



# **SUFFOLK COUNTY HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL 2020 REPORT**



*Presented by Suffolk County Legislator Sarah Anker, Panel Chair*

**December 2020**

**Hauppauge, NY**

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# **Annual Report from the Suffolk County Heroin and Opiate Epidemic Advisory Panel**

**December 2020 Report**

## **Panel Membership**

- Legislator Sarah S. Anker, Advisory Panel Chairwoman and designee of Presiding Officer Robert Calarco of the Suffolk County Legislature
- Legislator Tom Donnelly, Chairman of the Public Safety Committee of the Suffolk County Legislature
- Legislator Kevin McCaffrey, Chairman of the Education and Labor Committee of the Suffolk County Legislature
- Legislator Samuel Gonzalez, designee of Legislator Sarah S. Anker, Chairwoman of the Seniors and Human Services Committee of the Suffolk County Legislature
- Commissioner Dr. Gregson Pigott, MD., Suffolk County Health Department
- Ann Marie Csorny, LCSW, Director of the Suffolk County Department of Health Services Division of Community Mental Hygiene Services
- Commissioner Geraldine Hart, Suffolk County Police Department
- Sheriff Errol D. Toulon, Jr., Suffolk County Sheriff's Department
- District Attorney Tim Sini, Suffolk County District Attorney's Office
- Director Andrea Neubauer, Suffolk County Department of Probation
- Dr. Michael J. Caplan, MD., Chief Medical Examiner, Suffolk County
- Robert McConville, Former Commissioner, Selden Fire District representative for Fire Chief Council of Suffolk County
- Antonette Whyte-Etere, LCSW-R, CASAC, Regional Coordinator, NYS OASAS Long Island Regional Office
- Dr. Julie Lutz, PhD Chief Operating Officer for East Suffolk BOCES and panel representative for the Suffolk County Superintendent's Association



- Dr. Richard Rosenthal, MD, Stony Brook University Hospital Division of Psychiatry
- Dr. Kristie Golden, PhD, LMHC, CRC, Associate Director of Operations for Neurosciences at Stony Brook University Hospital
- David Cohen, LCSW, Director of Outpatient Addiction Services at Eastern Long Island Hospital
- Janine Logan, Senior Director of Communications and Population Health, Nassau-Suffolk Hospital Council (NSHC)
- Dr. Patrick O'Shaughnessy, DO, Catholic Health Services of Long Island
- Dr. Jeffrey Reynolds, PhD, CEAP, SAP, President/CEO Family and Children's Association (FCA)
- Steve Chassman, LCSW, CASAC, Executive Director of Long Island Council on Alcoholism and Drug Dependence, Inc. (LICADD)
- Mary Silberstein, LCSW-R, CASAC, Chair of Suffolk County Communities of Solution
- Anthony Rizzuto LMSW, CASAC, Executive Director & Founder of Families in Support of Treatment (FIST)
- Patricia Ferrandino, LCSW, CASAC, Past President of the Quality Consortium of Suffolk and representative of Family Service League
- Pamela Mizzi, MS, CASAC, LMHC, Director of Prevention at the Long Island Prevention Resource Center
- John Venza, LCSW-R, LMHC, Director of Outreach House
- Steven Miller, LCSW, representative from Hope House Ministries
- Patrick Policastro, Executive Director of the North Shore Youth Council (NSYC)
- Veronica Carrier, member of the general public appointed by the Suffolk County Legislature, CN Guidance and Counseling

## ***Introduction***

Resolution 704-2017, sponsored by Suffolk County Legislator Sarah Anker, to establish a permanent Suffolk County Heroin and Opiate Epidemic Advisory Panel was approved unanimously by the Suffolk County Legislature and signed by Suffolk County Executive Steve Bellone on September 25, 2017. The goal of the panel is to provide ongoing guidance and input to the county in regard to combating the opioid epidemic. The panel utilizes an interdisciplinary approach, focusing on preventative education, enhancement of law enforcement efforts, and aiding in treatment and rehabilitation.

The original Suffolk County Heroin and Opiate Epidemic Advisory Panel was formed in 2010 via IR 413-2010. Several panel members met again in 2016 to identify the progress that had been made and discuss where additional focus might be needed. The establishment of the current permanent panel is due to the ever-evolving nature of the opioid epidemic that requires a continuous commitment to focusing on priorities. The permanent panel will continue to meet and work toward achieving their shared goals.

The panel includes members of the Suffolk County Legislature, representatives from Suffolk County Law Enforcement including the Police Department, Sheriff's Department, Probation, the Suffolk County Department of Health, the Suffolk County Medical Examiner's office, and local rehabilitation and treatment providers, advocacy groups, hospitals, and the Suffolk County Superintendent's Association. The panel meets quarterly and holds two public hearings annually. As per the resolution, a report will be filed with the Legislature in December of each year.

As leaders in their respective fields, the panel members bring a diverse array of experiences and perspectives to the group, both personally and professionally. The energy, passion and dedication of each panel member is evident throughout the process. The panel brings communities and agencies together, focusing the field's collective energies and maximizing the power of collaboration.

The 2020 Report highlights addiction initiatives that have been advanced this year, as well as former initiatives that the panel will continue to advocate for and support. It is recognized that this is an ever-evolving process and the panel is committed to continuing to work toward implementing new initiatives and supporting vital programs that will reduce the number of drug overdoses and fatalities in Suffolk County.

## ***Letter from Panel Chairwoman Legislator Sarah Anker***

As the representative for Presiding Officer Robert Calarco, and panel chairwoman, I must commend Suffolk County's Heroin and Opiate Epidemic Advisory Panel members, who have greatly contributed their time and knowledge in addressing the issue of drug addiction and mental health support. Through the collaboration of government agencies, medical professionals, law enforcement, the court system, educational institutions and advocates, the panel continues to provide guidance and insight as the county addresses the drug addiction epidemic.

There have been 3 waves in the opioid drug addiction epidemic. The first wave started in the 1990, and began with the overprescribing of opioid drugs. In 2010, the second wave involved increased overdose deaths due to heroin addiction following restrictions on opioid prescriptions. The third wave began in 2013 and continues today, and is fueled by synthetic opioids including fentanyl.

The unpredictability of COVID-19 pandemic has led to increased addiction throughout the country. According to the US Centers for Disease Control and Prevention's (CDC's) National Center for Health Statistics there has been an increase of 10% in drug overdose deaths in this country from March 2019 to March 2020. Approximately 19,416 people have died from a drug overdose in the US in the first 3 months of 2020 compared to 16,682 in 2019.

According to the Medical Examiner's Office, fatal overdoses in Suffolk County for 2020 (including pending drug overdoses) as of December 1, 2020 were 345. In 2019, the year total opioid overdoses were 345. According to Suffolk County Police Department, in 2019, there were 1,118 non-fatal overdoses and in 2020, as of December 13, there were 1,208, so far an increase of 90 non-fatal overdoses. We see a substantial decrease of non-fatal overdoses from 1,636 in 2017 to 1,208 in 2020 (as of December 13, 2020), as well as the fatal overdose rate of 438 in 2017 to 345 in 2020 (as of December 1, 2020). The Police Department also reports an increase in Narcan saves with 910 in 2020 (as of December 13, 2020), as compared to 2019, with 863 Narcan saves. Some Narcan saves may include the same individuals who previously had been saved by Narcan treatments.

The COVID-19 pandemic has created increased challenges for all governmental and community agencies throughout our county including overwhelmed hospitals fighting this pandemic on the frontline, addiction rates skyrocketing with limited resources and economic uncertainty due to business disruption. Relapse has increased partly due to the interruption of in-person counseling, and limited teleconferencing access for those in need of treatment. Mental health related service providers from across the county have experienced firsthand the increased number of those seeking support as a result of the effects of the COVID-19 pandemic, which has put a traumatic strain on not only residents struggling with addiction, but all government departments, hospitals and not-for-profit support organizations that provide assistance.

Due to the effects of the pandemic, which has impacted addiction and limits on access to treatment, the panel has authored letters to federal and state elected representatives:

- Requesting that much needed state funding for treatment and prevention providers and programs not be eliminated or reduced in upcoming budgets;
- Advocating to New York State to support full access to telehealth and virtual care options for Medicaid and Medicare beneficiaries;
- Supporting provider reimbursement rates for telehealth and virtual care that are on par with face-to-face rates;
- Providing flexibility in definitions of distance site and originating site so that providers and patients have flexibility where care is delivered and received;
- Requesting New York State support to permanently remove the requirement that the initiation of buprenorphine treatment must be done after an initial in-person face-to-face meeting to ensure access to care without patients needing to travel;
- Requesting the need for additional training and education in medical schools in the area of pain management;

In addition, the Suffolk County's Youth Addiction Panel, initiated by Legislator William Spencer, has been created to assist the panel in its efforts to reduce addiction in our youth population and is on track to meet in 2021.

To help make resources more accessible and provide assistance with addiction support resources and services, Suffolk County's Health Department and Information Technology Department will create a user-friendly county website. The initiative was recommended by a public hearing speaker and is supported by the panel members.

Due to the nature of the panel's focus on addictive substances in addition to Heroin and Opioids, the panel name will change from Suffolk County's Heroin and Opiate Epidemic Advisory Panel to Suffolk County's Addiction Prevention and Support Advisory Panel, which provides a wider focus as we address additional addictive substances including alcohol, benzodiazepines and fentanyl analogs.

Past addiction initiatives continue to move forward including: county litigation, initiated by Presiding Officer Calarco, against the pharmaceutical industry; the initiation of the Suffolk County Emergency Department Opiate Response Working Group chaired by Legislator Kara Hahn; drug take back and testing programs including Shed the Meds, Operation Medicine Cabinet and Test Don't Guess facilitated by the Police Department and the Sherriff's Office. The Health Department's Narcan® training program has provided thousands of residents with Narcan® training and kits. In addition, Suffolk County's Mental Health Services and their partnership with DASH (Diagnostic, Assessment and Stabilization Hub) Hotline and Crisis Care Center (631-952-3333) provides residents with a first line response to emergency mental health and substance use disorder intervention. The Suffolk County District Attorney's Office has thrown a wide net and has prosecuted multiple drug dealer offenders. New York State's I-Stop Program continues to monitor doctors' prescriptions, and New York State's Office of Addiction Services and Supports

(OASAS) continues to support services for prevention, treatment and recovery programs.

The Quadrupole Mass Spectrometer has become an invaluable part of identifying illegal drugs thanks to the suggestion of panel members and the Suffolk County's Police Department, Sheriff's Office and the District Attorney's Office who partnered to purchase the technology. Prior to this, the county had limited ability to identify drug compounds to assist in criminal prosecution and identifying the cause of a drug overdose death.

We have included resource links to the *2020 Suffolk County Directory of Behavioral Health Services* on page 101 and *Community of Solutions Referral List* on page 125, and the *Substance Abuse Hotline* information (631-979-1700) on page 11, that we hope those in need of addiction assistance will find extremely helpful.

In addition, we have included what our partnering government jurisdictions are doing related to the addiction crisis, starting on page 158, including *Nassau County Opioid Crisis Action Plan Task Force Report*, *New York States' Office of Addiction Services and Supports, NYS Joint Senate Task Force on Opioids Addiction and Overdose Prevention* and the *Annual Surveillance Report of Drug-Related Risk and Outcomes*.

Input from panel members continue to guide the county during the pandemic as we navigate in uncharted waters. The panel will continue to meet throughout the year through Zoom meetings, to provide input and guidance during this very challenging time. I thank my staff and panel members for their assistance as we continue to address the challenges of the drug addiction epidemic in the midst of the Covid-19 pandemic.

***Sarah Anker***  
***Suffolk County Legislator***  
***Chairwoman of the Heroin and Opiate Epidemic Advisory Panel***

# ***Education, Prevention & Treatment 2020***

## ***Suffolk County Health Department***

**DASH CENTER** (March 1, 2019) Hotline 631-952-3333

Substance-abuse, mental health center opens in Hauppauge. The Diagnostic, Assessment and Stabilization Hub (DASH) has social workers and nurses available 24 hours a day. The center is designed to provide on-the-spot evaluations, link people to needed long-term services and provide an alternative to hospital emergency rooms. DASH is the first crisis stabilization center in the New York City metro area and the fourth statewide. As part of DASH, Family Service League began operating a decades-old, state-funded mobile crisis team. DASH is credited with helping to reduce the number of people presenting in hospital emergency departments across the county. See page 32 for this year's DASH hotline's statistics report.

### **OPIOID TREATMENT PROGRAM**

The Suffolk County Department of Health Services operates four Opioid Treatment Program clinics in Suffolk County. As a result of increased demand for services, in 2016, the department expanded its staff. Individuals in need of opioid treatment can apply for services at the two intake clinics in Hauppauge and Riverhead. For more information, visit:

<https://suffolkcountyny.gov/Departments/Health-Services/Mental-Hygiene#Clinics>

### **OVERDOSE DATA TO ACTION**

The Suffolk County Department of Health is continuing to participate in the Overdose Data to Action (OD2A) grant, which aims to reduce opioid morbidity and mortality through data informed prevention and response activities. Year 1 of this cycle ran from 9/1/19 through 8/31/20. The first set of activities completed in the Year 1 focused on increasing access to Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD), and providing learning collaborative opportunities for providers and treatment agencies, with information tailored toward the successful implementation of MAT programming. There was positive engagement in the learning collaborative from the treatment community, with Technical Assistance provisions allowing for personalized education to be facilitated. The LHD will actively work toward engaging more staff who directly provide patient care (as opposed to agency leadership) to hasten the pace of culture change and embracing MAT as a treatment option. The second set of activities focused on engagement of the peer workforce across healthcare sectors. Through the collaborative discussions in the MAT Workgroup, it was identified that the peer workforce could be a critical component to supporting increased access to MAT. To respond to the needs of this burgeoning workforce, and the needs identified by the MAT Workgroup, the Suffolk County Division of Community

Mental Hygiene Services developed a Peer Task Group. The goal of this Task Group is to understand the training needs of persons with lived experience to support their work in hospital emergency departments, and with law enforcement and first responder agencies. The Task Group presently has active members across a broad healthcare spectrum.

Year 2 of the OD2A program began in August, 2020. A new work plan was developed, which builds upon the successes and lessons learned during Year 1, and introduces additional activities which aim to establish linkages to care across healthcare, law enforcement, and community based organizations, address opioid related training needs, and increase access to naloxone and MAT.

### **SUBSTANCE ABUSE HOTLINE: 631-979-1700**

Suffolk County Health Department and The Long Island Council on Alcoholism and Drug Dependence (LICAAD) partner to provide a 24/7 substance abuse hotline for individuals in crisis or who are contemplating sobriety as well as family and friends of those suffering from addiction. The hotline connects callers to treatment services. **Suffolk Hotline report from April 2020-November 2020 (annual cycle in April to April)** can be found on page 34.

#### **Summary of Calls for Suffolk Hotline 2020:**

Incoming Calls: (327)

Total Calls including follow up: (651)

Referral Sources: In 2020, the largest referral source to the hotline was Suffolk County treatment centers, indicating a strong network of support for Suffolk residents.

Gender: Approximately 70% of callers to the hotline were male; 30% female

Age: Average age of callers is the late 30's; with a range from (15 – 82)

Substances of Choice: Alcohol was most often reported (approx. 40%), with opiates reported at an increasing rate through the year (24-30%)

In 2020, 23 callers reported a total of 54 Opioid Overdoses.

### **SUBSTANCE ABUSE/DRUG ACTIVITY PALM CARDS**

The Suffolk County Department of Health Services distributes palm cards with both the Substance Abuse Hotline number and a number individuals may use 24/7 to anonymously report suspected drug activity to the Suffolk County Police Department. These cards are available in English and Spanish. The Drug Hotline number is 631-852-NARC. To obtain palm cards for distribution, call the Suffolk County Department of Health Services at 631-854-0095.

## **SUFFOLK COUNTY COACHES TRAINING PROGRAM**

Athletic coaches and trainers have a unique role in the lives of their student athletes as educators, mentors, and health influencers. The trust and connection between a coach and their team creates a vital opportunity to see signs of substance use that parents and friends might miss. This training will teach coaches:

- Signs and symptoms of alcohol, opiate, vaping and other substance abuse;
- How to talk to student athletes and parents about substance abuse;
- How to recognize depression and anxiety in athletes;
- Ways that substances like alcohol, opiates and vapes impact athletic performance;
- Role plays and example conversations with student athletes and parents; and
- How to address injuries and other “points of risk” for addiction.

## **SUFFOLK COUNTY COMMUNITIES OF SOLUTIONS - COS**

The Suffolk County Communities of Solutions was established to provide education and information, including access to treatment services, to our community at large. Committee members include the Suffolk County Government, county prevention and treatment providers, the SCPD, BOCES, school board members and community coalitions. The COS has compiled a Consolidated Resource List which includes names and numbers of treatment facilities. COS stakeholders included but are not limited to:

- New York State Office of Alcoholism & Substance Abuse Services
- Suffolk County Department of Health
- New York State Senate
- Suffolk County Prevention & Treatment Providers
- Suffolk County Legislature
- Suffolk County Probation
- Suffolk County Treatment Alternatives to Street Crime (TASC)
- Suffolk County Police Department
- School Districts
- Stony Brook Health System (Quannacut)
- Consumers
- Family Members
- Community Coalition Members
- Town of Smithtown Youth Bureau
- Industrial Medicine Associates
- North Shore Health Systems
- Suffolk County Community College Chemical Dependency Counselor Training Program
- Families in Support of Treatment (F.I.S.T.)



- Long Island Prevention Resource Center
- Long Island Recovery Association (LIRA)

The Substance Use Disorder (SUD) Treatment Referral List can be found on page 125 or at <https://cosresources.files.wordpress.com/2020/12/suffolk-county-communities-of-solution-sud-treatment-referral-list-12.9.20.pdf>.

## **SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES**

For the 2020 Directory of Behavioral Health Services please click this link:

[https://suffolkcountyny.gov/Portals/0/FormsDocs/Health/MentalHygiene/2020\\_DIRECTORY\\_OF\\_BH\\_SERVICES\\_FINAL\\_04282020.pdf](https://suffolkcountyny.gov/Portals/0/FormsDocs/Health/MentalHygiene/2020_DIRECTORY_OF_BH_SERVICES_FINAL_04282020.pdf)

## **SUFFOLK COUNTY EMERGENCY DEPARTMENT OPIATE RESPONSE WORKING GROUP (Chair: Suffolk County Legislator Kara Hahn)**

Resolution 805-2018: “Directing the Development of Model Opiate Overdose Protocols for Hospital Emergency Departments” was created to establish an Emergency Department Opiate Response Working Group for the purpose of developing model protocols for hospital emergency departments in the treatment of individuals presenting with opiate overdose and/or substance abuse issues. Stony Brook University Hospital has advanced this effort by delivering Medication-Assisted Treatment (MAT) in the emergency department setting. Stony Brook initiated MAT for approximately 50 individuals over the past 12 months, and continues to expand its capabilities to serve those in need. Stony Brook has been asked to present these best practices in January 2021 to members of the Greater New York Hospital Association.

## **SUFFOLK COUNTY PARTICIPATES IN NATIONAL HEALING COMMUNITIES STUDY**

The Suffolk County Department of Health is participating in the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Services Administration (SAMHSA) funded HEALing Communities Study (HCS) to investigate how tools for preventing and treating opioid misuse and opioid use disorder (OUD) are most effective at the local level. The goal of the study is to reduce opioid-related overdose deaths by 40 percent over the course of three years. The study is taking place across 67 communities in four states (Kentucky, Massachusetts, New York, and Ohio), with the Town of Brookhaven being one of 16 regions in New York. To reach this goal, evidence-based practices will be implemented under the domains of opioid overdose education and Naloxone distribution (OEND), expanding access to medication for opioid use disorder (MOUD) treatment, and safer opioid prescribing and dispensing.

HCS is organized through a regional Advisory Board and Workgroup structure. The local Advisory Board ratified the HCS project charter in April, and has convened on a monthly basis to guide the development of communications messages, implementation of evidence-based practices, and data collection methodology. To develop and operationalize program activities, five distinct workgroups were fully developed in the spring: Opioid Overdose Education and Naloxone Distribution (OEND), Medications for Opioid Use Disorder (MOUD), Safer Prescribing, Data, and Communications. A Community Profile was created, which details community strengths and assets pertaining to opioid overdose prevention and opioid use disorder treatment in the Town of Brookhaven. Based on this Profile, the OEND, MOUD, and Safer Prescribing Workgroups created a repository of Action Plan activities (22) to address identified gaps in services in naloxone training and rescue kit distribution, linkage, engagement, and retention in MOUD treatment, and promoting safer opioid prescribing, storage, and disposal. Priority high risk populations for engagement include individuals who use opioids, have had a prior overdose, have reduced opioid tolerance, and those who inject drugs. The activities will engage these populations through health care, behavioral health, and criminal justice sectors. The Workgroups then prioritized these Action Plan items based on potential impact and feasibility. The Action Plans were approved by the Advisory Board in August. As this Action Plan list is iterative, activities will be added or removed based on emergent data and stakeholder engagement. Detailed Implementation Plans are being created for each of these activities, and stakeholder engagement has commenced. The Data Workgroup will continue to understand how local data can be leveraged to support the OEND, MOUD, and safer prescribing work, and develop measure measurement strategies for each activity to demonstrate impact.

The Communications Workgroup has launched 2 campaigns, focused on increasing access and education about naloxone, and combatting stigma against MOUD, respectively. Operationally, the Workgroup utilized a consensus-based structure to select campaign messages from the HCS database, and develop distribution plans to bring the customized materials into the community. Key features of the Naloxone campaign included social media and website ad placement, erecting a billboard in the Village of Bellport, and distributing informational palm cards at Smith Point County Park over Labor Day weekend. The social media and website ad placement launch of the MOUD stigma campaign has begun, with additional message saturation planned through palm card distribution, and bus shelter ad placement along Suffolk County bus routes. The Workgroup will complete a total of five communications campaigns over the course of the Study, which will support and reinforce the OEND, MOUD, and Safer Prescriber activities.

## **SUFFOLK COUNTY PEER EDUCATION PILOT PROGRAM**

The Suffolk County Department of Health Services Peer to Peer Substance Abuse Prevention Education Program recognizes the value and importance of peers serving as role models and educating each other about substance-abuse prevention. This program is being piloted in local school districts. For more information about this program, please call 631-853-8554.

## **SUFFOLK HEALTH AND LOCAL HOSPITAL PARTNERSHIP**

Suffolk County Health Department partners with local hospitals to identify patients who are at risk of opioid overdose to provide them and their families with naloxone kits and also educate them about overdose risk factors and the signs and symptoms of an opioid overdose.

## **THE OPIOID OVERDOSE PREVENTION PROGRAM AND NARCAN® TRAINING**

The Opioid Overdose Prevention Program trains participants on how to recognize an opioid overdose, administer intranasal Narcan® (an opioid overdose antidote) and take appropriate steps until EMS arrives. Narcan® training and kits continue to be made available across the county through civic and community meetings in partnership with county. These programs meet the NYS Department of Health requirements and are made possible by the Suffolk County Health Department and Suffolk County Police Department.

## **VIVITROL PROGRAM**

The Suffolk County Department of Health Services Vivitrol program began in the Suffolk County correctional facilities in August, 2015. Inmates who qualify receive education regarding substance abuse and are offered medication-assisted treatment and referral to community services prior to release.

