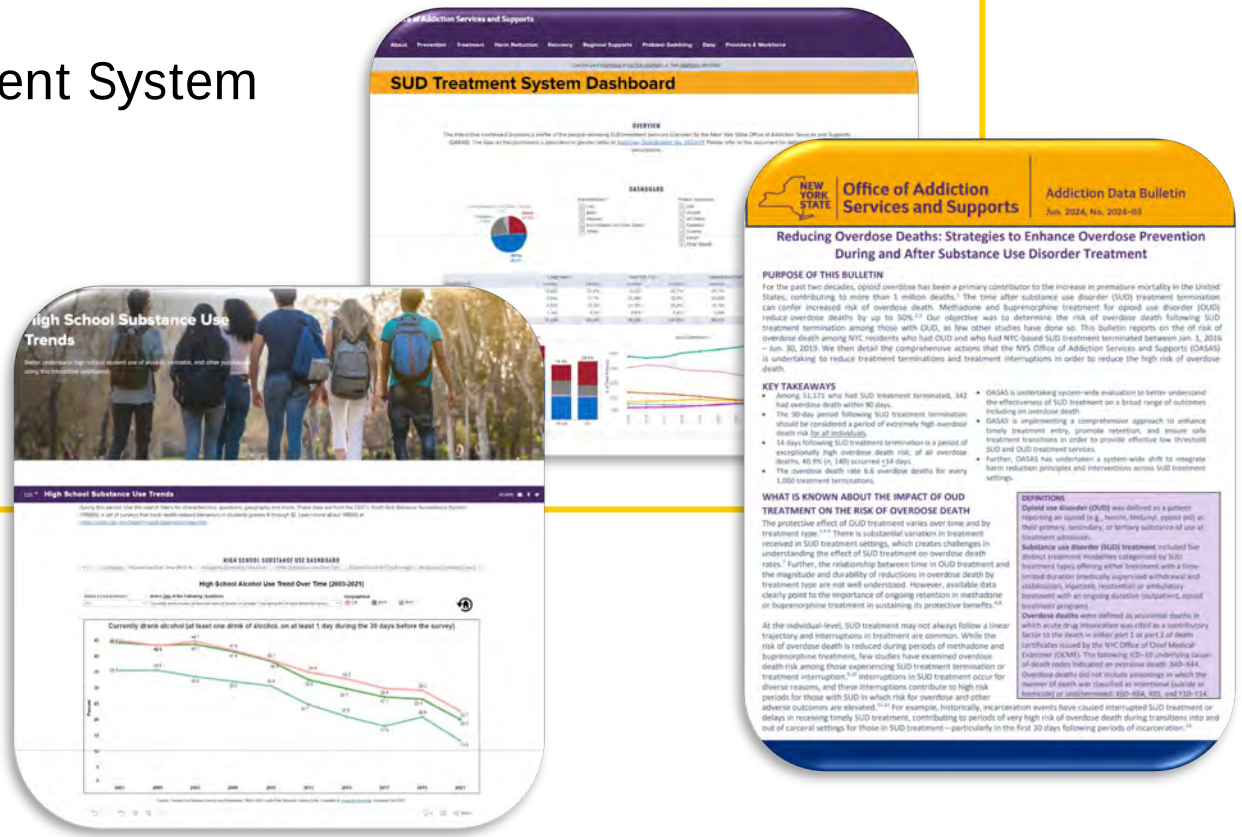
- Substance Use Disorder is a chronic disease
  - No cure
  - Requires life-long management and behavior change

- Treatment of Opioid Use Disorder
  - Behavioral treatment
  - Pharmacologic treatment
    - Opioid agonists: buprenorphine & methadone
    - Opioid antagonist: naltrexone

Informative Data, Dashboards, Reports & Resources

Access Interactive Dashboards, Bulletins, Reports & Resources

- Addiction Data Bulletins
- Substance Use Disorder (SUD) Treatment System
- NYS Overdose Deaths
- Harm Reduction Supply Distribution
- Local Services Plans
- High School Substance Use Trends
- Problem Gambling Prevalence
- NIH-Funded Research



Scan/Click to OASAS Data Dashboards!

Guiding Principles

- Data-driven, evidence-based approach
- Harm reduction
- Equity

OASAS
Every Step of the Way.

Harm Reduction

- Framework and practical strategies that reduce harms associated with substance use
- Key harm reduction principles
  - Respect the rights of people who use substances
  - Acknowledge a continuum of substance use
  - Provide non-judgmental low-threshold services
  - Meet people where they are