## ***Suffolk County Community College***

### **SUFFOLK COUNTY COMMUNITY COLLEGE; BUILDING THE RANKS OF ADDICTION COUNSELORS ON LONG ISLAND©**

The Addiction Studies Program prepares students for employment or advancement in the field of Addictions Services and Support. Graduates will have fulfilled all the educational and internship requirements set forth by the New York State Office of Addiction Services and Supports (OASAS) and by the International Credentialing Reciprocity Consortium (ICRC) to become a New York State Credentialed Alcoholism and Substance Abuse Counselor (CASAC). The program also offers the opportunity for students to receive training and support to become a Certified Recovery Peer Advocate (CRPA). More information regarding this program can be found here:

<https://sunysuffolk.edu/explore-academics/majors-and-programs/addiction-studies/index.jsp>

## *New York State*

### **ATTORNEY GENERAL JAMES FACILITATES ACCESS TO LIFE-SAVING OPIOID OVERDOSE DRUG**

On January 15, 2020, NY Attorney General Letitia James announced an agreement negotiated with Emergent BioSolutions-manufacturers of the successful opioid overdose reversal nasal spray NARCAN- in an effort to increase the opportunity for additional companies to utilize the patented, proprietary spray technology that allows life-saving drugs to be administered to patients.

### **CONVERSATIONS WITH THE EXPERTS**

The NYS Office of Addiction Services and Supports (OASAS) and the Partnership to End Addiction announced a webinar series addressing the use of medications to treat addiction, including opioid use disorder, for adolescents and young adults. This series consisted of three live webinars with presentations, interviews and opportunities for live questions. The presentations were recorded for those unable to attend.

Monday 10/19 Medication-Assisted Treatment (MAT) and More: Using Medications for Youth with SUDS- Alcohol, Tobacco and Especially Opioids

Monday 10/26 Meeting Youth Where They Are: Substance-Use Disorder (SUD) Treatment in Pediatric Primary care

Monday 11/2 Involving Family in SUD Treatment for Youth

### **GOVERNOR CUOMO ANNOUNCES INVESTMENTS TO EXPAND TELEPRACTICE ADDICTION SERVICES ACROSS NEW YORK STATE, August 21, 2020**

Governor Andrew M. Cuomo announced an award of funding for the purchase and installation of equipment to enhance tele-practice addiction services statewide. Expanded tele-practice capacity ensures access to critical addiction services for individuals and families who may not otherwise seek out treatment. Funding for this initiative was provided through the federal State Opioid Response Grant and administered by the Office of Addiction Services and Supports via the Requests for Proposals Process. Providers in Suffolk were among the awardees.

### **METROPOLITAN TRANSPORTATION AUTHORITY (MTA) TO START A QUALITY OF LIFE TASK FORCE**

In response to a letter from the Suffolk County Heroin and Opiate Epidemic Advisory Panel, the MTA has started a Quality of Life Task Force to address the drug use and abuse issues on the Long Island Railroad, among other things.

## **NYS OFFICE OF ADDICTION SERVICES AND SUPPORTS (OASAS) ANNOUNCES NEW PUBLIC AWARENESS ‘PREVENT OVERDOSE’ CAMPAIGN**

The NYS OASAS announced the launch of a new fentanyl awareness campaign designed to prevent overdose deaths and empower the public with information needed to help save lives. The statewide “Prevent Overdose” Campaign was designed to raise awareness about the perilous dangers of mixing fentanyl with illicit drugs such as counterfeit prescription pills, heroin, methamphetamine, cocaine (both powder and crack), ecstasy and others.

## **RECOVERY CENTER CUTS THE RIBBON (New York Newsday, September 30, 2020)**

A new residential treatment center for women opened in Brentwood earlier this year. The facility can house up to 25 women, offering them group counseling, case management, life skills and parenting skills in a comfortable environment. It was constructed with \$1 million from New York State Office of Addiction Services and Supports (OASAS) funding. It is targeted to women ages 18 and over from Nassau and Suffolk Counties and expects to serve between 50 and 75 women a year. The center is a place for women to have supportive services after they have completed intensive treatment and are getting ready to return to their families and the community.

## **SUFFOLK COUNTY SCHOOLS**

Eastern Suffolk BOCES Student Assistance Services (SAS) provides drug and alcohol certified School Counselors with additional CASAC certification, to Suffolk County schools. SAS is a leader in Suffolk County in working with students and staff to help promote a positive school climate that intervenes early to identify students before problems escalate into more serious and higher risk behaviors. As of September 2012, the Student Assistance Service has provided drug and alcohol prevention, violence prevention, and early intervention services to over 54,000 youngsters in Suffolk County Schools.

The Student Assistance staff is made up of skilled social workers who are specially trained in various research based prevention techniques including comprehensive universal, selective, and indicated services for students. The counselors are placed in the schools and are available on a daily basis to provide their services and deal with crisis situations as they arise. They receive individual and group supervision from a credentialed prevention professional, as well as staff development to stay current with emerging social trends, share information and resources, and discuss various other relevant issues related to students.

Our services include universal, selective, and indicated prevention interventions. These include and are not limited to education and support, identification, assessment, early intervention, crisis intervention, and referral services for students and their families. The program is available to all students, but particularly targets those who are beginning to exhibit behavioral and academic problems, coming from substance abusing homes, or signs of stress that could result in substance abuse or other self-destructive behaviors.

Our SAS program emphasizes the development of the skills that are necessary to help students become resilient, connected, and to manage their lives in healthy ways in spite of the adversity or dysfunction that may go on around them.

Suffolk County School Superintendent's Association has made social emotional health a priority for its 2020-2021 agenda. Professional Development and resources have been provided to the school district leaders for sharing with their leadership teams and support staff. The group received presentations from Northwell Health's behavioral health team as well as a presentation on addiction and treatment by Dr. Stephen Dewey from Seafield Center and Anthony Risutto LMSW, CASAC from Seafield and Families In Support of Treatment (FIST). Both organizations provided resources for districts to have and share.

### **VIRTUAL CARE CLICKS IN (NEWSDAY, June 12, 2020)**

A telehealth model for substance abuse counseling is being permanently incorporated into Babylon Town's treatment center after being used successfully during the COVID-19 pandemic. The Beacon Family Wellness Center in North Babylon's Town Hall Annex, offers chemical dependency treatment services to residents for a fee based on a sliding scale according to income. It currently serves about 215 adolescents and adults.

### **WIDENING DRUG-AID SCOPE (NEWSDAY, January 22, 2020)**

Alarmed by a deadly new twist in the nation's drug addiction crisis, the federal government will allow states to use federal money earmarked for the opioid epidemic to help growing numbers of people struggling with meth and cocaine. The little-noticed change is buried in a massive spending bill passed by Congress in late 2019. Pressed by constituents and state officials, lawmakers of both parties agreed to broaden the scope of a \$1.5 billion grant program previously restricted to the opioid crisis. Starting in 2020, states can also use those federal dollars to counter addiction to "stimulants", a term the government uses for methamphetamine and cocaine.

## ***Local Business***

### **WALMART PRESCRIPTION DRUG TAKE BACK KIOSK**

In 2020, Walmart rolled out a new effort aimed at preventing prescription drug misuse and abuse. Walmart will be installing prescription drug disposal kiosks in 1,000 Walmart and Sam's Club pharmacies across the country, including in 25 stores and clubs in New York including Monticello, Napanoch, Greece, Rochester, Webster, Auburn, Vestal, Watertown, Niagra Falls, Middletown, Utica, Newburgh, Queensbury, Albany, Rome, Schenectady, Troy, Hamburg, Halfmoon, Gates, Glenville, **Riverhead**, North Tonawanda, Ithaca, Cicero and Big Flats. Walmart will continue to collaborate with the DEA and local law enforcement partners on the twice-annual Take Back Day medication collection events. Additionally, Walmart will continue

to offer customers a free at-home safe disposal solution, DisposeRx.

## ***Not-For-Profit Organizations***

### **PROJECT CONNECT**

Project Connect develops a plan of action for treatment and provides necessary referrals and appointments in collaboration with Northwell Health to individuals who have overdosed and are treated in the Emergency Departments of Southside and Huntington Hospitals. In addition, Project Connect staff continues outreach with the patient once they leave the hospital and will meet with them at a treatment program if necessary. Since its April 2018 inception, Project Connect has seen a successful 53% engagement, compared to national average of 10%. This program has thus far has provided services to over 300 people. Project Connect runs through CN Guidance and Counseling Services.

### **SHERPA PROGRAM**

SHERPA is a team of non-judgmental peer and family recovery coaches that are well-connected with system resources and trained to work with substance misuse survivors and families in the community. SHERPA provides support, systems navigation, and a strategy to begin rebuilding fully, healthy lives. Services are free and include connection to treatment, harm reduction services, and family and peer supports and are offered in conjunction with Family & Children's Association.



# *Law Enforcement 2020*

## *Suffolk County Police Department*

The Suffolk County Police Department remains committed to curbing opioid use and halting its distribution in our communities. The emergence of COVID-19 created challenges for law enforcement, but that did not change the department's dedication to its work to cut off the flow of illicit drugs. And while the role of law enforcement is traditionally to arrest criminals, SCPD has taken its dedication to fighting the problem a step further by assisting those who are addicted and their affected families. The department takes a collaborative approach—working with our law enforcement partners on the local, state and federal levels, including the Suffolk County District Attorney's Office, as well as alcohol and drug treatment facilities and organizations to help the addicted and their families.

The department has instituted a number of initiatives to assist in our mission to halt the spread of narcotics.

### **ANONYMOUS HOTLINE FOR NARCOTICS REPORTING**

Crime Stoppers in 2015 added a special tips line, **631-852-NARC**, for people to anonymously report suspected drug activity. This line has had a dramatic impact on the number of investigations launched by the department. More than 1,000 narcotics tips were received year to date in 2020 with 18 people arrested on drug-related charges during the first nine months of 2020, with more investigations continuing.

### **ENFORCEMENT**

In addition to these proactive programs, the department continues to enhance the gathering of intelligence and enforcement efforts in the following ways:

- The Narcotics Section maintains a database with information about fatal and non-fatal overdoses to aid in determining trends and similarities between cases.
- The Narcotics Section has detectives dedicated to investigating overdose deaths and select non-fatal overdoses. The detectives also collaborate with the Homicide Section on overdose deaths and liaison between the department and the families of overdose victims.
- The department has continued to participate in various federal task forces including DEA, HSI, FBI and ATF. Two detectives are also assigned to the East End Drug Task Force to assist East End police departments with narcotics investigations.



- Detectives work closely with the United States Attorney’s Office for the Eastern and Southern District of New York to bring federal charges, when appropriate, against narcotics operations.
- Detectives receive constant updates and intelligence from the High Intensity Drug Trafficking Area (HIDTA) that include overdose data from the Tristate area, information on Suffolk County residents arrested with drugs outside our jurisdiction as well as current trafficking patterns and techniques.

**HEALing COMMUNITIES STUDY (HCS)**

The Suffolk County Police Department is participating in the HEALing Communities Study (HCS) in New York. The project combines a scientific approach with community-driven strategies to find the best solutions to curb the opioid overdose epidemic. Residents, local organizations, and government agencies are joining forces with researchers from multiple disciplines to collectively deploy a range of evidence-based interventions that will reduce overdoses and overdose deaths. The HEALing Initiative is studying 67 communities in New York, Massachusetts, Kentucky and Ohio including all hamlets within the Town of Brookhaven.

**NARCAN®**

The Suffolk County Police Department piloted the use of intranasal Narcan® in New York State. The drug provides immediate reversal of known or suspected opioid overdoses. During the first nine months of 2020, officers reversed the effects of an overdose in 77 individuals using Narcan®.

**OPERATION MEDICINE CABINET**

The Suffolk County Police Department launched Operation Medicine Cabinet a decade ago, enabling people to drop off unwanted or expired prescription drugs at any of the seven precincts, 24/7. This program has helped keep our kids, pets and environment safe. The department collected 3,729 pounds of medication during the first nine months of 2020. In addition, officers in the Community Relations Bureau carry portable bins to various community events to accept unwanted prescription drugs.

**PREVENTING INCARCERATION VIA OPPORTUNITIES FOR TREATMENT (PIVOT)**

The department partners with LICAAD (Long Island Council on Alcoholism and Drug Dependence) on PIVOT (Preventing Incarceration Via Opportunities for Treatment) program, which is offered to individuals who have been identified as potential drug abusers or at-risk and who we

believe would benefit from treatment or an intervention. The goal of this collaboration is to reduce substance abuse and drug-related or drug-motivated crimes. The department has referred 171 individuals to the program during the first nine months of 2020.

**PIVOT report through November 2020 in partnership with Suffolk County Police Department** can be found on page 41.

### **SCPD DRUG REPORTING HOTLINE: 631-852-NARC (6272)**

The Suffolk County Police Department provides a 24/7 hotline to anonymously report drug activity.

### **SHARING OPIOIDS ANALYSIS & RESEARCH (SOAR)**

The department created SOAR, which is comprised of high-level department officials who share intelligence collected by participating agencies regarding non-fatal and fatal overdoses while also taking a 360-degree view at specific fatal overdoses in an effort to evaluate responses and create new solutions to a crisis that impacts all demographics. Suffolk SOAR is modeled after NYPD's RxStat.

## ***Suffolk County Sheriff's Office***

### **SUBSTANCE ABUSE AND VAPING PRESENTATIONS**

The Sheriff's Office has officers that provide training to students and school staff. These new programs teach basic education on vaping, drugs, opioid, and alcohol use, as well as diagnostic steps for assessing impairment and strategies to respond to drug and alcohol-induced situations. Addictive Drug Effects on the Brain: Approximately 1-hour in length, this program, geared for middle and high school students, talks about the long-term effects of drugs and alcohol on the brain. Drug Awareness for School Nurses: This 4-hour program teaches school nurses signs and symptoms of drug impairment and how certain drug reactions can mimic certain medical issues. The presentation goes into greater detail explaining the 7 drug categories, current trends in drug and alcohol use, and how to assess impairment. Vaping: For students, school faculty, and parents, this 45-minute presentation reviews the various vaping devices, what is actually in them, and how they can affect the mind and body. This presentation also shows parents and educators what to look for and signs of possible youth vaping.

## **SHED THE MEDS**

Safely disposing of medication prevents pollution of our ground water and keeps them out of the hands of young children and others who might abuse them. To schedule a Shed the Meds event contact the Community Relations Bureau at 631-852-3763.

## **“TEST DON’T GUESS”**

“Test Don’t Guess” is a program that continues to be available through the Suffolk County Sheriff’s office that provides free drug and alcohol testing kits to parents to monitor whether their children are using illegal substances. The testing can be done in the privacy of the home and opens the door for a discussion between parents and their children relating to appropriate behavior and expectations. Individual drug and alcohol test kits are available at your local legislator’s office or at our Riverhead Correctional Facility located at: Riverhead Correctional Facility, 100 Center Drive, Riverhead, NY 11901.

## ***Suffolk County District Attorney***

One of the top priorities of law enforcement in Suffolk County, under the leadership of District Attorney Timothy D. Sini, is to end the opioid epidemic. The Suffolk County District Attorney’s office (SCDA) has launched multi-prong strategy, relating to prevention, treatment and innovative prosecutions, to achieve the objective of diverting those suffering from substance use disorder (SUD) into treatment and prosecuting significant drug trafficking organizations and dealers who are causing overdoses.

On the diversion side, District Attorney Sini and his staff view the criminal justice system (CJS) as a continuum of opportunities for intervention. At each stage, the SCDA attempts to divert individuals away from the traditional CJS and into treatment. At the pre-arrest stage, the P.I.V.O.T. (Preventing Incarceration via Opportunities for Treatment) program targets individuals suffering from SUD prior to their involvement in the CJS and attempts to convince them, pre-arrest, to enter treatment.

Currently, the SCDA is leading an initiative to launch a diversion program called D.O.O.R.S. (Diversion Opening Opportunities for Recovery Services). DOORS is a drug diversion program created by the Suffolk County District Attorney’s Office and the Long Island Council on Alcoholism and Drug Dependence (LICADD) in an effort to connect members of the community who are suffering from substance use disorders with the treatment and services they need. DOORS allows members of the District Attorney’s Office to refer individuals who may be suffering from addiction to treatment in an effort to combat the opioid epidemic in our region as well as divert non-violent, low level offenders from the criminal justice system. The individuals could be criminal defendants, crime victims, witnesses, substance users identified tangentially through investigations into major drug traffickers, or members of the public who come in contact with the District Attorney’s Office through its various community outreach efforts. In 2018, the SCDA, in partnership with the Courts and the defense bar, launched the C.A.R.E. (Comprehensive Addiction Recovery and Education) program, which targets defendants post-arraignment and pre-plea,

which supplements the drug court, which is post-plea. Thus, with the launching of D.O.O.R.S., the SCDA will have accomplished its mission of creating a diversion program at each stage of the Criminal Justice System.

On the law enforcement front, the SCDA launched a new Bureau to target large scale drug trafficking organizations, with a particular focus on charging the top drug count in the Penal Law known as “Operating as a Major Trafficker”, which carries a 25 year to life prison sentence. The SCDA is leading the State in bringing such charges. Additionally, the SCDA launched the Overdoses Response Team, which, in partnership with the local police departments, targets drug dealers who are causing drug overdoses for enhanced prosecution. The SCDA is also leading the State in charging drug dealers who have caused fatal overdoses with manslaughter charges.

In 2019, the SCDA partnered with law enforcement to purchase much needed technology in the mass spectrometer designed to identify the molecular structures of fentanyl analogues. It is now being used to generate much needed intelligence in our efforts to end the opioid epidemic. Finally, the SCDA has partnered with the Suffolk County Police Department, the Suffolk County Sheriff’s Office, and several county social service and health agencies in the SOAR initiative to share data and analyze overdose cases to identify gaps in service and ultimately continue to reduce the number of fatalities in Suffolk County.

# Statistics 2020

## Suffolk County Medical Examiner

The Medical Examiner has provided statistics through November, 2020 as follows:

### Suffolk County NY 2010-20 Fatal Opioid Overdoses -- Updated: December 1, 2020

(Overdose deaths where opioids were listed in the cause of death or mixed with other drugs that caused death)

The term “opioid” refers to any substance that stimulates the body’s opioid receptors, whether that substance is naturally derived directly from the opium poppy, termed an *opiate* (e.g., morphine, codeine); *semisynthetic opioid*, created by chemical modification of an opiate (e.g., heroin, oxycodone, oxycodone, oxycodone, and hydromorphone); or *synthetic opioid*, defined as a chemical not derived from an opiate that is capable of binding to an opioid receptor and producing clinical opioid effects (e.g., methadone, fentanyl, tramadol). “Total opioid deaths” encompasses all deaths in which a single or multiple opioids, with or without other classes of drugs, is determined to have caused the death.

Year	Total Opioid Deaths ( % of total OD deaths )	Pending Drug Overdoses	Opioid Deaths Containing Heroin	Opioid Deaths Containing Fentanyl	Opioid Deaths Containing Fentanyl and Heroin	Opioid Deaths Containing Oxycodone	Opioid Deaths Containing Cocaine	Opioid Deaths Containing Ethanol	Opioid Deaths Containing Benzodiazepines
2011	220 (81.7%)	0	65	16	2	91	31	39	50
2012	208 (75.3%)	0	85	21	1	63	20	29	60
2013	200 (73.2%)	0	104	14	1	54	41	27	50
2014	211 (74.8%)	0	120	28	8	48	44	16	59
2015	263 (81.2%)	1	166	88	46	47	75	20	42
2016 *	367 (85.5%)	10	144	212	74	74	106	23	89
2017 *	413 (86.4%)	25	137	313	100	57	141	30	122
2018 *	330 (84.6%)	58	116	245	84	63	114	17	108
2019 *	259 (80.9%)	86	61	200	45	41	99	19	64
2020 *	184 (88.0%)	161	32	167	31	20	94	6	53

- Explanatory Notes:
1. Deaths “containing” a specific drug or drugs means that the drug was determined to have caused or contributed directly to the death; stated alternatively, if an opioid is detected but is not considered causal or contributory (e.g., a gunshot wound fatality with detection of heroin metabolite), it is not included in this database as an “opioid death”.
  2. Cases may be represented in more than 1 cell so the sum of the individual cells should not be expected to equal the total number reported in the column “Total Opioid Deaths”.

\*(in progress)

*Suffolk County Medical Examiner*

**Suffolk County NY 2011-2019 Fatal Opioid Overdose Trends – Updated:  
07/01/20**

<b>Year</b>	<b>Total Opioid Deaths ( % of total OD deaths )</b>	<b>Percentage Change</b>	<b>Pending Drug Overdoses</b>	<b>Projected Figure</b>	<b>Projected Percentage Change</b>
<b>2011</b>	<b>220 (81.7%)</b>	<b>+56%</b>			
<b>2012</b>	<b>208 (75.3%)</b>	<b>-5.5%</b>			
<b>2013</b>	<b>200 (73.2%)</b>	<b>-3.8%</b>			
<b>2014</b>	<b>211 (74.8%)</b>	<b>+5.5%</b>			
<b>2015</b>	<b>263 (81.2%)</b>	<b>+24.6%</b>			
<b>2016*</b>	<b>367 (85.5%)</b>	<b>+39.2%</b>			
<b>2017*</b>	<b>413 (86.4%)</b>		<b>25</b>	<b>435</b>	<b>+18.5%</b>
<b>2018</b>	<b>326 (84.5%)</b>		<b>62</b>	<b>378</b>	<b>-13.1%</b>
<b>2019</b>	<b>236 (80.1%)</b>		<b>107</b>	<b>322</b>	<b>-14.8%</b>

**Caveat with 2017-2019 projections:**

**Projected figure for year “x” = total opioid deaths + (# of pending drug overdoses)(% of total opioid deaths)**

## Suffolk County Medical Examiner

### 2019 Total Opiate Overdoses

The term “opioid” refers to any substance that stimulates the body’s opioid receptors, whether that substance is naturally derived directly from the opium poppy, termed an *opiate* (e.g., morphine, codeine); *semisynthetic opioid*, created by chemical modification of an opiate (e.g., heroin, oxycodone, oxymorphone, hydrocodone, and hydromorphone); or *synthetic opioid*, defined as a chemical not derived from an opiate that is capable of binding to an opioid receptor and producing clinical opioid effects (e.g., methadone, fentanyl, tramadol). “Total opioid deaths” encompasses all deaths in which a single or multiple opioids, with or without other classes of drugs, is determined to have caused the death.

**Total Opiate deaths - 259**

**Female – 65**

**Male - 194**

**Possible Drug Overdoses Pending - 86**

Age Group	Drug Deaths		Town	Deaths		Race	Deaths
Under 20 years	2		Babylon	37		Black	15
20 – 29 Years	64		Brookhaven	103		Caucasian/White	227
30 – 39 Years	85		Huntington	16		Hispanic	17
40 – 49 Years	52		Islip	59		Asian	0
50 – 59 Years	33		Smithtown	20		Other	0
60 and Above	23		East End	18			
			Unspecified	6			
<b>Totals</b>	<b>259</b>		<b>Totals</b>	<b>259</b>		<b>Totals</b>	<b>259</b>

## Suffolk County Medical Examiner

### 2020 Total Opiate Overdoses

The term “opioid” refers to any substance that stimulates the body’s opioid receptors, whether that substance is naturally derived directly from the opium poppy, termed an *opiate* (e.g., morphine, codeine); *semisynthetic opioid*, created by chemical modification of an opiate (e.g., heroin, oxycodone, oxymorphone, hydrocodone, and hydromorphone); or *synthetic opioid*, defined as a chemical not derived from an opiate that is capable of binding to an opioid receptor and producing clinical opioid effects (e.g., methadone, fentanyl, tramadol). “Total opioid deaths” encompasses all deaths in which a single or multiple opioids, with or without other classes of drugs, is determined to have caused the death.