Incorporating Harm Reduction Across NY

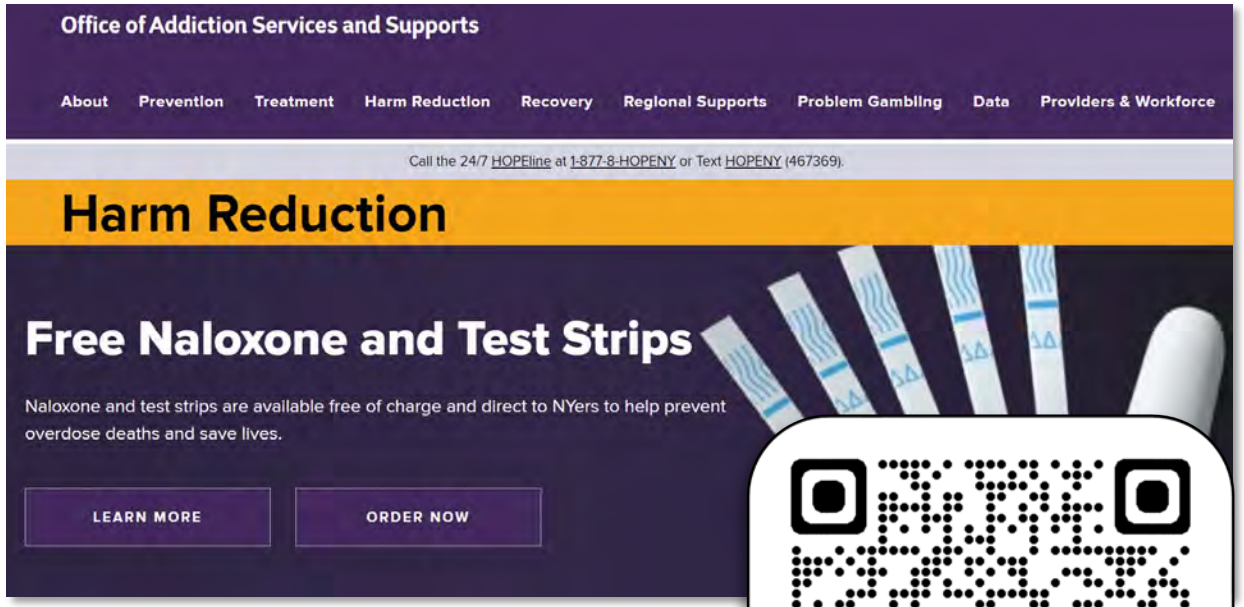
The OASAS Division of Harm Reduction

Overdose Prevention

- Free Naloxone (>355K distributed)
- Free fentanyl & xylazine test strips (>24M distributed)
- Drug deactivation bags
- Medication lock bags

Outreach & Engagement

- Clinic- and street-level outreach
- Homeless shelter initiative
- Care coordination
- Transportation



Scan/Click to visit the OASAS Harm Reduction webpage

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Guiding Principles

- Data-driven, evidence-based approach
- Harm reduction
- Equity

OASAS
Every Step of the Way.

Depictions of Substance Use Disorder Differ by Race/Ethnicity

Difference in Narratives

Criminal justice issue	Public health issue
Incarceration	Treatment
Moral failing	Medical condition
War on drugs	Gentler/kinder approach

Rolling Stone 2018; STAT 2016

Incorporating an Equity Lens Across NYS

Office of Justice, Equity, Diversity & Inclusion (JEDI)

Internal activities

- JEDI Advisory Council
- Organizational equity assessment
- Addressing appropriate language
- Equity procurement criteria

External activities

- State-wide interagency workgroup
- Lived Experience Advisory Panel (LEAP)
- Trainings, tools, and guidance for staff providers
- Equity Leadership Institute
- Language Access

Equity in Motion: Listening, Learning, Leading

- Continue to support key internal and external activities.
- Connect with teams to understand past experiences and gather input that supports long-term equity progress.
- Build on existing data practices to uncover blind spots and inform action.
- Promote agency-wide learning with clear language and aligned, actionable resources.
- Develop the new 5-Year D&I Strategic Plan, building on past efforts and guided by EO 187 and recent assessment data.

OCTOBER 6, 2025

The OASAS Path Forward

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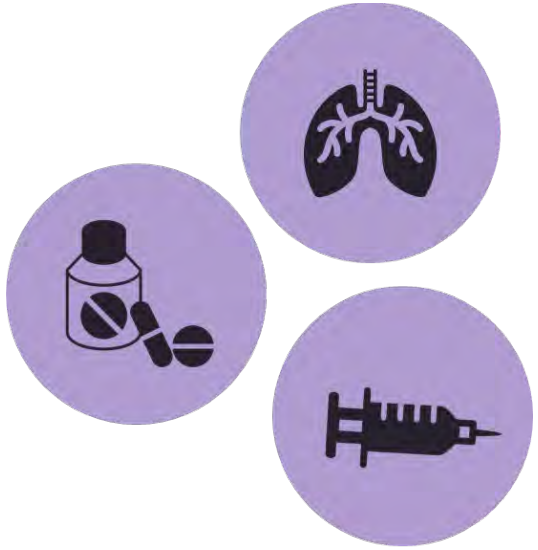
Every Step of the Way.

The Path Forward

- Increase access to desirable services with a focus on medication treatment
- Increase outreach to those at greatest risk of overdose



OASAS Prevention Priority Services Goals

Expand social emotional learning in schools

Expand community-based prevention

Prevention-focused coalitions

Parenting and family-focused programs

Expand SBIRT services

Screening, Brief Intervention, Referral to Treatment (SBIRT)

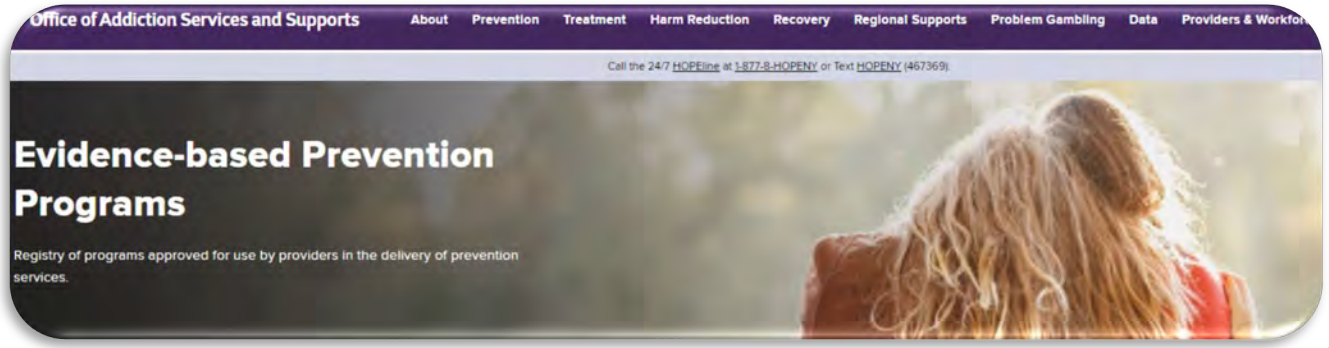
OASAS Prevention Priority Outcomes

Reduce access and availability of substances

Reduce favorable attitudes towards substance use

Increase awareness about substance use harms

Delay initiation of substance use

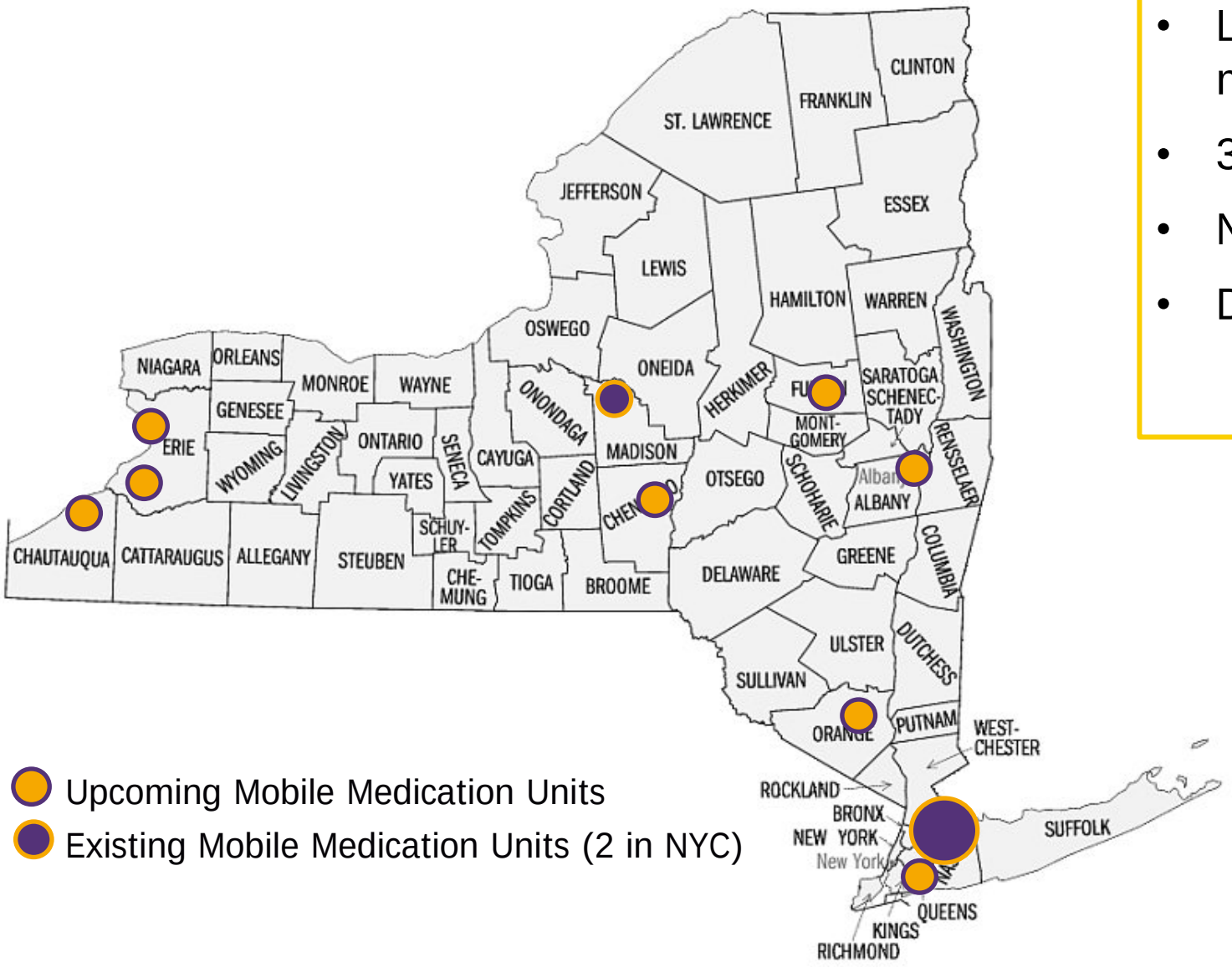


Expanding Medication Treatment for Opioid Use Disorder

Regulatory changes/new funding bring new opportunities

- Mobile Medication Units
- Flexible methadone dosing
- Integrated opioid treatment programs and outpatient clinics
- Telehealth
- Low-threshold buprenorphine
- Mandated medication treatment in ALL 58 jails and 42 prisons