**Total Opiate deaths - 184**

**Female – 46**

**Male - 138**

**Possible Drug Overdoses Pending - 161**

Age Group	Drug Deaths		Town	Deaths		Race	Deaths
Under 20 years	1		Babylon	36		Black	12
20 – 29 Years	28		Brookhaven	69		Caucasian/White	156
30 – 39 Years	59		Huntington	18		Hispanic	13
40 – 49 Years	48		Islip	35		Asian	1
50 – 59 Years	36		Smithtown	13		Other	2
60 and Above	12		East End	9			
			Unspecified	4			
<b>Totals</b>	<b>184</b>		<b>Totals</b>	<b>184</b>		<b>Totals</b>	<b>184</b>



## Suffolk County Police Department

Fatal overdose numbers from the Suffolk County Police Department are based upon an initial assessment of the scene. This includes, among other things, the presence of narcotics and/or paraphernalia and the statements of witnesses. The Office of the Medical Examiner will conduct an autopsy and toxicology exam to determine an exact cause of death. Oftentimes, this confirms the initial assessment, but there are times when narcotics are not present and the cause of death is an overdose as well as times when narcotics are present and the cause of death is not an overdose. Ultimately, the numbers provided by the Medical Examiner accurately reflect the number of overdose deaths.

Suffolk County Police Department  
Reported Incidents of Fatal/Non Fatal Overdoses and Narcan Saves

	2017	2018	2019	Dec 13 2020
Type	YTD	YTD	YTD	YTD
Fatal Overdose	338	307	263	307
Non Fatal Overdose	1636	1124	1118	1208
<b>Total</b>	<b>1974</b>	<b>1431</b>	<b>1381</b>	<b>1515</b>

<b>Narcan Saves</b>	1291	834	863	910
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Source: Criminal Intelligence; Narcan Saves includes use of narcan by SCPD, EMTs, household members etc.; Overdose numbers are based on initial assessment and subject to change.

Jan. 1 to Dec. 13, 2020 By Precinct		
Precinct	Overdoses	Narcan Saves
1	257	149
2	117	69
3	175	119
4	182	76
5	229	135
6	342	225
7	213	137
<b>Total</b>	<b>1515</b>	<b>910</b>

Jan. 1 to Dec. 13, 2020	
By Age Group	# of Ods
Under 21	63
21-35	800
36-55	538
56+	104
Unknown	10
<b>Total</b>	<b>1515</b>

Jan. 1 to Dec. 13 2020	
By Hamlet	# of Ods
BABYLON	13
BAY SHORE	39
BAYPORT	11
BAYWOOD	7
BELLPORT	2

Jan. 1 to Dec. 13 2020	
By Hamlet	# of Ods
BLUE POINT	9
BOHEMIA	21
BRENTWOOD	31
BRIGHT WATERS	1
BROOKHAVEN	3
CENTER MORICHES	8
CENTEREACH	42
CENTERPORT	2
CENTRAL ISLIP	26
COLD SPRING HARBOR	1
COMMACK	34
COPIAGUE	40
CORAM	63
DEER PARK	45
DIX HILLS	11
EAST FARMINGDALE	8
EAST ISLIP	11
EAST MORICHES	7
EAST NORTHPORT	14
EAST PATCHOGUE	32
EAST SHOREHAM	7
ELWOOD	4
FARMINGVILLE	24
FORT SALONGA	4
GORDON HEIGHTS	16
GREAT RIVER	2
GREENLAWN	5
HALESITE	3
HAUPPAUGE	23
HOLBROOK	31
HOLTSVILLE	32
HUNTINGTON	10
HUNTINGTON STATION	33
ISLANDIA	4
ISLIP	14
ISLIP TERRACE	2
KINGS PARK	23
LAKE GROVE	14
LAKE RONKONKOMA	32
LINDENHURST	37
MANORVILLE	11
MASTIC	33
MASTIC BEACH	40
MEDFORD	57
MELVILLE	11
MIDDLE ISLAND	19
MILLER PLACE	6

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Jan. 1 to Dec. 13 2020	
By Hamlet	# of Ods
MORICHES	1
MOUNT SINAI	11
NESCONSET	6
NORTH AMITYVILLE	12
NORTH BABYLON	19
NORTH BAYSHORE	12
NORTH BELLPORT	13
NORTH GREAT RIVER	4
NORTH LINDENHURST	19
NORTH PATCHOGUE	16
OAKDALE	8
PATCHOGUE	26
PORT JEFFERSON	11
PT JEFFERSON STA	19
RIDGE	6
ROCKY POINT	18
RONKONKOMA	45
SAINT JAMES	12
SAYVILLE	13
SEAVIEW	1
SELDEN	33
SETAUKET-EAST SETAUK	9
SHIRLEY	54
SMITHTOWN	17
SOUND BEACH	8
SOUTH HUNTINGTON	12
STONY BROOK	13
TERRYVILLE	13
UPTON	1
WEST BABYLON	58
WEST BAYSHORE	1
WEST HILLS	1
WEST ISLIP	25
WEST SAYVILLE	4
WHEATLEY HEIGHTS	1
WYANDANCH	5
YAPHANK	10
<b>Total</b>	<b>1515</b>

OFFICIAL  
SUFFOLK COUNTY POLICE DEPT  
DOCUMENT

Table 1. Mobile Crisis Team year to date data for engagement with breakdowns for gender identity, age, and self-reported ethnicity-

	Engagement #		Gender Identity #		Age #		Self-Reported Ethnicity #								
	Total MCT Referrals	# Unique Clients w/Completed Visits	# Female	# Male	# Trans	# Minor	# Adult	# American Indian or Alaska Native	# Asian	# Black or African American	# Hispanic or Latino	# White Caucasian	# Multiracial	# Declined to Answer	
<b>2019 YTD Total</b>	<b>1576</b>	<b>1374</b>	<b>920</b>	<b>82</b>	<b>74</b>	<b>1</b>	<b>27</b>	<b>130</b>							<b>1</b>
<b>2019 Monthly Mean</b>	<b>158</b>	<b>137</b>	<b>92</b>	<b>82</b>	<b>74</b>	<b>1</b>	<b>27</b>	<b>130</b>		<b>4</b>	<b>6</b>	<b>22</b>			<b>1</b>
Jan-20	114	102	74	52	62	0	17	97	0	0	17	12	38	2	45
Feb-20	117	93	66	58	59	0	12	105	0	4	12	8	41	1	51
Mar-20	80	79	56	39	41	0	9	71	0	0	1	0	1	0	0
Apr-20	64	62	30	29	34	1	2	62	1	0	9	4	19	3	28
May-20	64	62	42	29	35	0	6	58	0	1	9	6	35	0	13
Jun-20	82	77	60	28	54	0	5	77	0	3	7	8	28	1	34
Jul-20	76	73	50	39	37	0	2	74	1	1	8	6	21	1	39
Aug-20	88	86	74	36	51	1	3	85	1	0	8	5	27	1	46
Sep-20	103	91	80	56	44	3	5	98	0	0	8	7	20	4	63
Oct-20	140	114	93	76	63	1	7	133	0	4	13	9	35	3	77
Nov-20															
Dec-20															
<b>2020 YTD Total</b>	<b>928</b>	<b>839</b>	<b>625</b>	<b>442</b>	<b>480</b>	<b>6</b>	<b>68</b>	<b>860</b>	<b>2</b>	<b>13</b>	<b>92</b>	<b>65</b>	<b>265</b>	<b>17</b>	<b>396</b>
<b>2020 Monthly Mean</b>	<b>93</b>	<b>84</b>	<b>63</b>	<b>44</b>	<b>48</b>	<b>1</b>	<b>7</b>	<b>86</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>7</b>	<b>26</b>	<b>2</b>	<b>40</b>

Table 2. DASH year to date data for referrals and engagement with breakdowns for gender identity, age, length of stay, and

	Engagement #		LOS	Gender Identity #		Age #		Self-Reported Ethnicity # (total referrals)								
	Total DASH Referrals	# Unique People Referred to DASH		# Engagements	Ave. Length of Stay (Hours)	# Females Engaged	# Males Engaged	# Trans Engaged	# Minors Engaged	# Adults Engaged	# American Indian or Alaska Native	# Asian	# Black or African American	# Hispanic or Latino	# White Caucasian	# Multiracial
<b>2019 YTD Total</b>	<b>4158</b>	<b>3583</b>	<b>3358</b>		<b>2094</b>	<b>2054</b>	<b>14</b>	<b>1428</b>	<b>2730</b>	<b>11</b>	<b>52</b>	<b>364</b>	<b>477</b>	<b>1731</b>	<b>33</b>	<b>118</b>
<b>2019 Monthly Mean</b>	<b>416</b>	<b>358</b>	<b>336</b>		<b>209</b>	<b>205</b>	<b>1</b>	<b>143</b>	<b>273</b>	<b>2</b>	<b>9</b>	<b>61</b>	<b>80</b>	<b>288</b>	<b>5</b>	<b>20</b>
Jan-20	609	530	489	3.5	316	275	1	195	294	1	8	61	115	321	15	88
Feb-20	560	494	444	3.8	219	219	3	206	238	2	6	54	102	271	13	112
Mar-20	370	314	298		155	138	1	103	195	1	0	28	48	155	8	57
Apr-20	239	210	222		116	104	1	30	192	0	3	35	28	117	4	52
May-20	313	268	285		140	143	2	56	229	2	0	35	54	121	4	97
Jun-20	347	260	319	0.9	156	160	3	49	270	1	7	35	58	127	1	119
Jul-20	383	293	348	0.8	177	167	3	62	286	0	3	31	46	143	4	156
Aug-20	402	293	353	1.4	190	158	4	64	291	2	9	28	33	133	6	141
Sep-20	408	311	361	1.0	191	169	1	110	251	0	2	20	61	152	8	118
Oct-20	446	336	379	0.8	222	154	3	158	221	4	6	19	76	134	8	132
Nov-20																
Dec-20																
<b>2020 YTD Total</b>	<b>4077</b>	<b>3309</b>	<b>3498</b>		<b>1882</b>	<b>1687</b>	<b>23</b>	<b>1032</b>	<b>2467</b>	<b>13</b>	<b>43</b>	<b>346</b>	<b>621</b>	<b>1675</b>	<b>71</b>	<b>1071</b>
<b>2020 Monthly Mean</b>	<b>408</b>	<b>331</b>	<b>350</b>	<b>1.7</b>	<b>188</b>	<b>169</b>	<b>2</b>	<b>103</b>	<b>247</b>	<b>1</b>	<b>4</b>	<b>35</b>	<b>62</b>	<b>168</b>	<b>7</b>	<b>107</b>

## *DASH Center*

Table 3. DASH Hotline data representing number of calls broken down by call type, age, and mental health or substance use disorder related

Hotline	Total	Call Type			Age		MH/SUD	
	Total # of Calls	# Self-Calls	# Proxy Calls	# Information Only Calls	# Minor Calls	# Adult Calls	# MH Calls	# SUD Calls
<b>2019 YTD Total</b>	<b>12,884</b>	<b>9,097</b>	<b>3,425</b>	<b>362</b>	<b>3,773</b>	<b>9,111</b>	<b>11,509</b>	<b>1,375</b>
<b>2019 Monthly mean</b>	<b>1,288</b>	<b>910</b>	<b>343</b>	<b>36</b>	<b>377</b>	<b>911</b>	<b>1,151</b>	<b>137</b>
Jan-20	1,351	879	450	22	477	874	1,258	93
Feb-20	1,298	828	429	41	500	798	1,185	113
Mar-20	1,252	850	371	31	350	902	1,078	174
Apr-20	1,119	888	223	8	133	986	974	145
May-20	1,180	955	213	12	217	963	1,073	107
Jun-20	1,149	863	184	102	160	989	1,044	105
Jul-20	1,147	840	166	141	164	983	1,031	116
Aug-20	1,080	842	139	99	148	932	966	114
Sep-20	1,006	805	127	74	263	743	914	92
Oct-20	1,099	748	227	124	381	718	1,018	81
Nov-20								
Dec-20								
<b>2020 YTD Total</b>	<b>11,681</b>	<b>8,498</b>	<b>2,529</b>	<b>654</b>	<b>2,794</b>	<b>8,887</b>	<b>10,541</b>	<b>1,140</b>
<b>2020 Monthly mean</b>	<b>1,168</b>	<b>850</b>	<b>253</b>	<b>65</b>	<b>279</b>	<b>889</b>	<b>1,054</b>	<b>114</b>





# *Long Island Council on Alcoholism and Drug Dependence (LICAAD)*

## LICADD SUFFOLK COUNTY SUBSTANCE ABUSE HOTLINE

**November 2020**

### **HOTLINE HISTORY**

In April 2020, the Suffolk County Hotline entered its fifth year with shared roll out efforts made by the Suffolk County Department of Health, the Division of Community Mental Hygiene, the Communities of Solution (COS) Membership, the Long Island Council on Alcoholism and Drug Dependence (LICADD), peer networks and stake holders. In March 2020, the onset of the COVID-19 pandemic in Suffolk County abruptly changed the landscape of substance abuse services. By April 2020, all hotline and clinical services provided by LICADD were offered remotely, significantly altering both the data collection methods and focus of referrals. As treatment access became increasingly limited, LICADD clinicians adjusted and incorporated more individual support services into resources provided. These changes are reflected in the data provided below, particularly in the drop-in connection to treatment rate. LICADD continues to work closely with all COS treatment providers to ensure all Suffolk County residents struggling with substance abuse have access to consistent care. LICADD has also expanded its outreach efforts to fit a more virtual audience which resulted in 23 calls for the month of November.

### **HOTLINE CALLS TO DATE**

<b>HOTLINE DATA</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>TOTAL</b>
Incoming Calls	66	42	45	48	38	29	36	23					327
Follow Up Calls current incoming**					29	20	32	21					102
Follow up (30/60/90) past**					29	53	68	72					222

The total number of HOTLINE calls received within Suffolk County on the (631) 979-1700 line in the month of November = 23. The average number of calls per month = 41. This total includes individuals calling on their own and 3<sup>rd</sup> party callers on behalf of another.

- Incoming calls recorded above represent ALL calls that came in (clinical and non-clinical)
- Of the incoming calls, 4 callers were only seeking information. Total identified cases seeking treatment or services = 19.
- 52% of incoming HOTLINE calls in November occurred during LICADD’s set office hours and 48% occurred during evenings and weekends.
- Hotline staff made 72 follow up calls for 30/60/90 days. Of the 72 calls, 7 individuals reported they are currently in treatment, 4 of which were newly identified in treatment.



### HOTLINE AWARENESS

REFERRAL SOURCE	A	M	J	J	A	S	O	N	D	J	F	M	TOTAL
Hotline flyers	0	0	0	0	0	0	1	0					1
LICADD website/event/hx	1	3	1	5	5	3	1	3					19
Social-Media /Media/ Online	3	2	7	9	8	7	9	5					45
COS Member	5	10	8	9	8	6	9	4					55
Other (friend/family/word of mouth/self)	5	0	5	4	10	5	8	4					37
School District	0	2	0	0	0	1	1	0					4
Suffolk County Website	0	1	0	0	0	0	0	0					1
Suffolk County NARC line	0	0	0	0	0	0	0	0					0
Suffolk County Courts/Police	0	1	2	2	0	1	1	0					7
Hospital / Doctor	3	0	4	4	5	2	0	1					16
THRIVE	0	2	0	1	0	0	1	0					4
Self-Report	49	21	17	16	2	4	5	5					114

- Callers to the Hotline in November most often reported internet searches, media and social media as their referral source at 22%.
- Callers who did not report a referral source are listed as self-report.

### DEMOGRAPHICS

Basic Demographics	A	M	J	J	A	S	O	N	D	J	F	M	TOTAL
Male	45	32	32	30	29	21	19	17					225
Average Age	34	32	33	34	39	39	34	34					35
Female	21	9	13	17	9	8	17	6					100
Average Age	46	39	47	44	40	38	36	38					41
Unknown/Refused	0	1	0	1	0	0	0	0					2
Transgender	0	0	0	0	0	0	0	0					0
Average Age	-	-	-	-	-	-	-	0					-
Pregnancy status:													
Y	0	1	0		0	1	0	0					2
U/R					4	1	5	2					12

Y= Yes N= No U= Unknown or Refused to answer

- The average age of HOTLINE callers in November was mid-thirties for male IPs and late-thirties for female IPs. 74% of calls in November were for male identified patients.



## DRUG USE REPORTED

Primary Use	A	M	J	J	A	S	O	N	D	J	F	M	TOTAL
Heroin	16	7	3	9	6	6	6	2					55
Alcohol	26	12	27	19	20	11	14	9					138
Opiates	7	7	5	4	1	2	3	5					34
Fentanyl	1	1	0	1	0	1	0	0					4
Marijuana	1	3	0	0	4	3	2	0					13
Benzodiazepines	5	3	1	1	0	1	2	1					14
Cocaine	3	0	2	2	1	3	3	2					16
Polysubstance	0	0	2	1	0	0	0	0					3
Methadone	0	0	0	0	0	0	0	0					0
Methamphetamine	0	4	0	1	3	0	0	1					9
Prescribed Benzos	0	0	0	0	0	0	0	0					0
Prescribed Opiates	0	0	0	0	0	0	0	0					0
Stimulants	0	0	0	0	1	0	1	0					2
Inhalant	0	0	1	0	0	0	0	0					1
Synthetics	1	0	0	0	0	1	0	0					2
Sedatives	0	0	0	0	0	0	0	0					0
Nicotine/E-Cigarettes	0	0	0	0	0	0	0	0					0

\*Total may vary from clinical call # due to lack of information as 3<sup>rd</sup> party callers do not always know. Drug of Choice and Primary Use may not be the same.

- In November, ALCOHOL was reported as the primary drug of choice for the highest percentage of callers at 39%.
- The OPIOID and OPIATE class of substance was the second most reported primary drug of choice for 30% of callers, with 9% reporting HEROIN as their primary drug of choice in November.
- 0 callers reported pursuing and/or using fentanyl or fentanyl-laced substances. Hotline staff continues to ask this question directly.
- NOTE: Polysubstance use refers to identified persons who are regularly consuming three or more substances with no identified drug of choice. Polysubstance use almost always includes an opioid/opiate component but is not included in above total for reported opioid use.
- Prescription medications were separated into two categories in this chart to include prescribed benzodiazepines and prescribed opiates.
- It is sometimes vague whether someone has a legitimate prescription. Often the caller is unsure if the person is prescribed the medication or is getting it on the street. Many times,





individuals identified in this category are both prescribed medication and are supplementing those prescriptions with illicit substances or pills they buy from others.

- **NOTE: The hotline has begun tracking for data the secondary drugs of choice for callers. Some notable findings:**
  - In November, 50% of primary heroin users reported frequent use or abuse of a secondary drug of choice. This month, primary heroin users reported regular use of alcohol or benzodiazepines which creates a barrier to treatment because of the medical complications of withdrawal.
  - In November, 29% of primary alcohol using IPs reported a wide variety of secondary drugs of choice, often with a high potential for medical risk – i.e.; benzodiazepines and opiates as well as cocaine, crack, other stimulants, and marijuana.

### INSURANCE INFORMATION

<b>Insurance Type</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>	<b>S</b>	<b>O</b>	<b>N</b>	<b>D</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>TOTAL</b>
Medicaid	8	7	4	8	9	5	8	3					52
Managed-Care Medicaid	12	11	14	8	4	8	8	6					71
Medicare	5	2	2	2	5	2	1	0					19
Private Insurance	14	10	10	9	11	7	10	9					80
Uninsured	6	5	5	1	1	2	4	2					26
Unk/Refused	20	7	10	19	8	5	4	1					74
VA Insurance	0	0	0	0	0	0	0	0					0
Medicaid + Medicare	1	0	0	0	0	0	0	0					1

- All callers are asked about insurance coverage to assist in connection to treatment.
- 43% of callers in the November had private insurance coverage, which may limit access to treatment somewhat due to deductibles, acceptance at a facility, and affordability of copay. Callers have also reported being approved for only partial coverage by their insurance companies, often limited to two weeks for inpatient treatment.
- 43% had some form of Medicaid coverage, with 14% having straight Medicaid.
- 9% of callers had no insurance coverage and 4% did not report their insurance information.



## CONFIRMED IN TREATMENT

(All charts below were measured using the number of identified individuals for November = 19)

CONFIRMED IN TREATMENT	A	M	J	J	A	S	O	N	D	J	F	M	TOTAL
Detox					1	1	0	2					4
Inpatient					2	2	1	1					6
Outpatient					3	1	2	1					7
Crisis					0	0	0	0					0
Residential					1	0	0	0					1
SC Opioid TX Prg					0	0	0	0					0
Undisclosed LOC*					0	0	0	0					0
<b>TOTAL</b>					7	4	3	4					18

\* Level of Care. Referrals made that were NOT confirmed are excluded.

- Of the 19 unique cases, 4 (21%) cases were confirmed connected to a treatment listed above. Many callers refuse initial follow up (13%) or were lost to contact despite multiple follow-up attempts. Of the follow up calls made, 37% were not answered.
- Confirmed in treatment = admitted to referral/provider.
- As in the beginning of the year, the system appears again to be overtaxed. Especially for those needed inpatient treatment, we are hearing consistent feedback that callers connected to inpatient treatment are not being accepted for detox or are finding a lack of beds despite clear need based on their reports to hotline workers. Factors contributing to this include bed availability island wide, criteria for admission requiring different medical needs than in past, callers sometimes express reluctance at admission which leads to not receiving care. LICADD works diligently through follow up calls to attempt to connect callers to treatment again if initial referrals do not connect.

CONFIRMED IN TREATMENT at 30/60/90	A	M	J	J	A	S	O	N	D	J	F	M	TOTAL
30 day follow up					4	5	1	4					10
60 day follow up						4	2	1					6
90 day follow up							4	2					4
<b>TOTAL</b>					4	9	7	7					20

- 68 follow up calls were made in November from the previous months.
- Listed in chart above are 7 individuals from the 30/60/90 day follow up calls who reported being currently in treatment.
- Of the 7, 4 were newly identified in treatment, 2 remained engaged in the same level of care and 1 changed to a different level of care.

TOTAL Breakdown for **November Newly Confirmed Connected to a Service** is as follows: 4 (confirmed in treatment) + 1 (confirmed in support services) + 4 (follow-up calls newly identified in treatment) + 1 (follow-up calls confirmed in support services) = **10**.



PROVIDERSHIP	A	M	J	J	A	S	O	N	D	J	F	M	TO-TAL
COS					6	4	3	3					16
Non-COS in State					0	0	0	0					0
Out of State					0	0	0	1					1
Confirmed, Unknown					1	0	0	0					1
<b>TOTAL</b>					7	4	3	4					18

- As per the guidelines of the HOTLINE agreement, LICADD utilizes the COS Community Referral List as the approved primary resource tool for making referrals.
- LICADD continues to make site visits to COS providers throughout Suffolk County.

The Access to Care subcommittee is also beginning to implement pilot initiatives to help improve access to services by developing a system for the coordination of calendar schedules between LICADD and COS providers and designing a universal referral form.

### SUPPORT SERVICES

CONFIRMED IN TREATMENT at 30/60/90	A	M	J	J	A	S	O	N	D	J	F	M	TO-TAL
30 day follow up					4	5	1	4					10
60 day follow up						4	2	1					6
90 day follow up							4	2					4
<b>TOTAL</b>					4	9	7	7					20

\*Individuals confirmed connected to care or family services may be reflected in this number if referral came from SBIRT service

- Some hotlines callers are engaged in both treatment programs and supportive services but are reflected in numbers for the highest level of care.
- Since the onset of the COVID-19 pandemic, the hotline has had an increase in complex needs calls. Many callers have called in need of mental health support related to COVID-19 and health anxiety but refused connection to care, instead wanting support and advice from a local hotline. Others have reported significant increases in anxiety and depression symptoms since the onset of the pandemic, complicating referrals and support.
- SBIRT reflects initial client attention, Motivational Interviewing, and treatment readiness counseling provided to assist the IP in engaging in OASAS treatment. As noted below, while the goal is to connect the IP directly to treatment within 7 days, many IPs require further assistance to reach the necessary Level of Care.