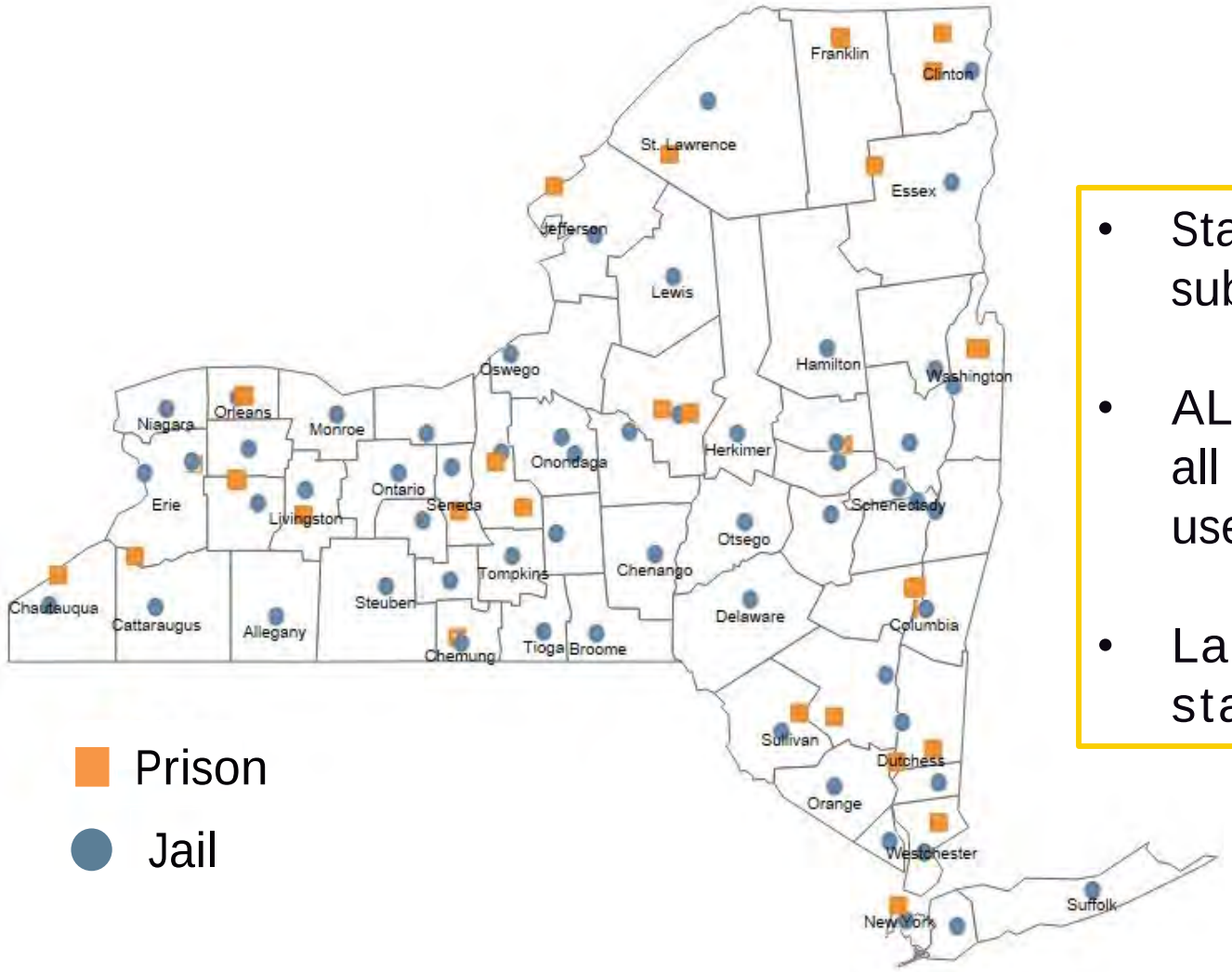
Mobile Medication Units to Expand Statewide



- Upcoming Mobile Medication Units
- Existing Mobile Medication Units (2 in NYC)

- Largest investment ($6M) in mobile methadone access in US
- 3 MMUs launched to date
- NIH grant studying implementation
- Developing larger grant to study:
  - Statewide expansion
  - Program & patient outcomes