## OPIOID REVERSAL

Opioid Reversals	A	M	J	J	A	S	O	N	D	J	F	M	Total
Yes*	5	4	3	4	2	2	2	1					23
How many	10	10	7	15	2	7	2	1					54
72 Hours?													
Yes	1	1	0	0	0	0	0	0					2
No	4	3	3	4	2	2	2	1					20

\*Persons reporting more than one opioid reversal included

- In November, 1 caller reported 1 opioid reversal to the hotline.
- These numbers reflect total opioid reversals reported in a caller’s life.

NOTE: Data for opioid reversals started in mid-December 2017.

NOTE: A list of treatment facilities is noted in Hotline Spreadsheet.

### November 2020 Monthly Summary:

- In November 2020, a total of 23 calls were made to the hotline. Excluding repeat callers and callers only seeking information, there was a total of 19 identified cases seeking treatment or services.
- Due to changes in resources, staffing and location brought on by the COVID-19 pandemic, follow up calls were suspended for the first 4 months of the 2020 hotline year. Follow-up calls resumed in August 2020. In November 2020, follow up calls found the hotline connected **11%** of all unique cases to a level of service that supports addiction recovery for the individual identified patient or family/significant others through initial attention.
- A total of 4 individuals were confirmed new to treatment from the previous month and 3 remained engaged in a level of treatment that supports addiction treatment.
- Zero callers reported pursuing and/or using fentanyl or fentanyl-laced substances.
- The average age of callers in November in the mid-30s for male IPs and late-30s for female IPs callers, which is divergent from the recent trend in older IPs. 74% of calls in November were for male identified patients.
- As addiction is a family disease, recovery is a family effort. And while the vision of the HOTLINE is to support an identified patient to access a prompt connection to treatment, the scope of services provided more broadly represents information dissemination.

### Report Reviewed and Submitted by:

*Michaele Anne Cahill, LMSW*  
*Suffolk County Hotline Coordinator*

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**Long Island Council on Alcoholism and Drug Dependence**  
PIVOT Diversion Program

As of November 3, 2020, LICADD has received to date a **total list of one hundred and seventy-six (176) names** of individuals who have had encounters with the Suffolk County Police Department year-to-date. **LICADD was able to make one hundred and seventy-seven (177) successful engagements** with clients and families.

Of the list of individuals who were provided to LICADD with a phone number with which to conduct follow up; to date we have made **nine-hundred and twenty-five (925)** efforts to contact the individual and family. We have made attempts to reach the individual at various times throughout the day and have attempted contact on all phone numbers provided. Of those efforts, **ninety-nine (99) contacts were made with the individual and seventy-eight (78) were made with a family member. Sixty-four (64)** were either self-reported or reported by family member as currently in or have received some form of treatment or counseling (each session or level of care is counted as one unit of service), with **nineteen (19)** of them facilitated by LICADD. **Twelve (12)** referrals had incorrect data and we were not able to get in contact with the referral.

To further breakdown these engagements, **ninety-one (91)** were contacted at least once through either the individual or family contacts. Noted below, each referral receives an average of over 5 outreach and coordination/referral calls through the program. Individuals were engaged in **sixty (60)** referrals, and families in **fifty-three (53)** cases. There is overlap in these numbers; for **twenty-two (22)** referrals, both the individual and family were contacted.

Generally, cold-call programs experience success rates between 2% and 28% in the world of business according to Forbes. Currently, the PIVOT program has a **fifty-two percent (52%) success rate** for producing conversations about recovery and treatment. The ongoing goal of the PIVOT program is to produce additional conversations and connections to treatment for those referrals who are not currently connected to care. For this reason, we value ongoing follow up. All contacted individuals and families receive additional support, including ongoing support in recovery, positive connection to law enforcement diversion, and access to future substance use and mental health support. On average, **each referred person receives five (5) calls**, with some receiving as many as **fourteen (14) support and coordination calls**.

Contacts are defined as speaking with either the individual or a family member.

Outcomes are the people referred by PIVOT that now have “dispositions”. Meaning they either:

1. Have been placed in some form of treatment as a result of PIVOT. <or>
2. They are already in some form of treatment not involving PIVOT. <or>
3. They declined any assistance after having been contacted as a direct result of PIVOT. <or>
4. Repeated efforts during the contractually allotted time frame have been unsuccessful.

The Number Receiving Counseling and or Treatment are defined as if the referral is currently

enrolled in counseling and/or treatment.

All clients contacted were extended an opportunity to meet with a LICADD clinician and to have a screening, brief intervention and/or referral to treatment (SBIRT). The remaining people on the list declined contact and or could not be contacted after a number of attempts; all attempts were conducted and documented by agency clinicians. All contacts and attempts at contact are well documented with dates and times of calls, including the outcome of the phone calls and outreach efforts.

Number of individuals referred: 177

Number of referrals with incorrect or nonworking phone numbers: 12

Number of referrals with correct data: 165

Number of efforts made to contact: 925

Number of engagements made with person referred: 99

Number of engagements made with family/ friends: 78

Number of outcomes, as defined by Suffolk County Police Department: 177

Number who self-report receiving counseling/ treatment: 64

Number receiving counseling/ treatment as a direct result of the PIVOT program: 19



# Long Island Council on Alcoholism and Drug Dependence (LICAAD) 2019 Report



## LICADD SUFFOLK COUNTY SUBSTANCE ABUSE HOTLINE

### Third Quarter 2019 Hotline Report October – December 2019

#### HOTLINE HISTORY

In April 2019, the Suffolk County Hotline entered its fourth year with shared roll out efforts made by the Suffolk County Department of Health, the Division of Community Mental Hygiene, the Communities of Solution (COS) Membership, the Long Island Council on Alcoholism and Drug Dependence (LICADD), peer networks and stake holders. LICADD continues to do extensive outreach to local libraries, urgent cares and walk-in clinics, which resulted in 159 calls for the third quarter of 2019 (October – December).

#### HOTLINE CALLS TO DATE

HOTLINE DATA	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Q>Total	TOTAL
Incoming Calls	63	67	48	46	37	47	58	47	54				159	467
Follow Up Calls current incoming	57	64	45	43	36	58	49	50	57				165	459
Follow up (30/60/90) past	124	123	147	112	87	72	86	109	109				304	969

The total number of HOTLINE calls received within Suffolk County on the (631) 979-1700 line in the third quarter (October – December) = 159. The average number of calls per month = 53. This total includes individuals calling on their own and 3<sup>rd</sup> party callers on behalf of another.

- Incoming calls recorded above represent ALL calls that came in (clinical and non-clinical)
- Of the incoming calls, 5 were made by repeat callers and 11 callers were only seeking information. Total identified cases seeking treatment or services = 143.
- 85% of incoming HOTLINE calls in the third quarter occurred during LICADD's set office hours and 15% occurred during evenings and weekends.
- Of the 304 follow up calls made for 30/60/90 days, 34 additional individuals reported they are currently in treatment (14 of which were newly identified in treatment).



### HOTLINE AWARENESS

REFERRAL SOURCE	A	M	J	J	A	S	O	N	D	J	F	M	Q3 Total	TOTAL
Hotline flyers	0	3	0	0	0	0	0	0	0				0	3
LICADD website/event/hx	6	10	4	3	4	1	7	5	6				18	46
Social-Media /Media/ Online	1 1	4	2	10	6	3	6	8	11				25	61
COS Member	6	5	5	1	4	6	8	8	13				29	56
Other (friend/family/word of mouth/self)	1 2	13	33	27	20	6	7	10	4				21	132
School District	0	3	1	3	0	1	4	2	1				7	15
Suffolk County Website	0	0	1	0	0	0	0	0	1				1	2
Suffolk County NARC line	0	0	0	0	0	0	0	0	0				0	0
Suffolk County Courts	0	0	0	0	2	4	1	2	0				3	9
Hospital / Doctor	3	1	1	4	1	2	3	3	2				8	20
THRIVE	0	4	1	0	0	0	0	0	1				1	6
Self Report						24	20	9	15				46	68

- Callers to the Hotline in the third quarter most often reported a COS member facility as their referral source at 18%.
- Callers who did not report a referral source are listed as self-report.

### DEMOGRAPHICS

Basic Demographics	A	M	J	J	A	S	O	N	D	J	F	M	Q3 Total	TOTAL
Male	42	47	33	25	23	32	39	26	31				96	298
Average Age	36	38	35	39	37	38	34	36	37				36	37
Female	19	20	11	21	13	11	19	21	23				63	158
Average Age	41	42	27	32	34	32	41	35	45				40	37
Unknown/Refused	2	0	4	2	1	5	0	0	0				0	14
Transgender	0	0	0	0	0	0	0	0	0				0	0
Average Age	-	-	-	-	-	-	-	-	-				-	-
Pregnancy status:														
Y	0	0	1	1	2	0	0	0	0				0	4
U/R	10	5	13	6	5	10	4	9	5				18	67

Y= Yes N= No U= Unknown or Refused to answer





- The average age of HOTLINE callers in the third quarter was mid-30s for men and early 40s for women. Sixty percent of calls in the third quarter were for male identified patients.
- In the third quarter, 11% of hotline calls were for teenage IPs between the ages of 14 and 19.

### DRUG USE REPORTED

(100)

Primary Use	A	M	J	J	A	S	O	N	D	J	F	M	Q3 Total	TOTAL
Heroin	16	5	5	2	4	6	6	7	4				17	55
Alcohol	22	23	13	22	18	18	26	20	25				71	187
Opiates	1	9	6	11	2	5	5	2	4				12	45
Fentanyl	1	2	0	0	0	0	1	0	0				1	4
Marijuana	3	5	3	5	3	4	6	3	2				11	34
Benzodiazepines	2	2	5	4	6	3	4	1	3				8	30
Cocaine	3	3	6	1	1	2	1	3	3				7	23
Polysubstance	1	0	1	0	0	0	0	2	3				5	7
Methadone	0	1	0	0	0	0	0	0	0				0	1
Methamphetamine	1	0	0	1	0	2	0	1	1				2	6
Prescribed Benzos	0	3	0	0	0	0	0	1	1				2	5
Prescribed Opiates	3	0	0	0	3	0	1	1	0				2	8
Stimulants	1	4	1	0	0	0	1	1	3				5	11
Inhalant	0	0	0	0	0	0	0	0	0				0	0
Synthetics	0	0	0	0	0	0	0	0	0				0	0
Sedatives							0	1	0				1	1
Nicotine/E-Cigarettes							5	1	2				8	8

\*Total may vary from clinical call # due to lack of information as 3<sup>rd</sup> party callers do not always know. Drug of Choice and Primary Use may not be the same.

- In the third quarter, ALCOHOL was reported as the primary drug of choice for the highest percentage of callers at 45%.
- The OPIOID and OPIATE class of substance was the second most reported primary drug of choice for 20% of callers, with 11% reporting HEROIN as their primary drug of choice in the third quarter.
- 1 caller reported pursuing and/or using fentanyl or fentanyl-laced substances. Hotline staff continues to ask this question directly.
- NOTE: Polysubstance use refers to identified persons who are regularly consuming three or more substances with no identified drug of choice. Polysubstance use almost always



includes an opioid/opiate component but is not included in above total for reported opioid use.

- Prescription medications were separated into two categories in this chart to include prescribed benzodiazepines and prescribed opiates.
- It is sometimes vague whether or not someone has a legitimate prescription. Often the caller is unsure if the person is prescribed the medication or is getting it on the street. Many times, individuals identified in this category are both prescribed medication and are supplementing those prescriptions with illicit substances or pills they buy from others.
- **NOTE: The hotline has begun tracking for data the secondary drugs of choice for callers. Some notable findings:**
  - In the third quarter, 100% of primary benzodiazepine using IPs cited a secondary drug of choice, opiates and marijuana being the most common.
  - 28% of primary alcohol using IPs reported a wide variety of secondary drugs of choice, often with a high potential for medical risk – i.e.; benzodiazepines and opiates as well as cocaine, crack, other stimulants and marijuana.
  - 47% of opiate users and 59% of heroin users reported frequent use or abuse of a secondary drug of choice. This can create a barrier to treatment, especially for frequent users of alcohol or benzodiazepines because of the medical complications of withdrawal.

### INSURANCE INFORMATION

Insurance Type	J	A	S	O	N	D	J	F	M	Q Total	TOTAL
Medicaid	6	9	13	6	7	5				18	46
Managed-Care Medicaid	2	4	4	10	6	10				26	36
Medicare	2	1	1	3	1	5				9	13
Private Insurance	16	10	10	22	15	14				51	87
Uninsured	7	2	3	5	3	6				14	26
Unk/Refused	14	11	16	12	15	14				41	82
VA Insurance	1	0	0	0	0	0				0	1

- All callers are asked about insurance coverage to assist in connection to treatment.
- 32% of callers in the third quarter had private insurance coverage, which may limit access to treatment somewhat due to deductibles, acceptance at a facility, and





affordability of copay. Follow-up efforts have found that affordability of copay has been a significant barrier to treatment for a number of identified patients. Callers have also reported being approved for only partial coverage by their insurance companies, often only 2 weeks for inpatient treatment.

- 28% had some form of Medicaid coverage and 6% of callers had Medicare coverage. These callers had the most difficulty connecting to a provider who takes their insurance.
- 9% of callers reported having no insurance coverage. Resources for Department of Social Services Medicaid offices were provided.
- 26% did not report their insurance information.

### DASH

- The hotline provides all callers with the most appropriate information and is also a resource for community members to access resources for the future. To that end, almost all callers are informed of the DASH program.
- Additionally, DASH is listed as a specific referral in cases where SBIRT is needed, a client is refusing appropriate referrals, needs additional assistance, needs stabilization, and/or is calling after hours. As DASH can accommodate a wide range of client needs, this encompasses a portion of reasons for referral. This month, DASH was affirmed as a specific referral for **32 (20%) callers**.

### CONFIRMED IN TREATMENT

*(All charts below were measured using the number of identified individuals for the 3<sup>rd</sup> Quarter = 143)*

CONFIRMED IN TREATMENT	A	M	J	J	A	S	O	N	D	J	F	M	Q Total	TOTAL
Detox	1	2	0	3	1	2	2	0	3				5	14
Inpatient	2	0	2	0	1	3	1	10	4				16	23
Outpatient	4	2	1	0	1	2	3	1	1				5	15
Crisis	1	0	1	0	0	0	1	0	0				1	3
Residential	0	0	0	0	0	0	0	1	0				1	1
SC Opioid TX Prg	0	0	0	0	0	0	0	0	0				0	0
Undisclosed LOC	0	0	0	0	0	0	0	0	0				0	0
<b>TOTAL</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>12</b>	<b>8</b>				<b>28</b>	<b>56</b>

\* Level of Care. Referrals made that were NOT confirmed are excluded.



- Of the 143 unique cases, 28 (20%) cases were confirmed connected to a treatment listed above. Many callers refuse follow up or were lost to contact despite multiple follow-up attempts.
- Confirmed in treatment = admitted to referral/provider.

<b>CONFIRMED IN TREATMENT at 30/60/90</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>	<b>S</b>	<b>O</b>	<b>N</b>	<b>D</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>Q Total</b>	<b>TOTAL</b>
30 day follow up	6	6	4	7	1	2	4	2	8				14	40
60 day follow up	5	9	4	3	2	2	1	5	4				10	32
90 day follow up	5	6	3	5	1	2	0	3	7				10	32
<b>TOTAL</b>	16	21	11	15	4	6	5	10	19				34	104

- 304 follow up calls were made in the third quarter from previous months.
- Listed in chart above are 34 individuals from the 30/60/90 day follow up calls who reported currently in treatment.
- Of the 34, 14 were newly identified in treatment, 15 maintained the same level of care and 5 shifted to a new level of care.

TOTAL Breakdown for **Third Quarter Newly Confirmed Connected to a Service** is as follows: 28 (confirmed in treatment) + 20 (confirmed in support services) + 14 (follow-up calls newly identified in treatment) + 9 (follow-up calls confirmed in supportive services) = 70.

### CARING FOR OUR COUNTY RESIDENTS

<b>PROVIDERSHIP</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>	<b>S</b>	<b>O</b>	<b>N</b>	<b>D</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>Q Total</b>	<b>TOTAL</b>
COS	7	4	1	2	3	4	5	8	7				20	34
Non-COS in State	0	0	1	1	0	1	0	0	2				2	3
Out of State	0	0	0	0	0	0	2	2	0				4	4
Confirmed, Unknown	1	0	2	0	0	2	0	2	0				2	7
<b>TOTAL</b>	8	4	4	3	3	7	7	12	9				28	48

- As per the guidelines of the HOTLINE agreement, LICADD utilizes the COS Community Referral List as the approved primary resource tool for making referrals.
- LICADD continues to make site visits to COS providers throughout Suffolk County.





The Access to Care subcommittee is also beginning to implement pilot initiatives to help improve access to services by developing a system for the coordination of calendar schedules between LICADD and COS providers and designing a universal referral form.

### SUPPORT SERVICES

CONFIRMED IN SUPPORT SERVICES	A	M	J	J	A	S	O	N	D	J	F	M	Q Total	TOTAL
SBIRT*	1	1	1	9	3	1	0	1	2				3	19
Sober Housing	0	0	1	0	0	0	0	0	0				0	1
Family Services	4	3	0	0	0	0	2	1	4				7	14
Fellowship/Self Help	2	2	1	2	1	0	0	0	0				0	8
Mental Health Services	1	0	0	0	0	2	0	0	1				1	4
Private MAT	1	0	0	0	1	0	0	0	0				0	2
Private Therapist	0	0	0	0	1	1	1	0	1				2	4
Substance Use Education							4	1	2				7	7
<b>TOTAL</b>	9	6	3	11	6	4	7	3	10				20	59

\*Individuals confirmed connected to care or family services may be reflected in this number if referral came from SBIRT service

- 14% of callers in the third quarter were confirmed connected to support services.
- Some hotlines callers are engaged in both treatment programs and supportive services but are reflected in numbers for the highest level of care.
- **SBIRT reflects initial client attention, Motivational Interviewing, and treatment readiness counseling provided to assist the IP in engaging in OASAS treatment. As noted below, while the goal is to connect the IP directly to treatment within 7 days, many IPs require further assistance to reach the necessary Level of Care.**

### OPIOID REVERSAL

Opioid Reversals	A	M	J	J	A	S	O	N	D	J	F	M	Q Total	Total
Yes	9*	3	0	0	3	0	3	5	1				9	24*
How many	42**	8	0	0	3	0	7	16**	1				24**	77**
72 Hours?														
Yes	0	0	0	0	0	0	0	0	0				0	0
No	9	3	0	0	3	0	3	5	1				9	24



Peer?														
Yes	0	0	0	0	0	0	0	0	0				0	0
No	0	0	0	0	3	0	0	0	0				0	3
Unknown	0	0	0	0	0	0	0	0	0				0	0

\*Persons reporting more than one opioid reversal included

\*\*Persons reported multiple opioid reversals, did not specify exact numbers

- In the third quarter, 9 callers reported opioid reversals to the hotline. Of the 9, four callers reported 4 opioid reversals each, two callers reported 3 opioid reversals each, two callers reported 1 opioid reversal and 1 caller reported multiple opioid reversals but did not specify exact number for a total of at least 24.
- These numbers reflect total opioid reversals reported in a caller's life.

NOTE: Data for opioid reversals started in mid-December 2017.

NOTE: A list of treatment facilities is noted in Hotline Spreadsheet.

**October to December 2019 Quarterly Summary:**

- In the third quarter of the 2019-2020 year, a total of 159 calls were made to the hotline. Excluding repeat callers and callers only seeking information, there was a total of 143 identified cases seeking treatment or services.
- In this quarter, the Hotline connected 33% of all unique cases to a level of service that supports addiction recovery for the individual identified patient or family/significant others through initial attention. These services include traditional drug treatment programs as well as supportive services such as community groups, self-help, psychoeducation, and SBIRT.
- As we began tracking secondary drugs of choice, patterns are emerging. Most primary Benzodiazepine users report a secondary drug of choice (alcohol, opiate, or marijuana.) Primary cocaine/crack users also often report a secondary drug of choice, whereas alcohol users less frequently identify a secondary. Primary Opiate users identify secondary drugs of choice roughly half the time.

**Report Reviewed and Submitted by:**

*Michaele Anne Cahill, LMSW  
Suffolk County Hotline Coordinator*

*Adam Birkenstock, LCSW  
LICADD Clinical Director, Suffolk County Hotline Supervisor*

## ***Mass Spectrometer***

In 2019, Suffolk County acquired a Quadrupole Mass Spectrometer that is located in the Medical Examiner's office. This equipment is essential in addressing the growing heroin and opioid epidemic in Suffolk County and prosecuting drug dealers. The mass spectrometer remains a vital tool in addressing the drastic increase in Fentanyl analogs, synthetic drugs, being sold. These analogs have been manipulated in a lab by making small changes to the molecular structure. They appear in smaller concentrations and are more difficult to detect and identify. This equipment is more sensitive and allows the user to identify pre-cursors to Fentanyl and other synthetic drugs known as "novel psychoactive substances". The Quadrupole Mass Spectrometer is able to produce a spectrum of substances in seconds instead of hours and does not use high temperatures like other equipment which can heat chemicals to a point where they may no longer be recognized. The mass spectrometer is being utilized in the drug chemistry lab to test seized substances to determine if they contain illicit drugs. The information will be used to further search warrants, allow for arrests that will assist in the prosecution of drug dealers, and identify drugs in overdose deaths. The speed at which the equipment is able to identify the presence of drugs will significantly aid the ability of the Police Department to act swiftly to remove the drugs from the streets and arrest the drug dealers. This technology was purchased by Suffolk County Police Department, Sheriff's Office and District Attorney Office's asset forfeiture funding, funds seized from drug traffickers.

## ***Suffolk County Drug Treatment Courts***

Suffolk County's Drug Treatment Program was established for the purpose of providing the court system with a means with which to confront the devastating effect that substance abuse is having on individuals and upon society as a whole, as well as to reduce the staggering number of drug-related criminal cases and Family Court filings being processed by the court system. The long-term goal of the Drug Treatment Courts Program is to help reduce the number of those battling addiction in our community and, in turn, reduce both the number of drug and drug-related crimes on the criminal docket and the number of drug-related family problems requiring the intervention of the Family Court. The Drug Treatment Courts include:

**Suffolk (Criminal) Drug Treatment Court**

**East End Regional Intervention Court**

**Judicial Diversion Program/Felony Drug Court**

**Family Drug Treatment Court**

**Juvenile Drug Treatment Court**

With these treatment courts in operation simultaneously, Suffolk County continues to be able to deal proactively and effectively with the problem of substance abuse as it relates to the incidence of crime and family dysfunction in Suffolk County.



# *Legislation and Legal Action 2020*

## LEGISLATION

### FEDERAL PASS-THROUGH GRANTS

**Suffolk County IR 1485-2020 (Resolution 455) – Laid on Table June 9, 2020 & Approved 6-12-2020:** Accepting and Appropriating Additional 100% Federal Pass-Through Grant Funds from Columbia University in the Amount of \$196,954 for the Healing Communities Study Program (“HCSP”) Administered by the Suffolk County Department of Health Services, Division of Public Health and to Execute Grant Related Agreements.

The funds will be used to gather information about how tools for preventing and treating opioid addiction are most effective at the local level. This will be accomplished through various research studies that will test the impact of an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community based settings. The goal is to prevent and treat opioid misuse and opioid use disorder within 16 highly-affected counties in New York State and reduce opioid related deaths by 40% over 3 years. The grant has a start date of 9/1/19 and ends on 8/31/20. The additional grant funds have a start date of 10/1/2019 and ends 3/31/2020.