Expanding Medication Treatment for Substance Use Disorder in Prisons and Jails

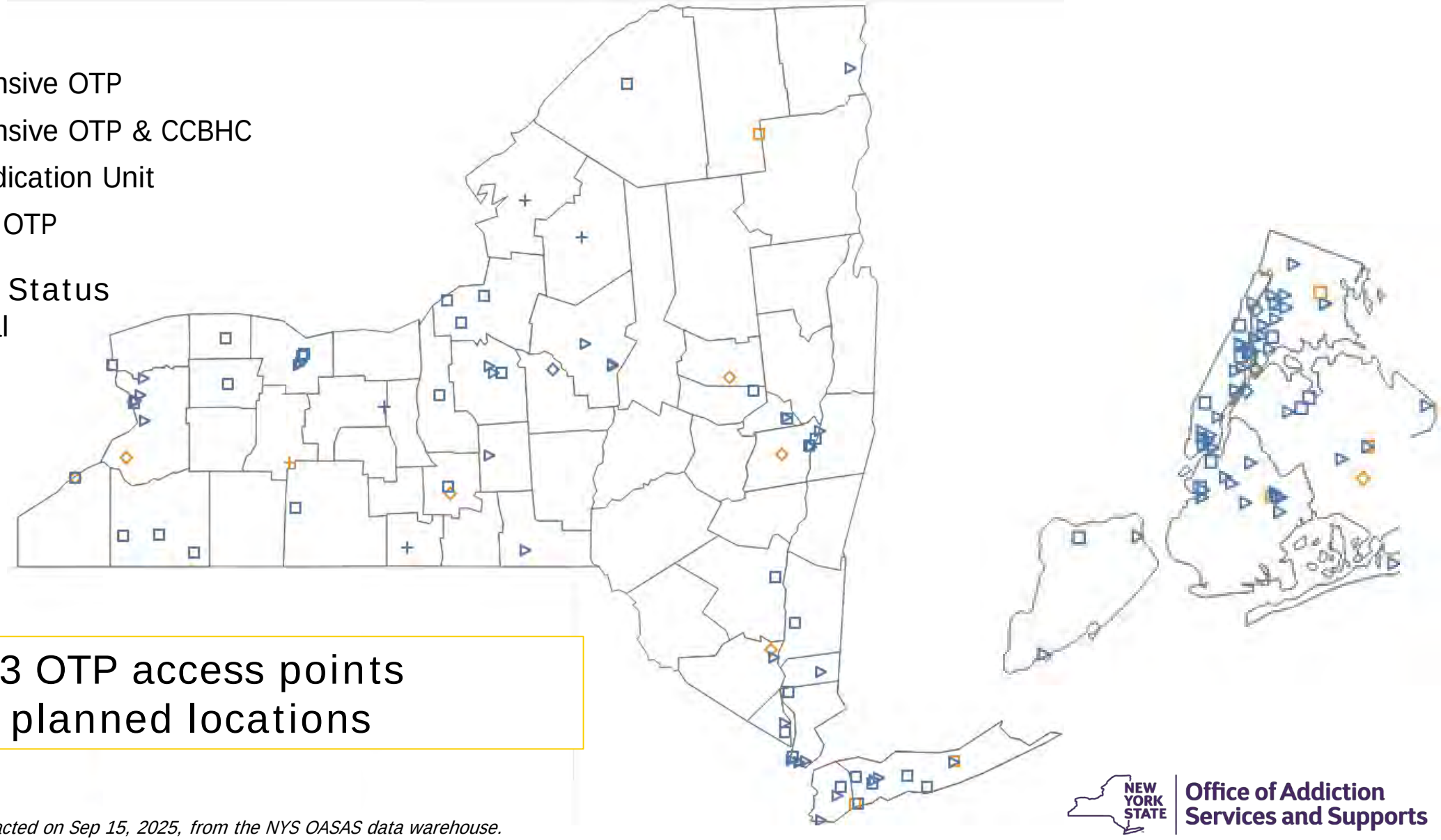


- State law requires medication treatment for all substance use disorders in carceral settings
- ALL 42 prisons and 58 jails have implemented all forms of medication treatment for substance use disorder
- Largest implementation of MOUD in a state carceral system in the US

Opioid Treatment Programs in New York State

Service
- Comprehensive OTP
- Comprehensive OTP & CCBHC
- Mobile Medication Unit
- Traditional OTP

Operational Status
- Operational
- Planning



- 133 OTP access points
- 12 planned locations

Note: Data was extracted on Sep 15, 2025, from the NYS OASAS data warehouse.

OASAS Recovery System

Four pillars of recovery: Health / Home / Purpose / Community

Recovery Plans

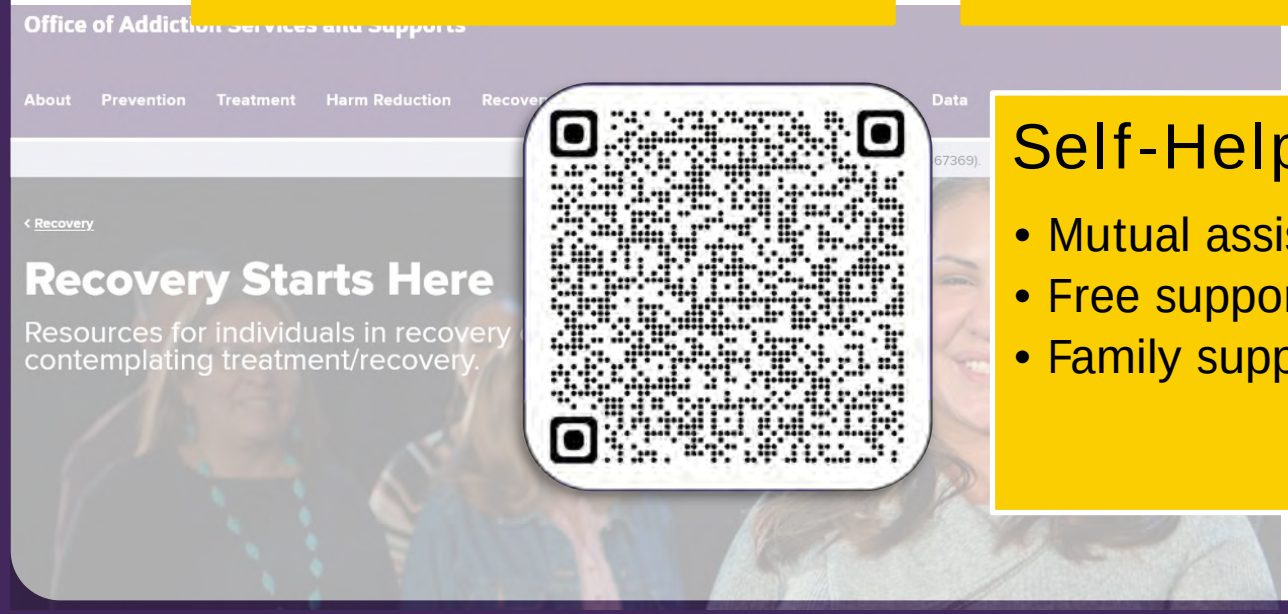
- Keep people on track with recovery goals