**Suffolk County IR 1057-2020 (Resolution 197) - Laid on Table January 2, 2020 & Approved April 1, 2020: Establishing a Standing Youth Addiction Panel.**

Suffolk County has taken many steps to provide resources and programs to address addiction issues; however, a panel dedicated to youth addiction is necessary to compliment the work being done by the permanent Heroin and Opiate Epidemic Advisory Panel. This panel will provide the perspective of youth on the dangers of substance abuse and develop strategies for the most effective ways to reach the intended audience. The ever-evolving nature of use and abuse among youth requires an ongoing commitment to identifying new resources and additional funding sources for programs directed towards those between 16 and 25 years of age.

**Suffolk County IR 1807-2020 – Laid on Table October 6, 2020: Transferring 100% Grant Funding in the Amount of \$232,354 Awarded by the US Department of Health Services/Substance Abuse and Mental Health Services Administration (“SAMHSA”) to the Suffolk County Department of Probation.**

This Resolution would transfer \$232,534 in grant funds accepted in Resolution 503-2019 from the U.S. Department of Health and Human Services/ Substance Abuse and Mental Health Services Administration to the Suffolk County Department of Probation. The Department of Probation received approval on September 14, 2020 from SAMHSA to carry grant funds over from year one to year two. The Probation Department had previously received a \$2 million grant from

SAMHSA, \$400,000 for five years. The Department completed year one of the grant on September 30<sup>th</sup>, 2020 and there were remaining funds unspent from year one which they were able to transfer to year two. The grant was intended to expand the Judicial Diversion Program which is part of the Drug Court in Riverhead. There is a need for the specialty court for those charged with felony offenses and are diagnosed with a substance abuse disorder. The purpose of the program is to engage people in treatment and keep them in treatment with the added benefit of a possible shorter sentence. The ultimate goal is to assist the participants in becoming productive members of society.

**New York State A.7812A/S.8259:** A bill passed in 2020 that authorizes the use of opioid antagonists by public accommodations for opioid overdose prevention. The bill expands the application of the Good Samaritan law to include as many public entities as possible, such as restaurants, retail stores, event/sporting centers, hotels, schools, libraries, shopping malls, and beauty parlors/barber shops.

<https://www.nysenate.gov/legislation/bills/2019/A7812>

### **FDA REQUIRES STRONGER WARNING LABEL FOR XANAX AND SIMILAR DRUGS (New York Times, September 23, 2020)**

The Food and Drug Administration will require a new warning label on a class of common psychiatric drugs, called benzodiazepines, to better warn the public and health professionals about the serious risks of abuse and addiction. Benzodiazepines are prescribed for anxiety, insomnia, seizures, panic disorders and other health problems. They are also often prescribed prior to certain medical procedures as they slow brain activity, causing sedation or calming effects. The FDA also warned that people could become physically dependent on the drugs in a matter of days and might have difficulty stopping them safely. The warning label will include information to help health care professionals and patients better understand that while benzodiazepines have many treatment benefits, they also carry with them an increased risk of abuse, misuse, addiction and dependence.

### **FIRST INSURANCE FRAUD ACTION AGAINST MAJOR OPIOID MANUFACTURER IN NEW YORK MARKET**

Governor Cuomo announced that New York State Department of Financial Services has initiated administrative proceedings and filed charges against Mallinckrodt, PLC and its subsidiaries, Mallinckrodt LLC and SpecGX LLC. These charges are the first to be filed in Department of Financial Services' ongoing investigation into the entities that created and perpetuated the opioid crisis.

## **SUBSTANCE USE DISORDERS**

**New York State PHL §2803-u:** In October 2018, the Department of Health issued regulations to implement legislation that addresses care for patients with substance use disorders. The law requires that hospitals develop policies and procedures for the identification, assessment, treatment and referral of individuals with a diagnosed or suspected substance use disorder. Hospitals have been asked to use an evidence-based tool to conduct all screening and assessment. They are required to notify patients that screen positive for an SUD of the availability of treatment services, provide referrals, and coordinate with substance use disorder programs. These regulations apply to all patients accessing care- inpatients, outpatients, observation patients and ED patients. During discharge planning, identified individuals must also be provided with educational materials developed by OASAS.

## **MEDICATION-ASSISTED TREATMENT**

Provisions in the 2019-20 state budget require general hospital emergency departments to have policies and procedures in place for the appropriate use of Medication Assisted Treatment (MAT) prior to patient discharge or for referrals for MAT evaluation when initiation of such treatment in an emergency department is not feasible.

**New York State A.2904/S.4808:** A bill passed this state legislative session (2019) prohibits commercial health insurers from requiring prior authorization for coverage of any buprenorphine products, methadone, or long-acting injectable naltrexone for the detoxification or maintenance treatment of a substance abuse disorder.

**New York State A.7246/S.5935:** A second bill ensures the same treatment by Medicaid managed care plans. Both pieces of legislation are awaiting delivery to the governor for his signature.

## **FEDERAL FUNDING AND SUPPORT**

### **\$25 Million Plan to Fight Addiction (New York Newsday, January 13, 2020)**

Senator Kristin Gillibrand announced new legislation that would provide families with the tools needed to help loved ones facing addiction to opioids and alcohol. The Family Support Services for Addiction Act would provide \$25 million in federal grant funding over five years to help non-profits and community organizations provide support services to families with loved ones seeking addiction treatment. The grants, which would be administered through the Department of Health and Human Services, would provide funds to groups that provide caregiver peer support, education, training, referrals, counseling and assistance in navigating the complicated treatment system.

## **THE OPIOID WORKFORCE ACT OF 2019**

This act would address the opioid treatment gap by incentivizing the training of physicians who specialize in treating substance use disorders and pain management. The legislation would provide support for an additional 1,000 Medicare-supported residency positions during the next five years in hospitals that have or are in the process of establishing accredited residency programs in substance use disorder medicine, psychiatry or pain management. It would build on existing efforts to address the nation's doctor shortage through expansion of the Graduate Medical Education Program.

## **PRIOR AUTHORIZATION FOR OUTPATIENT TREATMENT**

The 2018-2019 state budget enacted changes to insurance law that prohibit insurers from requiring prior authorization for outpatient substance abuse services and conducting concurrent reviews for the first 14 days of treatment. Plans must provide coverage for in-network medically necessary outpatient substance use disorder services, including rehab and opioid treatment programs to any patients requiring them. The provisions require that pre-admission services be covered even if the patient is determined not to need treatment. Patients must be held harmless if the insurer denies coverage after a retrospective review. Insurers are also required to incorporate a sufficient number of outpatient facilities in their networks.

## **NEW YORK STATE EDUCATION LAW**

### **New York State Education Law Article 17 §804: Health Education Regarding Mental Health, Alcohol, Drugs, Tobacco Abuse and the Prevention and Detection of Certain Cancers (Effective 7/1/18)**

Education Law §804 was amended by Chapter 390 of the Laws of 2016 and Chapter 1 of the Laws of 2017 to clarify that required health education in schools must include instruction in mental health. The statutory amendments further provide that such P-12 instruction shall be designed to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity. This section provides that all schools shall ensure that their health education programs recognize multiple dimensions of health including mental health and the relation of physical and mental health. All schools shall include instruction so as to discourage the misuse and abuse of alcohol, tobacco and other drugs and promote attitudes and behavior that enhance health. Instruction regarding alcohol, tobacco and other drugs be included in the health education provided for all elementary school pupils and continue through the junior high school and senior high schools.

## **New York State Education Law § 3038: Education Materials and Resources Addressing Substance Abuse Implementation of Education law §3038 (Effective March 5, 2019)**

New Education law §3038 requires the superintendent of each school district, in consultation with the local Board of Cooperative Educational Services (BOCES), to designate an employee of the school district or BOCES to provide materials and/or resources upon request to any student, parent or staff regarding where and how to find available substance use related services. Where possible, the designated employee should be a school social worker, school counselor, or any other health practitioner. The request for and the provision of substance use information to a student, parent or staff shall be confidential and may not be used in school disciplinary proceedings.

To assist schools in meeting this requirement, Chapter 323 also amended Mental Hygiene Law §19.07 to require the New York State Office of Alcoholism and Substance Abuse Services (OASAS), as the subject matter experts, to consult with the NYSED to provide substance use educational materials. Materials will be age-appropriate and include information or resources for parents to identify the warning signs and address the risks of substance use with their children. Topics will include misuse and abuse of alcohol, tobacco, prescription medication and other drugs with a focus on substances most prevalent among school aged youths.

School Districts are recommended to have Board of Education approved substance use policies in place addressing student and staff substance use and to refer to their approved policy when a substance use/abuse situation occurs in school.

An educational resource flash drive is available through NYS OASAS and the Department of Health that includes a variety of material to assist in raising awareness about the issues of alcohol and substance use/misuse.

## **JOINT SENATE TASK FORCE ON OPIOIDS, ADDICTION & OVERDOSE PREVENTION: Held on Tuesday, October 15, 2019, Patchogue, NY**

The co-chairs of the New York State Joint Senate Task Force on Opioids and Overdose Prevention held a public hearing to examine the current approaches and consider new strategies for how New York responds to drug use and to the epidemic of overdoses and deaths caused each year by the problematic use of drugs. This hearing was an opportunity for the Task Force to hear from stakeholders and explore areas such as the impact of steps taken by the State and counties on access to treatment, additional steps to be taken to reduce the number of overdoses and deaths, strategies for addressing the health and needs of those addicted to drugs and how to decrease the number of individuals incarcerated as a result of a substance use disorder.

## ***Lawsuits***

### **OXYCONTIN MAKER PURDUE PHARMA TO PLEAD GUILTY TO THREE CRIMINAL CHARGES (Associated Press, October 21, 2020)**

Purdue Pharma, the company that makes OxyContin, the powerful prescription painkiller that experts say helped touch off an opioid epidemic, will plead guilty to three federal criminal charges as part of a settlement of more than \$8 billion. The company will plead guilty to a criminal information being filed in federal court to three counts; including conspiracy to defraud the United States and violating anti-kickback laws. The deal does not release any of the company's executives or owners-members of the wealthy Sackler family- from criminal liability. A criminal investigation is ongoing. The settlement will be the highest-profile display yet of the federal government seeking to hold a major drug maker responsible for an opioid addiction and overdose crisis lined to more than 470,000 deaths in the country since 2000. As part of the resolution, Purdue will admit that it impeded the Drug Enforcement Administration (DEA) by falsely representing that it had maintained an effective program to avoid drug diversion and by reporting misleading information to the agency to boost the company's manufacturing quotas. Purdue will make a direct payment to the government of \$225 million, which is part of a larger \$2 billion criminal forfeiture. In addition to that forfeiture, Purdue also faces a \$3.54 billion criminal fine, though the money probably will not be fully collected because it will be taken through bankruptcy, which includes a large number of other creditors.

Suffolk County was one of the first counties to file suit against the opioid drug manufacturers (27 total) and has since amended its complaint to name opioid distributors (11 total), retailer pharmacies (7 total) and others, including members and affiliates of the Sackler family (10 total). On September 15, 2019, Purdue Pharma LP announced it had reached an agreement in principle on a framework for settling the U.S. opioid litigation facing the company with 24 state attorneys general, officials from 5 U.S. territories. The settlement structure is estimated to provide more than \$10 billion of value to address the opioid crisis.

Reckitt Benckiser Group PLC agreed to pay up to \$1.4 billion to settle U.S. investigations into whether its former pharmaceuticals unit organized a multibillion dollar fraud to drive up sales of an opioid addiction treatment. Federal prosecutors charged the U.K. based company stating that that starting in 2010 the business obtained billions of dollars in revenue by misleading healthcare providers to believe that Suboxone Film is safer and less susceptible to diversion and abuse than similar drugs.

<https://www.google.com/amp/s/amp.theguardian.com/us-news/2020/oct/21/oxycontin-purdue-pharma-pleads-guilty-8bn-settlement>

### **\$26 BILLION SETTLEMENT OFFER IN OPIOID LAWSUITS GAIN WIDE SUPPORT (NY Times, November 5, 2020)**

The three major drug distributors and a large drug manufacturer are closing in on a \$26 billion deal with state and local governments that would end thousands of lawsuits over the companies' role in the opioid epidemic, according to people close to the negotiations and new company filings.

The deal is \$4 billion more than the offer made a year ago that was rejected by many states and

municipalities. A major difference in the latest offer is \$2 billion earmarked for private lawyers who represent cities, counties and some states.

Most of the money from the settlement deal is intended to help pay for treatment and prevention programs in communities ravaged by addiction and overdoses.

The latest deal is being brokered under the shadow of two major trials tentatively scheduled for January, which the companies are hoping to avoid. If the deal is finalized, four of the most prominent defendants in the behemoth, nationwide litigation- McKesson, Cardinal Health, AmerisourceBergen and Johnson and Johnson- would no longer be at risk from future opioid lawsuits by these governments. Other drug manufacturers and the national pharmacy chains are still facing thousands of such cases.

In the latest settlement offer, the distributors have agreed to strengthen their drug monitoring programs, which have been castigated in hundreds of lawsuits as contributing to billions of pills ultimately being sold illegally.

<https://www.nytimes.com/2020/11/05/health/opioids-settlement-distributors.html>

### **PURDUE ADMITS ROLE IN OPIOID EPIDEMIC (Newsday, November 25, 2020)**

Purdue Pharma pleaded guilty to three criminal charges, formally taking responsibility for its part in an opioid epidemic that has contributed to hundreds of thousands of deaths but also angering critics who want to see individuals held accountable, in addition to the company. In a virtual hearing, with a federal judge, the OxyContin maker admitted impeding the U.S. Drug Enforcement Administration's efforts to combat the addiction crisis. Purdue also acknowledged that it had not maintained an effective program to prevent prescription drugs from being diverted to the black market, even though it had told the DEA it did have such a program, and it provided misleading information to the agency to boost manufacturing quotas. It also admitted to paying doctors through a speaker program to induce them to write more prescriptions and it admitted to paying a medical records company to send doctors information on patients that encouraged them to prescribe opioids. The guilty pleas were entered on behalf of the company as part of a criminal and civil settlement announced between the company and the Justice Department. The deal includes \$8.3 billion in penalties and forfeitures, but the company must make a direct payment to federal government of only a fraction of that, \$225 million. Members of the Sackler family. Who own the company, have also agreed to pay \$225 million to the federal government to settle civil claims. No criminal charges have been filed against family members, although the deal leaves open the possibility of that.

### **McKINSEY PROPOSED PAYING PHARMACY COMPANIES REBATES FOR OXYCONTIN OVERDOSES (NY Times, November 27, 2020)**

Court filings reveal consultants' talk of a records purge during the opioid crisis, and shed new light on sales advice given to the billionaire Sackler family and their drug company, Purdue Pharma. When Purdue Pharma agreed to plead guilty to criminal charges involving OxyContin,



the Justice Department noted the role an unidentified consulting company had played in driving sales of the addictive painkiller even as public outrage grew over widespread overdoses. Documents released last week in a federal bankruptcy court in New York show that the adviser was McKinsey & Company, the world's most prestigious consulting firm. The 160 pages include e-mails and slides revealing new details about McKinsey's advice to the Sackler family, Purdue's billionaire owners, and the firm's now notorious plan to "turbocharge" OxyContin sales at a time when opioid abuse had already killed hundreds of thousands of Americans. In a 2017 presentation, according to records, which were filed in court on behalf of multiple state attorneys general, McKinsey laid out several options to shore up sales. One was to give Purdue's distributors a rebate for every OxyContin overdose attributable to pills they sold.

## *Grants*

New York State is slated to receive \$43 million in federal funding as part of a \$1.8 billion federal initiative to aid states with funding opioid addiction treatment programs. The money is part of a funding package approved by Congress last year. New York will receive \$36.8 million to direct toward treatment and recovery programs and \$6 million in funding from the Centers of Disease Control to improve data collection on opioid overdoses. (Newsday, September 5, 2019)



## *Initiatives and Recommendations 2020*

The COVID-19 pandemic has not only contributed to an increase in opioid overdoses and fatalities, but it has also disrupted the ability for services to be provided to those in need. The way in which services are provided has had to be re-invented to comply with safety protocols related to the virus. The panel has been working collaboratively to try to reimagine how these services can and will be provided going forward. The panel wrote various letters this year, including a letter to request that New York State advocate with Centers for Medicare and Medicaid Services (CMS) for the continued flexible delivery of substance abuse disorder services. In this letter, the panel advocated for the following:

- Full access to telehealth and virtual care options for Medicaid and Medicare beneficiaries.
- Provider reimbursement rates for telehealth and virtual care that are on par with face-to-face rates, including rates for care provided by LMHC's, CASACs, CSWs and all others that are normally reimbursed for face-to-face substance use disorder treatment.
- Flexibility in definitions of distance site and originating site so that providers and patients have flexibility where care is delivered and received.
- Permanently remove the requirement that the initiation of buprenorphine treatment must be done after an initial in-person face-to-face meeting to ensure access to care without patients needing to travel.

The panel also wrote a letter to the MTA/ LIRR inquiring if they had implemented best practice prevention measures and policies to promote the safety of Long Island Railroad patrons and their families. In the letter, the panel requested that the MTA/LIRR consider implementing public service campaigns on the railroad related to the dangers of substance use and where to access assistance and possibly share these campaigns with their quality of life task force members.

Additionally, the panel authored letters requesting that much needed state funding for treatment and prevention providers and programs not be cut, as well as requesting that any federal stimulus package include emergency supplemental funds for substance use and mental health disorders service organizations.

The panel is currently drafting a letter to the NYS Department of Health to request additional training and education in medical schools in the area of pain management. The hope is that if NYS recognizes the need for this additional education and training that other private institutions will follow suit. The additional education and training focused on pain management will provide medical practitioners with further understanding of the effects of pain management medications and how to safely prescribe them while monitoring for warning signs of addiction in their patients.

The Panel is looking to support legislation that is currently being finalized and filed that will create a more user friendly and comprehensive website for addiction resources in Suffolk County. The idea for this website came to fruition after comments were received during a public hearing that this information was not easily accessible and that the inability to have this information

readily available could discourage those who need it the most. This website will act as a comprehensive resource providing easy access to information regarding treatment options, where to go in an emergency and other pertinent information.

The Panel has also supported Resolution 197-2020 – Establishing a Standing Youth Addiction Panel. The panel will assemble a group of individuals age 16-25 to complement the work of the Heroin and Opiate Epidemic Advisory Panel. The Youth Addiction Panel will provide a unique perspective on substance use and abuse and also provide insight into developing strategies to reach the intended audience. The goal is to start having regular meetings of the youth panel beginning 2021.

As a culmination of much discussion, the Heroin and Opiate Epidemic Advisory Panel will also be investigating a name change in 2021. The name of the panel will be broader to encompass more than opioid addiction and to recognize that addiction, on many occasions, is a co-occurring disorder.

## ***2021 RECOMMENDATIONS .....***

While there has been progress in fighting the opioid epidemic, there is still much to be done. The COVID-19 pandemic has contributed to an increase in overdose incidents and fatalities and it is now more important than ever to remain steadfast in working on this complex issue. Below are some of the items to be discussed in upcoming meetings:

- Prioritize childhood trauma intervention;
- Support Public Service Campaigns;
- Monitor the continuing effects of the COVID-19 pandemic on overdose rates;
- Increase prescriber education;
- Create a comprehensive Suffolk County website;
- Monitor the growing vaping epidemic;
- Support early education initiatives;
- Monitor any potential Marijuana Legislation;
- Commence meetings of the Standing Youth Addiction Panel;
- Continue discussions with the MTA & LIRR regarding a quality of life task force;
- Monitor continuing effects of Bail Reform and request a study of policy change outcomes;
- Amend panel name and membership; and
- Support education to reduce the stigma of addiction and mental illness.

## ***2021 LEGISLATION***

The New York State Senate/Assembly

- Bill S6140 , January 8, 2020- “Adds fentanyl-related substances to the controlled substances list” (In Committee)  
<https://www.nysenate.gov/legislation/bills/2019/S6140>
- Bill S2507, February 4, 2020- “Requires the office of alcoholism and substance abuse services to develop training materials for screening for alcoholism and chemical dependency” (Passed Senate)  
<https://www.nysenate.gov/legislation/bills/2019/S2507>
- Bill A10619, June 10, 2020- “Relates to requiring health care professionals to prescribe opioid antagonists when prescribing an opioid” (In Committee)  
<https://www.nysenate.gov/legislation/bills/2019/A10619>
- Bill A11059, October 7, 2020- “Establishes an opioid relief fund” (In Committee)  
<https://www.nysenate.gov/legislation/bills/2019/A11059>
- Bill A9067, January 15, 2020- “Relates to requiring opioid training for medical professionals to reduce patient opioid abuse and reliance” (In Committee)  
<https://www.nysenate.gov/legislation/bills/2019/A9067>
- Bill A8541, January 8, 2020 - “Relates to providing discharged patients with opioid overdose education and opioid antagonists for take home use” (In Committee)  
<https://www.nysenate.gov/legislation/bills/2019/A8541>
- Bill S5150B, February 4, 2020- “Relates to prescribing an opioid antagonist with a patient's first opioid prescription each year” (Passed Senate)  
<https://www.nysenate.gov/legislation/bills/2019/S5150>
- Bill S6397, February 4, 2020- “Limits the substitution of abuse-deterrent analgesic opioid drug products for analgesic opioids lacking such technology” (Passed Senate)  
<https://www.nysenate.gov/legislation/bills/2019/S6397>
- Bill A6438, January 8, 2020- “Requires public school districts to carry opioid antagonists and to require training for staff in the administration of opioid antagonists” (In Committee) <https://www.nysenate.gov/legislation/bills/2019/A6438>
- Bill A6408, January 8, 2020- “Requires public libraries to carry opioid antagonists and requires training for staff in the administration of opioid antagonists” (In Committee)  
<https://www.nysenate.gov/legislation/bills/2019/A6408>

- Bill A3333, January 8, 2020- “Relates to creating the community opioid rehabilitation program services act and the opioid dependency services fund” (In Committee) <https://www.nysenate.gov/legislation/bills/2019/A3333>
- Bill S780- “Increases the penalty for the sale of an opioid if the use of such opioid causes the death of the user” (In Committee) <https://www.nysenate.gov/legislation/bills/2019/S780>

### Federal Law

- H.R.5774 - Veterans HOPE Act- “Requires the Department of Veterans Affairs (VA) to complete a review of the deaths of all covered veterans who died from opioid overdoses during the five-year period preceding the enactment of this bill. Covered veterans are those who received VA hospital care or medical services during the five-year period preceding the death of the veteran.” (Introduced to House) <https://www.congress.gov/bill/116th-congress/house-bill/5774?q=%7B%22search%22%3A%5B%22heroin%22%5D%7D&s=6&r=2>
- S.419 - Protecting Americans from Dangerous Opioids Act- “Requires the Food and Drug Administration (FDA) to revoke approval for an opioid drug for every new opioid drug approved. (Opioids are drugs with effects similar to opium, such as certain pain medications.) In determining the drug for which to revoke approval, the FDA must prioritize revoking approval for drugs that are not abuse deterrent and consider the public health impact of drugs on the market.” (Introduced to Senate) <https://www.congress.gov/bill/116th-congress/senate-bill/419?q=%7B%22search%22%3A%5B%22heroin%22%5D%7D&s=7&r=6>
- S.4612 - Methamphetamine Response Act of 2020- “Designates methamphetamine as an emerging drug threat (a new and growing trend in the use of an illicit drug or class of drug). It also directs the Office of National Drug Control Policy to implement a methamphetamine response plan.” (Passed Senate) <https://www.congress.gov/bill/116th-congress/senate-bill/4612?q=%7B%22search%22%3A%5B%22heroin%22%5D%7D&s=8&r=11>
- S.4058 - Emergency Support for Substance Use Disorders Act- “Requires the Substance Abuse and Mental Health Services Administration to award grants to states, other juris-

dictions, and community-based entities for harm reduction activities to address drug misuse during the COVID-19 (i.e., coronavirus disease 2019) pandemic.” (Introduced to Senate)

<https://www.congress.gov/bill/116th-congress/senate-bill/4058?q=%7B%22search%22%3A%5B%22heroin%22%5D%7D&s=8&r=17>

## **SUMMARY**

The Suffolk County Heroin and Opiate Epidemic Advisory Panel recognizes that the opioid epidemic is a complex and ongoing issue. The Panel also recognizes that there has been a major focus on implementing many of the prior recommendations at the local, state and federal levels. We will continue to work by creating policy and implementing and improving programs to combat the epidemic. While we believe that substantial advancements continue to be made, we know that this ongoing issue needs to be addressed continuously from all fronts.

The county has expanded education programs as well as treatment programs to address the needs of the community. The addition of the mass spectrometer will aid in the enforcement of drug related offenses and assist in taking dangerous drugs and dealers off the street. The expansion of treatment programs will ensure that at every turn, there is a place for those battling substance abuse disorders to get help. Treatment programs will continue to expand and encompass telehealth options, where able, to accommodate patients in the light of the COVID-19 pandemic. Expanded education programs will promote open and continued discussion regarding the epidemic. Increased Narcan® training will ensure that an overdose can be spotted and reversed in many more cases, thereby decreasing fatalities.

While the county has taken many steps toward proactively addressing the epidemic, there is much more to accomplish. Due to the pandemic, there has been a significant spike in overdoses and with that in mind, the panel will continue to work towards ensuring that resources continue to be available to combat this increase. The intent of the panel is to continue to ensure that resources are allocated and available to where they are most needed. The panel will continue to focus on prior recommendations as well as adding additional priorities as they become necessary.

We appreciate the efforts of the panel members and look forward to continuing our work to stem the opioid addiction here in Suffolk County.

# Suffolk County Heroin and Opiate Epidemic Advisory Panel Meeting Schedule 2020



<b>Date</b>	<b>Time</b>	<b>Event</b>	<b>Location</b>
Friday, February 7 <sup>th</sup>	10:00 AM - 12:00 PM	Meeting	Hauppauge Auditorium
Friday, May 8 <sup>th</sup>	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium
Friday, July 10 <sup>th</sup>	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium
Wednesday, September 23 <sup>rd</sup>	5:30 PM - 7:30 PM	Public Hearing	Hauppauge Auditorium
Thursday, October 22 <sup>nd</sup>	5:30 PM - 7:30 PM	Public Hearing	Riverhead Auditorium
Friday, November 13 <sup>th</sup>	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium

**Report is due Thursday, December 31<sup>st</sup>**

Hauppauge Auditorium: William H. Rogers Legislature Building  
725 Veterans Memorial Highway, Hauppauge, NY  
11788

Riverhead Auditorium: Riverhead Legislative Auditorium  
300 Center Drive, Riverhead, NY 11901



## Suffolk County Heroin and Opiate Epidemic Advisory Panel Agenda

Friday, February 7<sup>th</sup> ~ 10:00 AM

Hauppauge Legislative Auditorium – William H. Rogers Legislature Building

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- 10:00 A.M.** Pledge of Allegiance, Moment of Silence, and Welcoming  
Remarks by Legislator Sarah Anker
- 10:15 A.M.** Panel Member Introductions/Review & Adopt Minutes 11-15-19  
Review Meeting Schedule & Protocols for 2020
- 10:20 A.M.** Events  
Updated Statistics- Police Department & Medical Examiner's Office
- 10:30 A.M.** Discussion: 2019 Final Report  
2020 Initiatives: Vaping;  
Early Education Initiatives;  
Childhood Trauma Intervention;  
Marijuana Legislation;  
Effects of Bail Reform;  
Establishing a Recovery High School;  
Initiatives with the MTA & LIRR;  
Increasing Prescriber Education;  
Reducing the Stigma of Addiction  
& Mental Illness;  
Collaborating with Native American  
Panel; and  
Establishing a Youth Committee  
(Legislator Spencer)
- 11:00 A.M.** Current Discussion Topics
- Safe Disposal of Drugs (See article)
  - Family Support Services for Addiction Act (See article)
  - Suffolk County Community College Addiction Studies Program
    - o OASAS Curriculum (See article)
  - Growing Issue of Addiction to Stimulants (Meth & Cocaine)(See article)
  - AG James Facilitates Access to Life-Saving Opioid Overdose Drug (See Press Release)
- 11:30 A.M.** Updates from Panel Members
- 11:45 A.M.** Closing Remarks and Follow-Up Items
- 11:50 A.M.** Public Comment Period
- 12:00 P.M.** Adjournment



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel-Meeting Minutes 2-7-2020**

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**Meeting Date:** February 7, 2020

**Location:** Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY

**Next Meeting Date:** May 8, 2020

### **Members in Attendance:**

Suffolk County Legislator Sarah Anker, Chair  
Michael Caplan, Suffolk County Medical Examiner  
Liz Alexander, Office of Suffolk County Legislator William Spencer  
Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey  
Karen Klawter, Office of Suffolk County Legislator Tom Donnelly  
Colleen McKenna, Office of Suffolk County Sheriff Errol Toulon  
Kerri Ann Souto, Office of District Attorney Tim Sini  
Inspector Stan Grodski, Office of Police Commissioner Geraldine Hart  
Jeffrey Reynolds, Family and Children's Association  
Cari Faith Besserman, Suffolk County Division of Mental Health and Hygiene  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
Julie Lutz, Suffolk County Superintendents' Association  
Claudia Friszell, FIST  
Pat Policastro, North Shore Youth Council  
Robert Woods, North Shore Youth Council  
David Cohen, Eastern Long Island Hospital  
Pamela Mizzi, Long Island Prevention Resource Center  
John Venza, Outreach House  
Pat Ferendino, Quality Consortium & Family Service League of Suffolk County  
Janine Logan, Nassau/Suffolk Hospital Council  
Robert McConville, Selden Fire Department Commissioner

**Recorder:** Laura Logan, Legislative Aide for Legislator Sarah Anker

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**I. Welcoming Remarks- Legislator Sarah Anker**

**II. Pledge**

**III. Moment of Silence**

**IV. Panel Member Introductions**

**V. Updated Statistics – Medical Examiner's Office & Police Department**



Dr. Caplan discussed that every month the Medical Examiner's Office provides an updated account of the total deaths in which the cause of death was contributed to by opioids, as well as those that contained heroin, fentanyl, oxycodone, and other drugs such as benzodiazepines or cocaine. He noted that there are a significant number of deaths caused by benzodiazepines and cocaine. The office calculates death trends by taking the number of known opioid deaths and percentages of fatal opioid deaths. As of the beginning of February, there were 171 opioid deaths pending from 2019. There has been a 17% decrease from 2018. While the statistics are promising, by no means has the problem been eradicated. But there is hope.

Inspector Grodski explained that the police department statistics are a little rawer than the Medical Examiner's. As of the beginning of February, there were 27 fatal opioid deaths, 55 Narcan saves, and 87 nonfatal incidents. The 6<sup>th</sup> precinct remains the epicenter for the crisis, which includes the towns of Coram, Centereach, and Medford. Inspector Grodski also noted that the Centers for Disease Control reported that drug overdoses have decreased nationwide for the first time in three decades. They also reported that there have been fewer overdoses from prescription opioids. This is most likely due to increased education for doctors and pharmacies, changes in the court systems, and more accessibility to Narcan.

Steve Chassman from LICADD reported that alcohol remains the number one drug of choice for those who call into the organization's hotline. He and other members noted that while opioids remain a high concern, there are other issues and risk factors that bring the panel to the table. Legislator Anker stated that she would like to add a more inclusive "update" portion to the meeting agendas, as to gather statistics from across panel members.

## **VI. Discussion**

John Venza has been participating in meetings in Albany in response to an increase in out-of-state providers. He reported that there are 45 teens in treatment at Outreach House and that 85% of them had reported to use "lean," which contains codeine. He noted that most providers do not know how to ask the right questions when speaking to adolescents about their drug use, and that providers have to get ahead of the curve.

The panel discussed the availability of prevention funding. Members discussed the Drug-Free Communities and Partnership For Success grants through the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS). It was also noted that grants are available through Suffolk County. LICADD used grant money for its coaches training program, which has trained 148 coaches so far in the county.

It was discussed that there has been a downward trend in total ER visits because of the opening of the DASH Center. Panel members were encouraged to tour the center.

Another topic of discussion included the NYS marijuana legislation. This legislation remains an ongoing concern due to the lack of a real-time test to measure THC in the body. This poses a particular concern for law enforcement because they cannot perform a quantitative analysis of the marijuana that is seized from an arrest. It was suggested that a meeting be held between the Crime Lab and the District Attorney's Office to find a possible solution to this. The panel was in agreement that the state is not prepared for the legalization of marijuana. It was again discussed that all those on the frontlines of this crisis stay ahead of the curve and, in particular, look at young people and their substance use histories to figure out when adolescents begin using marijuana and find the progression of their substance use. It has been seen that cannabis use can cause mental health disorders in young people, including schizophrenia and psychosis. The panel anticipates that the state will push hard for the legislation to be passed, using the argument that

there is a huge incentive for revenue that can fill huge budget holes. The panel agreed that tax monies must be set in stone to go towards prevention and treatment for substance use disorders.

## **VII. 2020 Priorities and Initiatives**

Legislator Anker provided the panel with a draft letter addressed to the MTA and LIRR asking them to provide Narcan on trains, train conductors to recognize overdoses and administer Narcan, and work with LICADD and the panel to put a public service announcement on station monitors. Two PSA ideas included “Hey, Charlie” and the DASH Center promotional video. The panel discussed that the excuse that “no one has died on the train” is an issue of semantics and technicalities. The panel also asked that the letter be modified to include any and all educational materials for use on trains and in train stations. The panel also considered formulating a PSA to run on news channels such as News 12. The PSA must make people feel a certain way, which could be achieved by a balance of more shocking content like the “Hey, Charlie” video, and more informational content like the DASH video. It was agreed that regardless, the PSA must be engaging in order to keep the public’s attention. It was asked that the 30-second version of the “Hey, Charlie” video be sent to panel members for distribution on social media sites.

The panel discussed the formation of the youth committee which will go before the full Legislature at the February 11<sup>th</sup> General Meeting. The panel will include 8 members between the ages of 16 and 25, and will actively collaborate with the Heroin and Opiate Epidemic Advisory Panel. One of the representatives will be well-versed in social media outreach and marketing. Two of the members will be representatives of drug advocacy organizations. The legislation will be written to make sure membership requirements are fluid, in order to accommodate youth in recovery, those going off to college, etc. The membership makeup of the committee will allow for multiple perspectives. The committee will encompass all areas of addiction that impact youth.

Another topic of discussion was the mandate for schools to include substance use as part of health education. There are mental health modules that the state has developed for school districts to use as part of their curriculums. BOCES helps districts understand what’s expected of them and what resources are available to them. Resources range by grade of the students. There are also resources from Suffolk County that can be used to supplement these modules. It was noted that there is a disturbing trend of schools not renewing their contracts for the BOCES counselors. This has proven to be a funding issue and the panel can advocate to the state officials, school boards, Superintendents’ Association, etc.

There is a need for a recovery high school, which is geared towards high school students in some level of sustained recovery. This kind of facility will help these students keep up with their recovery. John Venza reported that there will be a Long Island-wide recovery high school funded through Western Suffolk BOCES SOAR money. He also reported that the Outreach House women’s facility is now open with 25 beds for females, ages 18 and above. The organization will be breaking ground on other facilities this year.

## **VIII. Public Comment Period**

Margaret Brophy of Westhampton Beach addressed the importance of maintaining access to prescription medications for chronic pain patients.

## **IX. Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory** **Panel Agenda**

*Friday, May 8<sup>th</sup> ~ 2:00 PM*

*Hauppauge Legislative Auditorium – William H. Rogers Legislature Building*

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As the Legislative Building remains closed to the public due to the COVID-19 pandemic, the public portion of the Heroin and Opiate Epidemic Advisory Panel meeting is suspended.

Public comments related to this committee may be made via email to: dorothy.cavalier@suffolkcountyny.gov or mailed to the attention of the Dorothy Cavalier, Office of Legislator Sarah Anker, 620 Route 25A, Suite B, Mount Sinai, NY 11766. Submitted comments will be distributed to the Panel Members.

In person public comments will not be permitted during this meeting.

- 2:00 P.M.      Pledge of Allegiance, Moment of Silence, and Welcoming  
Remarks by Legislator Sarah Anker**
  
- 2:15 P.M.      Panel Member Introductions/Review & Adopt Minutes 2-7-20**
  
- 2:20 P.M.      Updated Statistics- Police Department & Medical Examiner’s Office**
  
- 2:30 P.M.      Discussion:    Current Topics                  Vaping: Newsday article;  
Governor’s Fraud Action;  
Issues specific to current health crisis**
  
- 2:50 P.M.      Updates from Panel Members**
  
- 3:00 P.M.      Closing Remarks and Follow-Up Items**
  
- 3:15 P.M.      Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel-Meeting Minutes 5-8-2020**

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**Meeting Date:** May 8, 2020

**Location:** Virtual Meeting via Zoom

**Next Meeting Date:** July 10, 2020

### **Members in Attendance:**

Suffolk County Legislator Sarah Anker, Chair  
Suffolk County District Attorney Tim Sini  
Suffolk County Dept. of Health Services Commissioner Gregson Pigott  
Michael Caplan, Suffolk County Medical Examiner  
Linda Guida, Office of Suffolk County Legislator William Spencer  
Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey  
Colleen McKenna, Office of Suffolk County Sheriff Errol Toulon  
Inspector Stan Grodski, Office of Police Commissioner Geraldine Hart  
Cari Faith Besserman, Suffolk County Division of Mental Health and Hygiene  
Andrea Neubauer, Suffolk County Probation Dept.  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
Julie Lutz, Suffolk County Superintendents' Association  
Pat Policastro, North Shore Youth Council  
Richard Rosenthal, Stony Brook University Hospital  
Kristie Golden, Stony Brook University Hospital  
David Cohen, Eastern Long Island Hospital  
Pamela Mizzi, Long Island Prevention Resource Center  
John Venza, Outreach House  
Antonette Whyte-Etere, NY OASAS Long Island Regional Office  
Pat Ferendino, Quality Consortium & Family Service League of Suffolk County  
Anthony Rizzuto, FIST  
Robert McConville, Selden Fire Department Commissioner

**Recorder:** Laura Logan, Legislative Aide for Legislator Sarah Anker

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- I. **Welcoming Remarks- Legislator Sarah Anker**
- II. **Pledge**
- III. **Moment of Silence**
- IV. **Panel Member Introductions**

**V. Updated Statistics – Police Department & Medical Examiner’s Office**

Inspector Grodski provided the panel with the police department update. As of Wednesday, May 6, there have been 114 overdoses, compared to 78 to date in 2019. Therefore, drug overdoses have increased a little bit more than 43%. There have been 415 nonfatal cases compared to 357 in 2019. That is a roughly 16% increase. Those two numbers total 519, compared to 435 in 2019, which is a 19% increase in total overdoses. These numbers are preliminary. There aren’t any clusters, they are spread out and most happen on the weekend. The top overdose communities are West Babylon, Coram, Centereach, Medford, and Mastic Beach. Through investigations, the department has found that there is a tightening of supply, and they are concerned about what other substances are being used to stretch out the supply, including counterfeit drugs like fentanyl.

The Medical Examiner reported that there are still 124 pending deaths from 2019. There were 316 total opioid fatalities in 2019, which is a 17% decrease. Dr. Caplan went back and looked at data from up to May 1, 2020 and compared it to May 1, 2019. He noted that we are still seeing a decrease from 2018 to 2019. Dr. Caplan also addressed that anecdotally, his office is seeing at least an increase in nonfatal intoxications. He stated that there have been certain days recently when there have been a lot of combined overdoses and suicides, but the numbers aren’t there yet. As of May 2020, there have been 14 confirmed opioid deaths, and 87 are pending. Dr. Caplan reiterated that drugs go beyond just opioids, and how his office’s numbers lag behind the police department statistics.

**VI. Discussion**

Steve Chassman stated his concern that they have been seeing more overdoses, suicides, and alcohol abuse amidst the COVID-19 pandemic. John Venza noted that regions across the state are seeing similar trends, and said that we are seeing where the challenges are and need to start putting safety nets. The raw numbers from the police are real, and the anecdotal numbers are real. District Attorney Sini added that the preliminary data from the police department are only called that because they are real numbers. Steve Chassman suggested using the media to help get the word out.

John Venza said another challenge is budget cuts being thrown around statewide. There is going to be a 40% cut across the board for schools, mental health providers, and hospitals. This would annihilate the substance abuse disorders resources. He suggested trying to formulate a call to action to keep the system whole because there is a need for it now more than ever. He asked that when other organizations formulate their letters that the panel agrees to sign on in support.

Richard Rosenthal sent an article to share with the panel that shows a clear increase in fatalities in suicides of those who have drug overdoses showing up in the emergency rooms, not just with opioids. He noted that one can only imagine that during this time, people are getting desperate. Anthony Rizzuto added that this is just the beginning; when we look at the number of people who have lost their jobs or have had other fi-

nancial losses, we are going to see a huge spike in the need for behavioral health. Suicide is going to go up with domestic violence. Cuts to budgets will be detrimental, because there will be an increased burden to pay for the consequences. There needs to be increased awareness of resources.

Legislator Anker and District Attorney Sini said there is a possibility for forfeiture money, however there are limitations to how the money can be used. But District Attorney Sini said he would love to know any ideas on how to use the money. He also noted that there is money from 2018 and 2019 to be used for diversion programs.

Kristie Golden added that Stony Brook University Hospital is doing a radio spot on raising awareness. She said she would try to provide this to the panel and legislators. Legislator Anker's office and the panel will be working with Kristie Golden on key points for the state to advocate for continued telehealth services beyond the COVID-19 crisis.

Legislator Anker went over the articles that were given to the panel to review. District Attorney Sini explained that they have active investigations going on despite the pandemic, and explained his office's process of tracking drugs. For example, they are tracking how drugs are being smuggled across the borders, being brought to New York City, and then sold to wholesalers on Long Island. The panel was reminded to promote the Suffolk County 24/7 Drug Hotline: 631-852-NARC (6272).

Steve Chassman noted the correlation of economic downturns and the rise of drug abuse throughout history. District Attorney Sini also noted that polysubstance use will increase, meaning we will see more than one drug being involved in an overdose or death. People who are struggling to obtain their drugs will improvise, resulting in an increased chance of death.

Cari Faith Besserman shared that the Division of Mental Hygiene is working with partnered county providers. There are number of efforts being made to the spread the word on available resources. The county is working on getting money through FEMA. She believes the severity of this issue is being recognized significantly. There is the potential for this crisis to affect everyone, rather than just those who may have been dealing with it before.

Legislator Anker asked the panel to send her office their priorities. She wants to change the process of government to accommodate these emergency situations. Mary Silberstein commented that we need resources in order to reopen clinics and retain the ability to work remotely. LICADD is continuing to do Compassion Fatigue Training for first responders to participate in, especial in relation to COVID-19.

Robert McConville added that call volume at the fire department is down because more people are staying home. However, there has certainly been an increase in domestic violence.



Anthony Rizzuto reiterated that the panel needs to keep up the legislative changes to accommodate telehealth. People will be caught in between getting treatment and protecting their loved ones from the continued threat of the virus. He also echoed the need for compassion fatigue training, and dispersing this information to the public. Mary Silberstein commented on the struggle of mental health within the medical community. Kristie Golden shared that Stony Brook University Hospital has implemented efforts to help its staff and they have set up a respite area to help the staff take care of themselves during this time. Kristie noted that it has already seen hundreds of visitors. The hospital is also making support groups available to staff virtually three times a day. However, they changed the name to “Daily Meditation,” which increased attendance because they found calling them “support groups” deterred people away. David Cohen said that Eastern Long Island Hospital is doing the same for its staff.

## **VII. Action Items and Updates**

Legislator Anker asked the panel to forward her office any letters being written against budget cuts. District Attorney Sini said he would look into the forfeiture funding for a public service announcement or other resources. Overall, the panel agreed that they will work to get the word out on resources for mental health and substance abuse. Steve Chassman reminded the panel of LICADD’s continued wellness webinars.

Julie Lutz updated the panel on the issues on the frontlines of education during the pandemic. She stated that every call she has with leadership at BOCES echoes the same issues regarding mental health. They are working on providing support for teachers so they can not only take care of themselves, but also better provide support for their students.

Antonette Whyte-Etere updated the panel that the Nassau University Medical Center and the Eastern Long Island Hospital detox and rehab facilities are back online and that the Long Island Center for Recovery is back open, as well. The only one that is still offline as of the beginning of May 2020 is South Oaks Hospital. She also noted that the DASH Center has been crucial in this crisis in relieving the burden on hospitals

## **VIII. Adjournment**



## Suffolk County Heroin and Opiate Epidemic Advisory Panel Agenda

Friday, July 10<sup>th</sup> ~ 2:00 PM

Hauppauge Legislative Auditorium – William H. Rogers Legislature Building

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As the Legislative Building remains closed to the public due to the COVID-19 pandemic, the public portion of the Heroin and Opiate Epidemic Advisory Panel meeting is suspended.

Public comments related to this committee may be made via email to: dorothy.cavalier@suffolkcountyny.gov or mailed to the attention of the Dorothy Cavalier, Office of Legislator Sarah Anker, 620 Route 25A, Suite B, Mount Sinai, NY 11766. Submitted comments will be distributed to the Panel Members.

In person public comments will not be permitted during this meeting.

- 2:00 P.M.      Pledge of Allegiance, Moment of Silence, and Welcoming  
Remarks by Legislator Sarah Anker**
  
- 2:15 P.M.      Panel Member Introductions/Review & Adopt Minutes 5-8-20**
  
- 2:20 P.M.      Updated Statistics- Police Department & Medical Examiner's Office**
  
- 2:30 P.M.      Discussion: Current Topics: COVID-19 Effects & Responses;  
Panel Letters (sent via –email);  
Attendance requirements for Panel Members;  
Potential Panel Name Change;  
Panel Meeting Schedule;  
Youth Sub-Committee**
  
- 2:50 P.M.      Updates from Panel Members**
  
- 3:00 P.M.      Closing Remarks and Follow-Up Items**
  
- 3:15 P.M.      Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel-Meeting Minutes 7-10-2020**

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**Meeting Date:** July 10, 2020

**Location:** Virtual Meeting via Zoom

**Next Meeting Date:** September 23, 2020 – Public Hearing

### **Members in Attendance:**

Suffolk County Legislator Sarah Anker, Chair  
Suffolk County Legislator Tom Donnelly  
Suffolk County Legislator Samuel Gonzalez  
Suffolk County District Attorney Tim Sini  
Suffolk County Dept. of Health Services Commissioner Gregson Pigott  
Michael Caplan, Suffolk County Medical Examiner  
Linda Guida, Office of Suffolk County Legislator William Spencer  
Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey  
Erin Meunkle, Office of Suffolk County Sheriff Errol Toulon  
Inspector Stan Grodski, Office of Police Commissioner Geraldine Hart  
Ann Marie Csorny, Suffolk County Division of Mental Health and Hygiene  
Cari Faith Besserman, Suffolk County Division of Mental Health and Hygiene  
Andrea Neubauer, Suffolk County Probation Dept.  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
Julie Lutz, Suffolk County Superintendents' Association  
Pat Policastro, North Shore Youth Council  
Richard Rosenthal, Stony Brook University Hospital  
Kristie Golden, Stony Brook University Hospital  
David Cohen, Eastern Long Island Hospital  
Pamela Mizzi, Long Island Prevention Resource Center  
John Venza, Outreach House  
Antonette Whyte-Etere, NY OASAS Long Island Regional Office  
Anthony Rizzuto, FIST  
Jeffrey Reynolds, Family and Children's Association  
Robert McConville, Selden Fire Department Commissioner  
Veronica Carrier, Resident

**Recorder:** Laura Logan, Legislative Aide for Legislator Sarah Anker

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**I. Welcoming Remarks- Legislator Sarah Anker**

**II. Pledge**

**III. Moment of Silence**

**IV. Panel Member Introductions**

## **V. Updated Statistics – Medical Examiner’s Office & Police Department**

Dr. Michael Caplan reported that looking backward at fatal opioid trends before 2020, in 2016 was when we saw the largest positive percentage change at 39%. In 2017, there was a positive increase at 18.5%, and then 2018 was the first time we saw a decrease of 13%. For 2019, there is a projected decrease of 14.8%. As for 2020, as of July there were 180 fatal overdoses reported by the Suffolk County Police Department, of which 41 were confirmed by the Medical Examiner to be opioid deaths. That represents 88% of the total 139 deaths that are still pending. Compared to last year at this time, there were 55 confirmed fatal opioid overdoses with 105 cases pending.