Medications

- Reduce cravings
- Ease withdrawals
- Restore balance

Support Services

- Peer Services
- Recovery Residences
- Recovery Centers
- Outreach/Engagement



Self-Help

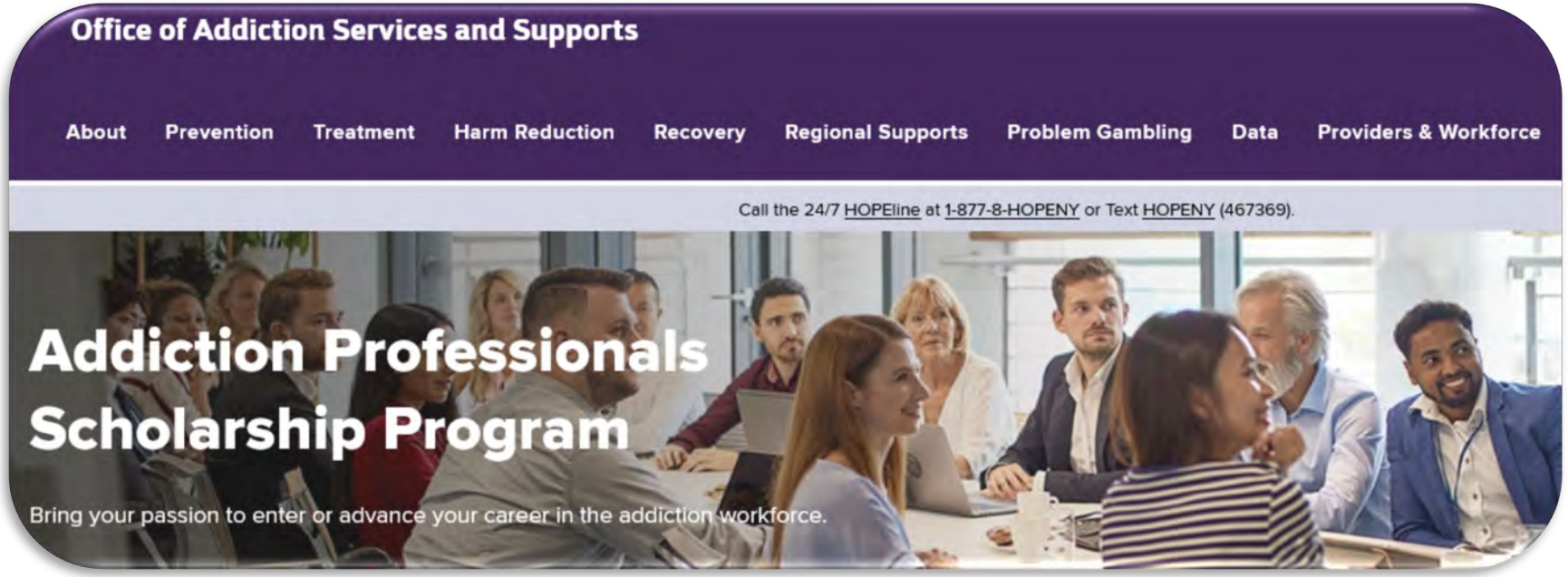
- Mutual assistance
- Free support
- Family support

Wellness

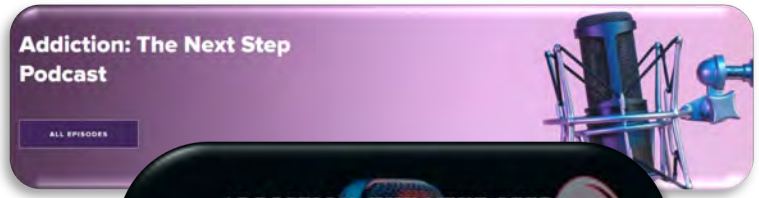
- Nutrition, exercise, meditation
- Stress management
- Routine doctor visits

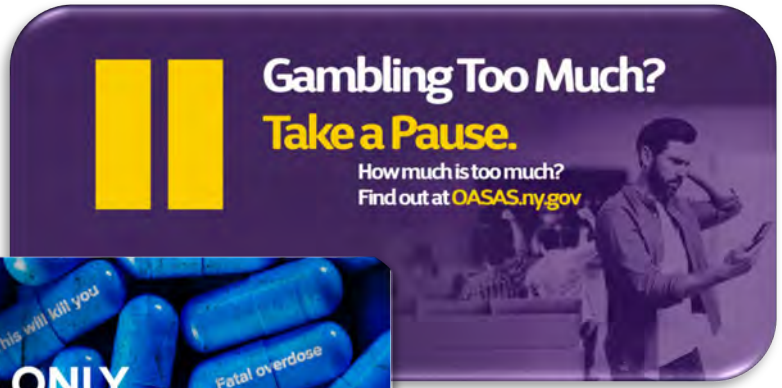
Workforce Investments & Initiatives

- COLA Increases
- Minimum Wage Increases
- Scholarships
  (>1K receiving addiction training scholarships)
- Fellowships
- Statewide Staff Development Institute
- Leadership Institute
- Online Addiction Credentialling Portal
- Paid Internships
- Peer Supports



Building Addiction Awareness





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Workforce Initiatives:

Interdisciplinary SUD Fellowship Program, Addiction Professionals Scholarship Program, & Paid Prevention Internship Opportunity

Division of Addiction, Treatment & Recovery
Division of Prevention Services & Constituent Relations
Division of Quality Assurance & Performance Improvement
New York University Grossman School of Medicine

Stony Brook University
Empire State University
Exponents
Friends of Recovery – New York
Helio Health

SEPTEMBER 17, 2025

Today's Presenters

- Sophia Favelus, Esq., Addictions Program Specialist 2/Project Manager, OASAS
- Julia Fesko, Director, Bureau of Workforce Development, OASAS
- Sharon Robinson, MSW, Prevention Services Coordinator, Addictions Program Specialist 3, OASAS
- Leigh Bulka, LMHC, Prevention Services Coordinator, Addictions Program Specialist 1, OASAS
- Lucia Perfetti Clark, Project Director, OASAS
- Brenda Harris Collins, MA, Director, Bureau of Recovery and Social Needs, OASAS
- Melissa J. Earle, Ph.D., LCSW, Clinical Associate Professor/Director of Addiction Education and Online Learning, Stony Brook University School of Social Welfare
- Thalia MacMillan, PhD, MSW, EMT-B, Professor & Mentor, Department Chair of Department of Health & Human Services, Coordinator of Addiction Studies, SUNY Empire State University
- Sarah Ahmed-Weidman, Peer Recovery Support Specialist, MA, Friends of Recovery – New York
  - Patricia Fonseca, Graduate of Addiction Professionals Scholarship Program at Friends of Recovery – NY
- Nathan Rauscher, MBA, LMSW, Master CASAC, Training Institute Director, Helio Health, Inc.
- Dr. Tawana Rowser-Brown, PhD, MSW, Master-CASAC, CRPA, CARC, CRPA-F, Exponents Center for Personal and Professional Development
- Talia Rosen, BA, Program Manager, New York University School of Medicine
  - Ky Herz, LMSW, Interdisciplinary SUD Fellowship Program Fellow, New York University School of Medicine

Fellowships

$3.5M for Addiction Fellowships to enhance existing Medical School Addiction Fellowship Trainings

- Interdisciplinary classroom and online training
- Clinical, harm reduction, recovery, and prevention rotations at OASAS Providers
- Fellows include: MDs, NPs, PAs, Psychologists, RNs, OTs, Social Workers, Mental Health Practitioners, CASACs, CPPs, and CRPAs
- Fellows receive stipends

Spring 2025 Addiction Fellowship Data

Number & Percentage of Participants by Profession

Profession	%
Addiction Professionals (Counselors & Peers)	5.1%
Medicine	31.6%
Mental Health Practitioner	2.5%
Nurse	15.2%
Nurse Practitioner	8.9%
Occupational Therapist	5.1%
Psychology	5.1%
Social Work	26.6%
Total	100.0%

Addiction Professionals Scholarship Program

28 Programs: SUNY/CUNY Colleges & Universities and OASAS Prevention/Treatment providers with CASAC/CPP/CRPA training programs, and FOR-NY

- SUNY Microcredentials
- Certificate Programs
- Associate Degree with Embedded CASAC
- Bachelor Degree in Addiction Studies
- Internship/Supervisory Stipends

SUNY The State University of New York

CUNY THE CITY UNIVERSITY OF NEW YORK

Scan/Click to learn more about APSP

Priorities:

- Work at an OASAS, drug user health, or integrated OASAS/OMH/DOH program
- Work at any OMH or DOH program
- Interest in working at an OASAS/OMH or DOH program

Abbreviations: Addiction Professionals Scholarship Program (APSP); Credentialed Alcoholism and Substance Abuse Counselor (CASAC); Credentialed Prevention Professional (CPP); Certified Recovery Peer Advocate (CRPA)

Overall Data and Investment

$21.6M for Addiction Professionals Scholarship and Internship program

- 1,447 total participants statewide
- From 9,004 inquiries—2,041 approved applications
- 59 counties represented in the group
- 32% (Black), 43% (White), with remainder divided among Asian, Hispanic, 2 or more races, or missing
- 53% Priority 1 / 11% Priority 2 / 30% Priority 3
- 60% Female & 25% Male
- 320 Completed CASAC Certificates; 54 Completed CRPA; 6 Completed CPP