There is a slight increase in the projection of this year compared to last year, but overall it seems numbers are decreasing and we will not see a peak like we did in 2016 and 2017. However, there has been an increase in suicides and overdoses from both opioids and other drugs. It is still too early to say if there will be a major increase from last year’s numbers.

Inspector Stan Grodski reported that there were only 125 fatalities at this time last year, and currently there are 180 reported in 2020. At this time in 2019, there were 570 nonfatal overdoses, as compared to 629 currently for 2020. In total there were 695 overdoses as of July 2019 and 809 total as of July 2020. There were 443 Narcan saves in 2019, and currently there have been 462 in 2020. Therefore, the usage of Narcan is increasing.

Dr. Caplan added that they have seen waves of increased activity in the past couple of weeks, and his office has been very busy. He would not be surprised to start seeing increased numbers in overdose and suicides. It is to be seen whether or not those overdoses include opioids or other drugs.

Anthony Rizzuto confirmed with both the Medical Examiner and Police Department that all numbers and statistics are based on the year-to-date.

Steve Chassman noted that now that we have this data, it is the panel’s job to do what it can to provide resources and create a plan to continue to help residents.

Inspector Grodski added that the police department created a PSA after doing a takedown of an organization that had been creating counterfeit pills, which were being advertised as oxy but were actually fentanyl. This organization has been tied to the overdoses they have reported. Inspector Grodski will send the PSA to Legislator Anker’s office for distribution to the panel. District Attorney Tim Sini also added that his office is seeing an increase in cocaine laced with fentanyl across New York State. There is also a PSA on that which will be distributed to the panel.

## **VI. Discussion, Action Items, and Updates**

Dr. Kristie Golden gave an overview of the letters she helped draft, which included a summary of regulations that were barriers to telehealth which have been waived now due to COVID-19. The letters request that these waivers be made permanent to enable providers to offer telehealth services post-pandemic. She also has become aware that other behavioral health organizations across the state have put out similar letters.

John Venza added that we have been trying to get ahead of impending cuts from state aid and is trying to advocate for federal money.

Legislator Anker asked the panel about creating legislation to amend the attendance rules for the panel. She would like to make it mandatory for members to attend at least two meetings and one public hearing as a rule to remain on the panel. She also asked the panel for their thoughts on reducing the panel schedule to three meetings and one public hearing a year.

Steve Chassman responded that if overdoses are going up, the panel should not reduce meetings. He offered the idea of creating subcommittees in order to maximize the efficiency and productivity of the panel.

Cari Besserman added to Steve Chassman's point on subcommittees that there is already a network of meetings and avenues to complete side work.

Mary Silberstein stated that this is not the time to reduce meetings, which so much happening. She agreed to reduce public hearings since public attendance is usually light, but to keep the panel's four meetings per year.

Legislator Anker agreed with this plan, and asked the panel members to cooperate with the new attendance rules and to continue to keep communication open. She also asked the members to submit their ideas for a new, more comprehensive panel name.

In regards to the formation of subcommittees, Anthony Rizzuto agreed with Cari Besserman that we should collaborate with already existing groups.

In regards to the panel name change, Dr. Richard Rosenthal asked for the mission statement of the panel. He noted that if the panel has a clear sense of its mission, the usage of subcommittees and potential new names will come from there.

Jeffrey Reynolds agreed that there should be work groups with deliverable goals. But adding more meetings just means having the same people talking about the same things, just in different rooms. The focus will continue to be on opioids, fentanyl, and everything else surrounding the mental health crisis. The use of subcommittees can be a more informal process.

Legislator Anker agreed that it would be beneficial to have panel members volunteer for subcommittees who can work on specific projects and bring focused updates to the panel.

District Attorney Sini added that he would like to create a subcommittee for diversion programs, which would focus on supporting existing programs and creating new ones based on what is working across the country.

Pat Policastro added that Suffolk County funds 80 youth agencies, and that the county should reach out to these youth agencies to find out from the young people how they have been effected by drugs and alcohol, especially in light of the coronavirus, and partner with the youth bureau to hear their voices and find out what is going on.

Linda Guido of Legislator Spencer's office noted that the Legislator's legislation on the youth committee has been put on the backburner because of the pandemic, but that his office is starting to work on it again. She said it will be set up by the next panel meeting.

John Venza expressed his interest in being involved with the youth panel, and noted that it's a no brainer that the panel needs to be tuned into the youth in order to get ahead of these issues.

Mary Silberstein noted that there are other coalitions and youth-based taskforces in Suffolk County which are funded by the federal drug free communities grants. Pam Mizzi will provide a list of these groups to the panel.

John Venza emphasized the importance of looking ahead to the situation with schools in the fall. Students' experiences have been greatly impacted by the pandemic. He said that it would be crazy to think that the kids have been staying home and not wanting to use drugs, especially with the lack of parental and school oversight. The schools are huge watchdogs in reporting youth cases.

Kristie Golden added that it might be beneficial for the panel to include an element of research. Richard Rosenthal agreed, saying that sometimes it is hard to get data so it would be good to have the opportunity to pool information together and get a higher grade of understanding of what's going on. In addition to the Medical Examiner and Police Department, there would be a

great benefit to collect other vital information. Mary Silberstein suggested it might be helpful to reach out to Wellbridge or Northwell.

Julie Lutz provided an updated on the schools. As of July 10, school had officially ended, with limited in-person programs. Districts are trying to decide what to do in the fall, and are awaiting the Governor's guidance. Part of the plan is addressing the mental health needs of the students. She noted that it is not surprising to see what is happening with kids right now. She has been receiving a lot of reports from teachers that you can see students' lives differently through virtual learning. Teachers are forming relationships with families and parents that never existed in the past. A big piece that's missing is seeing students separate from their parents. Also, students aren't coming into school for teachers to get a more physical and emotional sense of where they are at. She says that the same mechanisms are in place for reporting and providing support for students.

Legislator Anker asked panel members to send ideas and suggestions for a panel mission statement and for the potential name change. She liked Dr. Rosenthal's suggestion of "Behavioral Health Response Panel," which is more inclusive of all the areas the panel covers.

## **VII. Effects of COVID-19**

Steve Chassman noted that economically, the best things the panel can do is advocate to federal officials that without federal support, the budgets for Long Island will be cataclysmic on county services.

John Venza said that we are currently looking at about a 30% budget hold/cut which would close doors on vital programs and cost lives.

Mary Silberstein is very worried about these programs being at risk, especially when they have been doing well and were underfunded in the first place. She expressed that both herself and Jeff Reynolds, who are both on the Huntington taskforce, would like to create a PSA for available treatments because a big concern is that people do not know that certain agencies exist.

It was reported by Pat Ferrandino that Family Service League had received a grant to open a behavioral health clinic in Riverhead.

Anthony Rizzuto commented that the demand for such programs and clinics is going to dramatically increase.

Legislator Anker suggested that it might be a good idea to invite Newsday reporters to sit in on an informal meeting of the panel to voice its concerns and get information out to the public.

Jeff Reynold emphasized the importance of needing to push state and federal officials to preserve funding.

Mary Silberstein also briefly touched upon the issue of bars and restaurants selling alcohol "to-go" as a way to preserve business during COVID-19 business restrictions. While the intent is for consumers to bring their beverages home, she expressed concern that this practice is enabling the public to drink and congregate in the streets.

Legislators Donnelly and Gonzalez extended their support for the panel members and the incredible work that they do. Legislator Donnelly supports the idea of a virtual meeting of the panel and the media in order to highlight the work being done and the needs of the panel members and those they serve.

Legislator Anker reminded panel members to continue to send her office statistics, updates, and priorities.

## **IX. Adjournment**





## Suffolk County Heroin and Opiate Epidemic Advisory Panel Agenda

Friday, November 13<sup>th</sup> ~ 2:00 - 4:00 PM  
VIA ZOOM

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Public comments can be made via ZOOM by registering at:

<https://www.scnylegislature.us/ABpublichearing>

Public comments related to this Advisory Panel may also be made via email to: [contactlegislatoranker@suffolkcountyny.gov](mailto:contactlegislatoranker@suffolkcountyny.gov) or mailed to the attention of the Dorothy Cavalier, Office of Legislator Sarah Anker, 620 Route 25A, Suite B, Mount Sinai, NY 11766. Submitted comments will be distributed to the Panel Members.

- 2:00 P.M. Pledge of Allegiance, Moment of Silence, and Welcoming  
Remarks by Legislator Sarah Anker**
- 2:15 P.M. Panel Member Introductions/Review & Adopt Minutes 7-10-2020**
- 2:20 P.M. Updated Statistics- Police Department & Medical Examiner's Office**
- 2:30 P.M. Discussion: Current Topics: COVID-19 effects & responses;  
Panel name change;  
Attendance requirements for Panel Members;  
Adding potential new panel position;  
Panel meeting Schedule for 2021;  
Report materials due prior to 12-11-2020;  
Litigation update**
- 3:00 P.M. Updates from Panel Members**
- 3:10 P.M. Public Comment Period**
- 3:30 P.M. Closing Remarks and Follow-Up Items**
- 3:45 P.M. Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel-Meeting Minutes 11-13-2020**

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**Meeting Date:** November 13, 2020

**Location:** Virtual Meeting via Zoom

**Next Meeting Date:** February 5<sup>th</sup>, 2020

### **Members in Attendance:**

Suffolk County Legislator Sarah Anker, Chair  
Suffolk County Legislator Tom Donnelly  
Suffolk County Dept. of Health Services Commissioner Gregson Pigott  
Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey  
Natasha Marrero, Office of Suffolk County Legislator Samuel Gonzalez  
Erin Meunkle, Office of Suffolk County Sheriff Errol Toulon  
Colleen McKenna, Office of Suffolk County Sheriff Errol Toulon  
Kerri Ann Souto, Office of Suffolk County District Attorney Tim Sini  
Inspector Stan Grodski, Office of Police Commissioner Geraldine Hart  
Ann Marie Csorny, Suffolk County Division of Community Mental Hygiene Services  
Cari Faith Besserman, Suffolk County Division of Community Mental Hygiene Services  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
Julie Lutz, Suffolk County Superintendents' Association  
Richard Rosenthal, Stony Brook University Hospital  
Kristie Golden, Stony Brook University Hospital  
Janine Logan, Nassau/Suffolk Hospital Council  
Pamela Mizzi, Long Island Prevention Resource Center  
John Venza, Outreach House  
Antonette Whyte-Etere, NY OASAS Long Island Regional Office  
Anthony Rizzuto, FIST  
Robert McConville, Former Selden Fire Department Commissioner  
Steve Miller, Hope House Ministries  
Veronica Carrier, Resident

### **Also in attendance:**

Suffolk County Legislator Leslie Kennedy  
Lori Ann Novello, Lindenhurst Community Cares Coalition Inc.

**Recorder:** Emily Murphy, Legislative Aide for Legislator Sarah Anker

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### **I. Welcoming Remarks- Legislator Sarah Anker**

### **II. Pledge of Allegiance**

### **III. Moment of Silence**

### **IV. Panel Member Introductions/Review & Adopt Minutes 7-10-2020**

Legislator Sarah Anker read aloud each of the Heroin and Opiate Epidemic Advisory Panel Members that were present at the meeting.

Legislator Sarah Anker asked for a motion to approve the meeting minutes from July 10<sup>th</sup>, 2020. Legislator Tom Donnelly put forward the motion to adopt the July 10<sup>th</sup> minutes as they were presented. Pamela Mizzi seconded the motion. All panel members voted yes to adopt the minutes. The motion carried to adopt the meeting minutes for the July 10<sup>th</sup> meeting.

### **V. Updates Statistics- Police Department & Medical Examiner's Office**

Dr. Odette Hall was not present to provide an update from the Medical Examiner's Office

Inspector Stan Grodski from the Police Commissioner's office reported that from the start of the year to date, there were 305 fatal overdoses, 1,053 non-fatal overdoses, and 774 NARCAN saves. In comparison with last year there was 225 fatal overdoses (a 36% increase), 916 non-fatal overdoses (a 15% increase), and 709 NARCAN saves (a 9% increase). The observed communities with the most fatal overdoses are Coram (57) Medford (52), West Babylon (52), Shirley (49), Deer Park (40).

### **VI. Discussion of Current Topics**

#### **1. COVID-19 Effects and responses:**

Legislator Sarah Anker asked the panel members to share what they are seeing and experiencing at their agencies/organizations in regards to COVID-19 and its effects on those they serve.

Steve Chassman noted that the increase in the shared statistics from the Police Department are very concerning. He reported that LICADD's 24/hr line has observed that this is the first time in three to four years that opiates, fentanyl, heroin have surpassed alcohol as the primary drug of choice. For the last two years, the hotline has seen that alcohol was the most used drug. Steve Chassman noted that benzos have continued to be the second drug of choice. He reported that due to the heightened anxiety and fear in the country as a result of the COVID-19, its people's natural inclination to seek self-medications. He also asserted that due to these numbers rising, it is the job of the panel to create a concrete public messaging campaign to reduce the incidences of overdoses and to discuss how to best streamline prevention and provide access to care with attention on not losing all detox and mental health beds as COVID-19 rates increase, and what after-care and messaging look like. He stated that LICADD is seeing numbers that are consistent with what the police departments have observed. He went on to note that the death rate would be even higher if not for first responders and the availability of NARCAN. LICADD is continuing to distribute naloxone to communities and will be doing so in Shinnecock and the East End with a

live NARCAN training. LICADD will arrive with masks and gloves to distribute naloxone to whoever requests it.

Anthony Rizzuto shared that from the treatment perspective at FIST, they are seeing a drastic increase in AMA (against medical advice) rates from the people who make it to treatment. He reported that, through conversations with individuals involved in the criminal justice system, some of the changes that have come from bail reform have decreased the court's ability to persuade people to stay longer and receive treatment. For example, a charge that someone would normally receive 60 days for, is now not considered disorderly conduct, so there is less of an ability to get them to stay and receive treatment. Anthony Rizzuto mentioned that the beginning of treatment is physically uncomfortable and thus makes it difficult to get people to stay in treatment. He reported that FIST has seen a big increase in suicide, especially in youth suicide (14 year old, three 18 year olds, 17 year old). He further shared that the increased need for assistance and the economic effects of COVID-19 have made it difficult for providers to administer the care that is needed. Anthony Rizzuto echoed Steve Chassman in suggesting that the panel members should come up with a plan to help teach coping skills to individuals to be able to deal with the challenges that come with COVID.

Mary Silberstein added that providers recognize the stressors that are affecting the people that they service and are working on the best ways to support them. She noted that she has seen resources pertaining to developing coping skills to help decrease isolation and how to survive the holidays. The Town of Huntington's Opioid task force will be launching a PSA campaign to address COVID-19 and opioid usage at the end of November to get the word out. Mary Silberstein stated that this campaign will get the word out to the community so the public will feel less scared and know where to get help.

Pamela Mizzi stated that there needs to be a greater focus on teaching coping skills and addressing the mental health component of addiction. She shared that she is happy to report that the New York State Office of Addiction Services and Supports (OASAS) is being much more inclusive of mental health with the recent connections between OASAS and the New York State Office of Mental Health (OMH).

Legislator Sarah Anker added that mental health and addiction are co-occurring diseases. Legislator Sarah Anker asked Anthony Rizzuto to define AMA for everyone.

Anthony Rizzuto stated that AMA stands for against medical advice and is the term used when someone leaves treatment. He went on to share that at FIST, they are seeing people who are sicker and suffering from mental health and also a decrease in treatment commitment. Anthony Rizzuto stated that individuals not having the necessary coping skills for life results in an increased concern for opioid usage.

Legislator Sarah Anker asked the panel members to speak on the types of coping skills that would be helpful.

Pamela Mizzi stated some important coping skills are the building of resiliency and the understanding of the effect of trauma and early adverse childhood experiences.

Dr. Kristie Golden shared that there is an effort in Westchester to address the co-occurring disorders of mental health disorders and addiction. On December 3<sup>rd</sup>, the Westchester group will be presenting to the Regional Planning Consortia about what they done with the hope that they can share their experience and share some steps that can be recreated in Suffolk County to integrate the two service areas. Dr. Kristie Golden mentioned that anyone can attend that zoom meeting and that she will send the link to the panel. The Regional Planning Consortia is a group of providers and stakeholders that are focused on the managed Medicaid roll out and how providers are changing the way they do business to best work together with pain management care organizations. In Westchester County, they have put together a collaboration of the OMH providers and the OASAS providers to form a co-occurring system of care for different sections in the county to work out a process to help providers overcome hurdles of only being able to provide services to one population or another. This initiative may be used to address the issue of a person leaving the hospital and one provider not being able to treat both addiction and mental health challenges.

Legislator Sarah Anker thanked Dr. Kristie Golden for sharing about this initiative and urged that all these groups keep work together so everyone is on the same page to address the epidemic. Legislator Sarah Anker asked Anthony Rizzuto if he thought the changes brought with bail reform were affecting the individuals who are seeking treatment.

Anthony Rizzuto stated that there are many factors affecting the retention of individuals in treatment programs including bail reform, the anxiety related to losing a job, not knowing if they have a job, not knowing how they will pay the rent, and those who are coming in are having a hard time focusing on staying in treatment amongst the other factors in their life. COVID-19 has brought so much additional anxiety into individual's lives that they are having difficulty focusing on treatment. In regards to bail reform, there have been many individuals who thank their parole officers or a judge for forcing them into treatment because they wouldn't have done it otherwise. Anthony Rizzuto emphasized the importance at looking at the whole human being and working collaboratively with them to address their needs.

Legislator Sarah Anker asked if the panel members feel that judges still have the ability to help get people into treatment through the court systems.

John Venza added that judges have been helpful in the past in getting individuals into treatment. He went on to discuss person-centered care and how in many cases preventions have become less rigorous and less structured as a result of COVID. There has been an observed issue of not being able to do things like urine tests to ensure program compliance with remote treatment during COVID. John Venza expressed that people are not getting the right level of care for the right amount of time. In the two adolescent programs at Outreach, the number and severity of co-occurring disorders

has increased dramatically. He added that providers have to fight to get 28 days of care in an inpatient bed and that often that is not enough time. John Venza urged that outpatient care, private therapists, short term inpatient and long term inpatient care is needed, as well as getting folks in for the right level of care for the right amount of time. He warned that giving folks who are non-compliant with treatment the pill is not enough and that providers need to be engaging them as well in order to see long term change.

Legislator Sarah Anker thanked all the panel members for their part in fighting against the epidemic.

Dr. Kristie Golden asked if there is any research that exists that discusses what the impacts of reduced length of stay are on treatment.

John Venza reported that the last study about that topic that he was aware of was done in the mid 90's and that he would share that study with Dr. Kristie Golden. He went on to share that the study indicated there was a correlation with length of stay and outcomes of treatment.

Dr. Rick Rosenthal echoed that he has not seen any more recent studies. He also reported that without the use of maintenance medication for opioid use disorder, it has been observed that after detoxing, about 29% of people relapse on the day of discharge. Dr. Rick Rosenthal stated that without something protective in place such as medications for opioid use disorder (MOUD) or long term rehab care, there is a greater risk of relapse.

Dr. Kristie Golden stated that she would take responsibility to see what else is out there in regards to recent studies. John Venza agreed to join Dr. Kristie Golden in researching further.

Legislator Sarah Anker shared that she and her office wrote a letter to Governor Cuomo about the need to adjust bail reform further. Legislator Sarah Anker asked if the panel members would supply the office with some concrete ideas based on what they are observing of what needs to be changed more immediately.

Legislator Tom Donnelly suggested that the concerns regarding bail reform from the Heroin and Opiate Epidemic Advisory Panel can go through the Suffolk County Public Safety Committee to combine all the changes that need to be suggested to the state. Legislator Tom Donnelly suggested that some of the panel members attend the December or January Public Safety Meeting to discuss bail reform specifically to write a letter directly to the Governor.

Legislator Sarah Anker announced that she is now the Chair of the Suffolk County Health Committee and suggested that the Health Committee and Public Safety Committee could work together on that initiative to address the unintended consequences of bail reform. Legislator Sarah Anker noted that judges from the courts are saying



that their hands have been tied in regards to helping people get help after they are arrested.

Dr. Kristie Golden shared that she has collected some data involving what her and other doctors have been seeing through patients in CPEP that could be an impact of bail reform, judicial reform, correctional reform, state prison, and COVID that would be useful for the Public Safety Committee. Legislator Tom Donnelly stated that his office will connect with Legislator Sarah Anker's office to ensure that some of the panel members can come to the December Public Safety Meeting to discuss the local impact of the bail reform bills. Legislator Sarah Anker stated that they could write letters, send emails, and make phone calls in regards to the necessary changes.

Steve Chassman expressed that LICADD would like to attend the meeting and they have two of some of the first diversion programs in Suffolk County: in partnership with Suffolk County Police PIVOT (Preventing Incarceration Via Opportunities to Treatment) and in partnership with the District Attorney's office DOORS (Diversion Opening Opportunities for Recovery Services). The goal of these programs is to make sure that substance users don't get too entangled in the criminal justice system that they can't get access treatment and be successful.

Anthony Rizzuto added that there was a lot of good intentions and motives behind bail reform but that there are unintended consequences. At a recent meeting of the Nassau Heroin Task force, the legalization of marijuana was a topic of discussion. Anthony Rizzuto expressed concerns that the state of the word will lead youth to seek self-medication through marijuana and then lead to a substance use disorder.

John Venza reported that the growing body of research around cannabis shows that there are available products that have extremely high concentrations of THC such as solvents, waxes, and oils, that are harmful. He expressed his concern about this growing problem in adolescents.

Legislator Sarah Anker emphasized the importance of PSAs and getting the word out about these harmful products and that the panel's goal for 2021 should be to get the word out and educate adolescents about them.

Julie Lutz stated that coping skills are the key to success, but that unfortunately the cuts to funding have infringed on the ability to run the types of comprehensive coping skills programs that the schools would like to. She stated that mental health has been a focus area for the Suffolk County Superintendents and that Dr. Stephen Dewey will be doing a presentation about prevention and treatment along with Anthony Rizzuto for the Superintendents Association. Julie Lutz requested that the panel members share any messages or resources they have in regards to prevention and treatment that can be shared with the superintendents and the teachers at their schools. Julie Lutz expressed that educators are overwhelmed with COVID and doing their best to address the mental health of themselves and their students. A mental health module about the

effects of COVID on students was shared with the teachers so they can better recognize the warning signs and what is happening with their students to best connect them with the help they need. Julie Lutz reported that at the schools they are also seeing increases in mental health issues and suicide in students K-12. She reported that the consensus is that having students in school is better for their mental health than being at home, so the schools are trying their best to keep students in school as COVID cases begin to rise in Suffolk County.