Stony Brook University

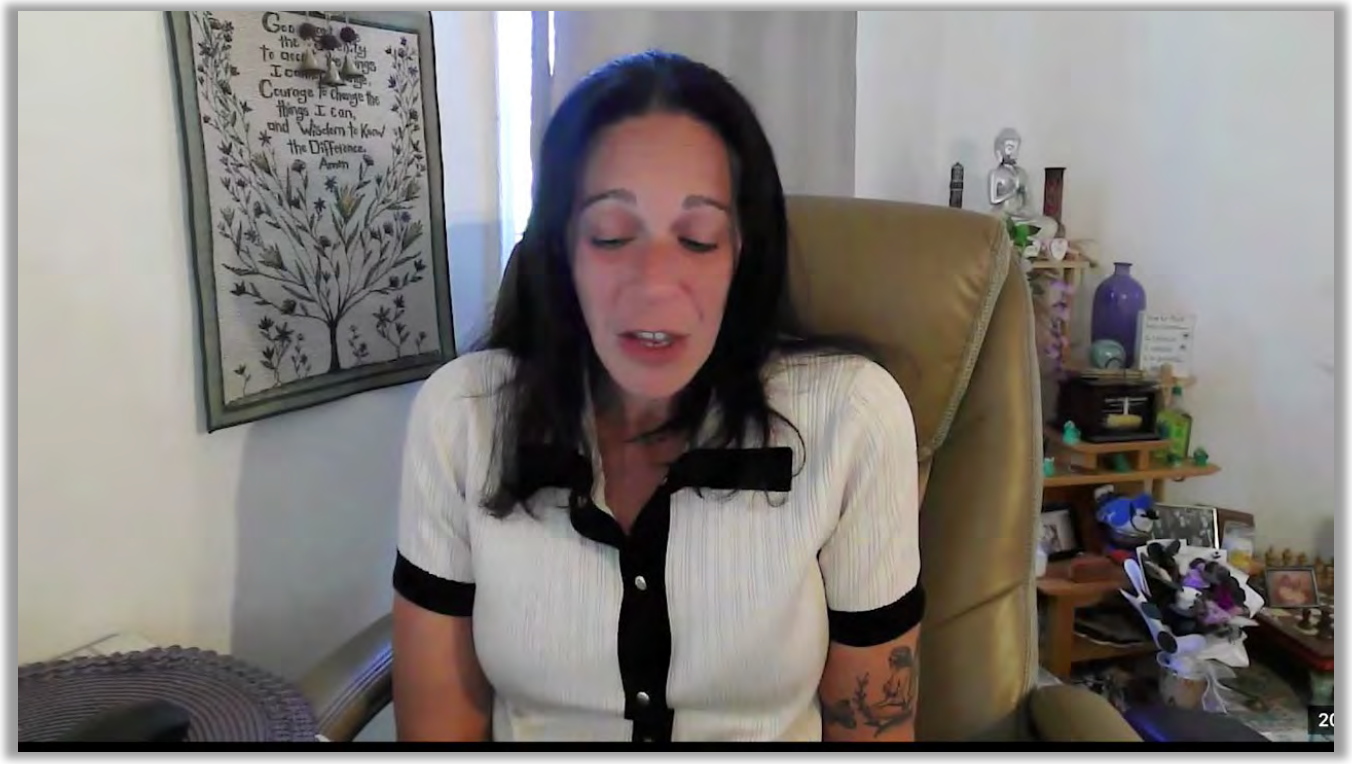
Offerings

- Student-centered online CASAC 350-hour & CASAC 85-hour programs
  - Optional internship with stipends
- MSW internship stipends

$3.7M total expenditures from Opioid Settlement Fund (OSF) investment

- 87 students across 7 counties in the MSW program
- 15 completed the MSW program
- 208 in the CASAC program—90 completed – representation from 39 counties

Stony Brook University: Rose Tramanto



Community-Based Organizations (CBOs): Helio Health

Offerings

- CASAC 350-hour/85-hour programs (online, in-person, or hybrid) and/or CRPA 50-hour program
- Optional internship with stipends
- Reimbursement for credentialing application & exam fees

$4.6M total expenditures from OSF investment in Scholarships and Internships

- Representing 44 counties
- 9 organizations
- 529 students in the CBO section of the programs
- 147 completed CASAC Certificate; 46 completed CRPA Certificate

Abbreviation: Opioid Settlement Fund (OSF)

Community-Based Organizations: Helio

SUNY Empire B.S. in Addiction Studies

Offerings

- Bachelor's Degree in Addiction Studies (online or independent study)
- Earn credits for prior learning
- Optional internship as an elective
- Coursework provides pathway to becoming a CASAC-T

$5.2M total expenditures from OSF investment over 5 years

- Students from 40 unique counties
- To date: 214 students working toward BA in Addiction Studies—27 completed their degree
- 81% are Priority 1 (currently working in our system)
- Please see graduates of the program at the following link: Free College Tuition? Yes, You can.

Abbreviation: Opioid Settlement Fund (OSF)

Community-Based Organizations: Exponents

Offerings

- CASAC 350-hour/85-hour programs (online, in-person, or hybrid) and/or CRPA 50-hour program
- Optional internship with stipends for both interns & supervisors
- Reimbursement for credentialing application & exam fees

$4.6M total expenditures from OSF investment in Scholarships and Internships

- Representing 44 counties
- 9 organizations
- 529 students
- 147 completed CASAC Certificate; 46 completed CRPA Certificate

Abbreviation: Opioid Settlement Fund (OSF)

Friends of Recovery – New York - CRPA

Offerings

- CRPA 50-hour program
- Reimbursement for certification application & exam fee/wrap-around services
- Assistance or links to employment
- Internship stipends for supervisor & interns to complete 500 hours for CRPA-Provisional

$ 765,000 to FOR NY

- 88 Students representing 29 counties

Total Number of APSP Students to Date by Special Population (CRPA Only)*	
Special Populations ** (CRPA Only)	%
Criminal legal system involvement	39%
Difficulty with mobility (walking or climbing stairs)	1%
Disabled	1%
LGBTQIA+	1%
Parent/guardian	23%
Total	100%

*Denominator is for students enrolled in CRPA;
** Missing population (34%)

Paid Prevention Internship Opportunity

- Established as a pipeline into the addiction services profession
- For college-level students & workforce-ready individuals
- Valuable job experience/development
- Provides entry-level path towards a professional prevention credential (CPP, CPS)
- 67 interns completed program (Rounds 1 & 2)
  - 62% offered positions in the prevention field
  - One obtained CPP credential
- Next cohort begins October 1st (funded by Opioid Settlement Fund)
  - Current investment of $552,000 through 2027
  - Supports 24 sites—representing 20 unique counties across the 9 economic regions

SUNY & CUNY Community Colleges

Offerings

- Tuition for Associate Degree with an integrated CASAC credential
- Optional internship with stipends for both interns & supervisors
- Reimbursement for credentialing application & exam fees

$4.6M total expenditures from OSF investment

- Representing students from 35 counties
- 15 colleges
- 188 students; 32 completed an AS Degree; 22 CASAC Certificates; 1 CRPA Certificate

Abbreviation: Opioid Settlement Fund (OSF)

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