Legislator Sarah Anker asked what the medical professionals on the panel have been seeing in regards to the effects of COVID on children.

Dr. Gregson Pigott reported that there have been very few COVID fatalities since June. He expressed concerns about the cycle of cases rising and then hospitalizations rising happening again. Dr. Gregson Pigott stated that the fatalities that are being seen are in older individuals who are over 70 or 80 and not in the younger population.

Legislator Sarah Anker reported that seniors in the community have expressed concerns about going out getting food and being exposed. There is still a fear of exposure from younger people to older people and how that effects the decision of keeping schools open. Legislator Sarah Anker asked Dr. Gregson Pigott about his suggestions for keeping students in schools but not drastically increasing COVID fatalities.

Dr. Gregson Pigott stated that the schools have been doing a good job of staying open and not increasing cases. The schools have been quarantining only individuals who have come in close contact with someone who has tested positive for COVID instead of the whole class or the whole school quarantining. The Health Department has found that they can efficiently mitigate the spread of COVID by using this method.

Legislator Sarah Anker stated that having a plan set in place across the state for schools in how to respond to COVID would be helpful and keep everyone on the same page.

Cari Faith noted that in regards to drug use prevention, agencies and organizations have gotten creative in the ways that they administer services to adapt to COVID. There is a need to be utilizing a crisis management perspective and discuss how everyone maintains the procedures that have been put in place to keep people from feeling like their only option is suicide. She mentioned that schools, families and agencies are all under collective distress and are in need of crisis management.

## **2. Panel name change:**

Legislator Sarah Anker made the suggestion of changing the panel's name to ASAP (Addiction Support and Prevention) Panel to encompass the meaning and mission of the panel. John Venza mentioned that there is a New York State Association of Substance Abuse Providers (ASAP) that may cause some confusion. Legislator Anker suggested APAS (Addiction Prevention and Support) Panel. Mary Silberstein stated

that she liked APAS. Legislator Sarah Anker asked if anyone had a problem with the name and to email any suggestions or concerns about the name change. None of members mentioned any issues with the name “APAS Panel.”

**3. Attendance requirements for Panel members:**

Legislator Sarah Anker stated that she will sponsor a resolution through the Legislature to change the name of the panel as well as update the attendance requirements for panel members. The updated requirements will state that all panel members must attend at least two meetings and one public hearing throughout the year. If any panel member cannot attend, they may send a representative from their entity in their place.

**4. Adding potential new panel position:**

Legislator Sarah Anker suggested that a new panel position be added to the panel for a court representative. Legislator Sarah Anker stated that her office will reach out to Jim Mullan to ask if he would be willing to join the panel to provide the perspective of the courts.

**5. Panel Meeting Schedule for 2021:**

Legislator Anker read the meeting schedule for the panel for 2021 that will all most likely be held over zoom: February 5<sup>th</sup>, May 7<sup>th</sup>, July 9<sup>th</sup>, September 22<sup>nd</sup> (Public Hearing), October 21<sup>st</sup> (Public Hearing), November 12<sup>th</sup>.

**6. Report Materials due prior to 12-11-2020:**

Legislator Sarah Anker reminded panel members to send her office any materials that they would like added to the yearly report by December 11<sup>th</sup>, 2020.

**7. Letter to New York State Commissioner of Health Howard Zucker**

Legislator Sarah Anker shared that her office drafted a letter, with the help of Dr. Richard Rosenthal and Jeffrey Reynolds, to New York State Commissioner of Health Howard Zucker to emphasis the importance of training medical providers in pain management. The letter expressed the need for more training for medical students related to addiction and pain.

Steve Chassman added that through working on the I STOP Legislation (Internet system to track over-prescribing) there was difficulty in getting continuing education around addiction added to the legislation.

**8. Litigation update:**

Legislator Sarah Anker stated that her office sent articles to the panel about the litigation involving Purdue pleading guilty to three criminal charges (October 21<sup>st</sup>, 2020)

with a settlement of 8 billion dollars. Inspector Stan Grodski added that New York is opposing the settlement and the county has been working with the police department on litigation against Purdue. Legislator Sarah Anker also mentioned a 26 billion dollar settlement offer from three major drug distributors and large manufacturers.

Inspector Stan Grodski provided an update in regards to work with the District Attorney's office on a court overdose trial which resulted in convictions for two counts of sale third. He emphasized that this court conviction is a precedent-setting case because they were able to tie in some of the sales based solely on the high levels of fentanyl in the toxicology reports in combination with cell phone data to further prove the meets and locations. Inspector Stan Grodski stated that at the police department, they are starting to see more PCP and methamphetamines in the area. Anthony Rizzuto and Steve Chassman noted that their organizations are seeing the same thing on the treatment and prevention end.

## **VII. Updates from Panel Members**

Steve Chassman suggested that it is the panel's task to come up with an emergency crisis management or contingency plan given the overdose rates that have risen in the area to inform the public and reduce the numbers of overdoses.

Legislator Sarah Anker agreed that this kind of initiative would be important to work on. Ann Marie Csorny asked for clarification of what a crisis management plan would look like. She stated that the Suffolk County Division of Community Mental Hygiene Services' procedure has been to connect people with quick access to care through the DASH program.

Steve Chassman clarified that he was envisioning all the organizations working together on public messaging through media and letting people know that there are options out there to reach out to in regards to addiction such as 24/hr lines, DASH, and access to treatment. He added that the continued distribution of naloxone should be a priority as well.

Ann Marie Csorny reported that the Suffolk County's Division of Community Mental Hygiene Services has been trying to connect with primary care physicians and speaking with DASH on how they could be a resource for primary care physicians when it comes to connecting people to services related to substance use and mental health.

Steve Chassman added that DASH has been a great resource.

Legislator Sarah Anker asked if the county has a contact list for every physician in Suffolk County.

Ann Marie Csorny reported that they don't have every physician, but that the county does utilize a list from the Medical Society, which includes about 1500 or more physicians. She added that other physicians like Dr. Kristie Golden could help spread the word to their networks. The de-

partment has also been looking into an electronic system of contacting physicians to assist in information dissemination and patient follow up for coordinated care.

Legislator Sarah Anker stated that physicians should be informed that the fatal overdoses are up 36% and that the resource guide should be attached to that notification for them to have access to the various resources that are available. Legislator Sarah Anker asked where the health notifications go when they are sent out through the county.

Ann Marie Csorny stated that they are sent to anyone who subscribes through the county and that physicians must sign up for those notifications to receive them.

Legislator Sarah Anker suggested that a law should be created that requires that all practicing physicians in Suffolk County to sign up for the Suffolk Health Department alerts.

Dr. Kristie Golden added that there have been obstacles on the state and federal level to private physician offices being connected to behavioral health providers. Stony Brook Hospital recently provided feedback to OMH and OASAS that they are in support of the two entities joining together. Dr. Golden asserted that this merger would provide the organizations the ability to be advocates in addressing the obstacles that prevent primary physicians from having access to behavioral health providers in their offices.

Legislator Sarah Anker asserted that the alert notifications could be helpful in keeping physicians informed about what other physicians are seeing so they can also more easily diagnose when things come up. Legislator Sarah Anker asked how the Health Department has been getting the word out to the doctors about health crises. Legislator Sarah Anker stated that she would be willing to create legislation that requires providers to register with the Health Department to receive the alerts.

Dr. Kristie Golden noted that she believed that many of the providers are signed up for the alerts on Department of Health letterhead.

Ann Marie Csorny stated that she will confirm if the alerts only go to those who have signed up for them. Legislator Sarah Anker added that she would like to find out about that to ensure that the Health Department is able to disseminate this vital information.

Anthony Rizzuto added that getting the information to the doctors is a great idea but that it needs to be extended to the public as well. The PSA should let people know that the numbers of suicides, mental health issues and overdoses are increasing and also provide them with the information about the resources that are available.

Steve Chassman added that he agrees that the PSA should also be geared toward the public and be focused on the holiday season to address the rising numbers the county is seeing.

Legislator Sarah Anker agreed that this PSA could be a priority for the panel next year.

Legislator Sarah Anker invited Lori Ann Novello to speak at the meeting as she had filled out a public speaker card.

## **VIII. Public Comment Period**

Lori Ann Novello stated that she runs a prevention coalition in Lindenhurst New York that will be partnering with the Town of Babylon and acts as a conduit to services. She added that she sits on the Suicide Prevention Coalition and noted that the meeting touched on a lot of the topics that will be covered in an upcoming conference. The conference will be held on Tuesday, December 8<sup>th</sup> from 10:00AM to 1:00PM and cover topics including resilience, strength, coping skills, non-traditional methods in crisis service during the time of COVID, and will feature a guest speaker. The conference was inspired by the increased numbers of suicide that are being observed in the county. Lori Ann Novello added that she shared a resource in the zoom chat from a federal granted committee, Opioid Response Network, which will be hosting trainings on reaching students during the COVID-19 pandemic. Lori Ann Novello added that she is happy to hear that the panel is talking about things that she sees happening in her community including homelessness. She and her prevention coalition, Lindy Cares, partnered with the Long Island Rail Road (LIRR) Quality of Life Task Force to talk about homelessness and discussed the difficulty people are having in reaching services. She added that they also have Youth Coalitions that meet and at these meetings, the youth are asking for mental health services. The coalition hasn't found something that fits the youth's needs for their upcoming Youth Summit. She asked if anyone on the panel had any ideas of services that would be a good fit for the youth and if they could reach out to her if they did. Lindy Cares organized an evidence based drug collection with the police and was able to collect 165 pounds with the participation of 70 cars. In regards to community prevention, Lindy Cares has been doing service work to keep people busy. They operate as a conduit to professional services for those who need that connection. In addition, they have a "warm line" with two Masters of Social Workers answering the line and responding. This line can also be used for referrals to treatment. Lindy Cares is working on a PSA campaign and they are looking for the right messaging to use to reach the public. They currently have grant money to pay for the campaign and mentioned that they would appreciate if some of the panel members connected with them to create the messaging of the PSA.

Legislator Sarah Anker stated that her office would provide Lori Ann Novello's contact information to the panel. Lori Ann Novello is from Lindenhurst Community Cares Coalition Inc. and Babylon Cares Project. Legislator Sarah Anker stated that the panel would work with Lindenhurst Community Cares Coalition to get the messaging out to those who are of target populations. Legislator Sarah Anker mentioned that students from Suffolk County Community College could be of help with the messaging for the PSA and suggested the idea of making it a contest in the local school districts. She encouraged each organization to create a PSA and the office could help get it on the air by contacting local news stations and sharing it on social media.

Guy Calla from Legislator McCaffrey's office added that the work of Lori Ann Novello and Lindenhurst Community Cares Coalition has positively impacted many students in the local middle and high schools. Guy Calla suggested that if the panel will be adding members to the panel, that Lori Ann Novello be considered as a potential future panel member.

Anthony Rizzuto thanked Lori Ann Novello for her service in honor of Veterans Day.



Inspector Stan Grodski reminded the panel that the statistics that were shared earlier in the meeting were for all overdoses and not just the numbers for heroin. He added that the overdoses that are included in the statistics are usually a combination of drugs such as fentanyl, cocaine and other drugs. The statistics also do not come from toxicology reports, but instead come from what is observed. Toxicology reports take longer to get statistics so the department goes based on observations and what is told to the police upon arrival. Inspector Stan Grodski added that for heroin overdoses there was 18 fatal overdoses as compared to 31 last year (a 42% decrease).

Cari Faith added that the Suffolk County's Division of Community Mental Hygiene Services has noticed that there has been an increase in fatal overdoses that are cocaine related but that they don't know which or how many overdoses are related to other substances being cut into the cocaine. The trends of the reports from the Medical Examiner from the last few months shows there's a lot of cocaine. Cari Faith mentioned that sometimes people don't realize they are using opioids because they are cut into drugs that they are using and that warning should be included in the PSA. Cari Faith added that Partners in Prevention Work Group is also working on a messaging campaign focused on underage drinking.

Mary Silberstein added that in a recent webinar from the National Council, there was a presenter that mentioned the nationwide increase in cocaine and fentanyl and the overdoses that are happening as a result. Mary Silberstein mentioned that if she can get the power point slides for the presentation, she would share it with the panel.

Legislator Sarah Anker asked what other "stuff" the medical examiner's office has been seeing in cocaine.

Cari Faith stated that in the medical examiner's shared statistics, there is a breakdown of the opioids that were present in the overdose fatalities and that the fatality is likely due to the presence of the opioids. Cari Faith added that it's important to note the trends that are appearing.

John Venza added that Dr. Caplan's report showed that cocaine had the highest increase in overdoses starting a year ago. John Venza noted that the kids that he is seeing are mentioning "xanny bars" that are 2 or 3 milligrams and that he thinks that this high milligram prescriptions are potentially dangerous.

Legislator Sarah Anker summarized that the panel has a lot of work to do.

## **IX. Closing Remarks and Follow-Up Items**

Legislator Sarah Anker went over the action items for the panel. The action items were as follows:

1. The panel should reach out to Lori Ann Novello with their ideas for a PSA.
2. Legislator Sarah Anker's office will work on making sure the Suffolk alerts and the opioid resource guide are sent to all the private practitioners and physicians in the county.
3. The panel will discuss a crisis management plan for addiction in collaboration with DASH.

4. Legislator Sarah Anker's office will continue to work on establishing a Suffolk County website focused on opioids and addiction resources.
5. The panel will work on a PSA for information about the current rise in overdose deaths and substance use
6. Panel members will send any additional resources or information they would like added into the annual report to Legislator Sarah Anker's office before December 11<sup>th</sup>

Cari Faith suggested that at the next meeting the panel should invite someone to speak about the Healing Community Project and update the panel on the work that is being done. The Town of Brookhaven was chosen to receive the Healing Communities Grant because of the large population which is about 500,000 people. The work of the Healing Community Project targets reducing the opioid death overdoses in the town using a multi-prong approach including media campaigns. Cari Faith will share the work plans of the group to update the panel.

Legislator Sarah Anker asked for an update from Cari Faith about the Healing Community Project to add into the annual report.

**X. Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel Public Hearing**

*Wednesday, September 23, 2020 ~ 5:30 PM  
Hauppauge Legislative Auditorium – William H. Rogers Legislative Building  
VIA ZOOM*

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- 5:30 P.M. Pledge of Allegiance, Moment of Silence, and Welcoming Remarks by Legislator Sarah Anker**
- 5:45 P.M. Panel Member Introduction**
- 5:50 P.M. Overview of Public Hearing Format**
- 6:00 P.M. Public Hearing**
- 7:25 P.M. Closing Remarks by Legislator Anker**
- 7:30 P.M. Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel**

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**Public Hearing Date:** September 23, 2020

**Location:** Via ZOOM

**Next Public Hearing:** October 22, 2020

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### **Members in Attendance:**

Suffolk County Legislator Sarah Anker  
Suffolk County Legislator Sam Gonzalez  
Suffolk County Legislator Tom Donnelly  
Suffolk County Health Department Commissioner Gregson Pigott  
Ann Marie Csorny, Suffolk County Division of Mental Health and Hygiene  
Dr. Michael Caplan, Medical Examiner  
Andrea Neubauer, Director Suffolk County Probation  
David Cohen, Stony Brook Eastern Long Island Hospital  
Patrick Policastro, North Shore Youth Council  
Jeff Reynolds, Family and Children Services  
Julie Lutz, Suffolk County Superintendent's Association  
Mary Silberstein, Suffolk County Communities of Solution/CN Guidance  
Kristie Golden, Stony Brook University Hospital  
Richard Rosenthal, Stony Brook University Hospital  
Janine Logan, Nassau-Suffolk Hospital Council  
Steve Chassman, LICADD  
Robert McConville, Selden Fire Department  
Anthony Rizzuto, FIST  
Pat Ferrendino, Quality Consortium & Family Service League of SC  
Janine Logan, Nassau/Suffolk Hospital Council  
Pamela Mizzi, Long Island Prevention Resource Center  
Antonette Whyte-Etere, OASAS, LI regional Office  
Veronica Carrier, Resident  
Inspector Stan Grodski, Representative for Commissioner Geraldine Hart's Office  
Colleen McKenna, Representative for SC Sheriff Errol Toulon's Office  
Kerri Ann Souto, Representative for District Attorney Tim Sini's Office  
Stephanie Ruales, North Shore Youth Council

### **I. Pledge**

### **II. Moment of Silence**

### **III. Introduction of Panel Members**

#### **IV. Opening Remarks and Overview of Public Hearing Format**

Legislator Anker thanked panel members for attending and present members of the public for their participation in the public hearing. The Heroin and Opiate Epidemic Advisory Panel is required by legislation to hold two public hearings in the year to allow for open communication between concerned residents and the panel members. Speakers were asked to register to receive the ZOOM link for the meeting.

#### **V. Public Comment**

##### **Margaret Brophy, Westhampton Beach, New York**

Margaret Brophy addressed the need for pain management education. She commented that pain management patients are unable to get properly managed medications. She also discussed the way that opioid overdose deaths are reported in the County.

##### **Stephanie Hunter, Riverhead, New York**

Stephanie Hunter addressed the need for chronic pain management education and a change in the way that pain medications are prescribed.

##### **Karen L. Pike, Medford, New York**

Karen pike spoke about Donovan's Humanity Law. The potential new law would hold those individuals accountable who fail to call 911 during an overdose. It would also hold individuals criminally responsible if they neglect to help or commit further crimes against an individual during an overdose. She asked for support for Donovan's Humanity Law.

#### **VI. Closing Remarks**

Legislator Anker thanked all of the panel members, speakers, and hearing attendees for attending and participating in the discussion. A second public hearing will be held on October 22<sup>nd</sup> via ZOOM at 5:30pm.

#### **VII. Public Hearing is Adjourned**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel Public Hearing**

*Thursday, October 22<sup>nd</sup>, 2020 ~ 5:30 PM  
VIA ZOOM*

---

**5:30 P.M. Pledge of Allegiance, Moment of Silence, and Welcoming  
Remarks by Legislator Sarah Anker**

**5:45 P.M. Panel Member Introduction**

**5:50 P.M. Overview of Public Hearing Format**

**6:00 P.M. Public Hearing**

**7:25 P.M. Closing Remarks by Legislator Anker**

**7:30 P.M. Adjournment**

**NEXT MEETING:           NOVEMBER 13, 2020  
2-4pm  
VIA ZOOM**





## **Suffolk County Heroin and Opiate Epidemic Advisory Panel**

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**Public Hearing Date:** October 22, 2020

**Location:** Via ZOOM

**Next Meeting:** November 13, 2020

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### **Members in Attendance:**

Suffolk County Legislator Sarah Anker  
Suffolk County Health Department Commissioner Gregson Pigott  
David Cohen, Stony Brook Eastern Long Island Hospital  
Jeff Reynolds, Family and Children Services  
Julie Lutz, Suffolk County Superintendent's Association  
Mary Silberstein, Suffolk County Communities of Solution/CN Guidance  
Kristie Golden, Stony Brook University Hospital  
Steve Chassman, LICADD  
Robert McConville, Selden Fire Department  
Anthony Rizzuto, FIST  
Pat Ferrendino, Quality Consortium & Family Service League of SC  
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Veronica Carrier, Resident  
Inspector Stan Grodski, Representative for Commissioner Geraldine Hart's Office  
Kerri Ann Souto, Representative for District Attorney Tim Sini's Office  
Stephanie Ruales, North Shore Youth Council  
Diana Torres, Representative for Suffolk County Legislator Sam Gonzalez's Office  
Guy Calla, Representative of Suffolk County Legislator Kevin McCaffrey's Office

### **I. Pledge**

### **II. Moment of Silence**

### **III. Introduction of Panel Members**

### **IV. Opening Remarks and Overview of Public Hearing Format**

Legislator Anker thanked panel members for attending and present members of the public for their participation in the public hearing. The Heroin and Opiate Epidemic Advisory Panel is required by legislation to hold two public hearings in the year to allow for open communication between concerned residents and the panel members. Speakers were asked to register to receive the ZOOM link for the meeting.

## **V. Public Comment**

### **Karen L. Pike, Medford, New York**

Karen pike spoke about Donovan's Humanity Law. The potential new law would hold those individuals accountable who fail to call 911 during an overdose. It would also hold individuals criminally responsible if they neglect to help or commit further crimes against an individual during an overdose. She asked for support for Donovan's Humanity Law. Karen also mentioned that Senator Monica Martinez would be introducing Donovan's Humanity Law at the state level and that the Drug-Induced Homicide Law has already been introduced.

### **Anthony Parisi, Community Action for Social Justice**

Anthony Parisi mentioned that his organization does provide fentanyl test strips for anyone who is interested. He provided his contact information.

### **Victoria Sunseri, Farmingville, New York**

Victoria spoke about the need for a new way of communicating the various available addiction related resources to private medical providers to utilize for referrals for their patients.

## **VI. Closing Remarks**

Legislator Anker thanked all of the panel members, speakers, and hearing attendees for attending and participating in the discussion. The next meeting will be held on November 13<sup>th</sup>, 2020 from 2-4pm via ZOOM.

## **VII. Public Hearing is adjourned**

**Steven Bellone**  
Suffolk County Executive



H. Lee Dennison Bldg.  
100 Veterans Memorial Hwy  
P.O. Box 6100  
Hauppauge, NY 11788

**2020**  
(REV 3/20)

# Suffolk County Directory of Behavioral Health Services

**Guide to Services and Supports**

**Ann Marie Csorny, LCSW-R, DIRECTOR**  
Suffolk County Division of Community Mental Hygiene Services  
725 William J. Lindsay Complex - Building C016  
Hauppauge, New York 11788-0099  
(631) 853-8500 • Fax (631) 853-3117



## COUNTY OF SUFFOLK



**STEVEN BELLONE**  
SUFFOLK COUNTY EXECUTIVE

**DEPARTMENT OF HEALTH SERVICES**

**GREGSON H. PIGOTT, MD, MPH**  
Commissioner

April 27, 2020

Dear Suffolk County Resident,

I am pleased to present this updated comprehensive directory of behavioral health prevention, education, treatment, recovery services and supports. The directory is the result of efforts of the Division's various subcommittees and workgroups. The services listed vary, so we have provided a glossary of terms to assist you.

The past year has been an exciting year for the residents of Suffolk County, In March of 2019 we launched the first ever comprehensive behavioral health countywide crisis response initiative. DASH (Diagnostic, Assessment, and Stabilization Hub) opened its doors to serve the residents of Suffolk County. Over the past year more than five thousand (5,000) Suffolk County residents were seen on site; most linked to the provider of their choice in the community for ongoing care.

The DASH program operates 24/7/365 providing a wide range of services for persons and their families experiencing behavioral health needs. You can access the program via the hotline (631) 952-3333, in person at the center in Hauppauge, or a Mobile Response Team can visit with you in the community.

If you have revisions or updates to the information found in this directory, please contact the Suffolk County Department of Health, Division of Community Mental Hygiene Services by telephone at (631) 853-8500.

Sincerely,

*Ann Marie Csorny*

Ann Marie Csorny, LCSW, Director  
Suffolk County Division of Community Mental Hygiene Services



DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES  
William J. Lindsay County Complex, Bldg. C016  
725 Veterans Memorial Highway, PO Box 6100, Hauppauge, NY 11788  
(631) 853-8500 | Fax (631) 853-3117

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**EMERGENCY PHONE NUMBERS & CRISIS INTERVENTION SERVICES**

Suffolk County Crisis Response - DASH (Diagnostic, Assessment, and Stabilization Hub) - 90 Adams Ave., Hauppauge, NY 11788	(631) 952-3333
CPEP Program at Stony Brook (Psychiatric ER)	(631) 444-6050
Crisis Residence (Pilgrim)	(631) 761-2929
Domestic Violence, Sexual Assault 24-hr. Hotline	(631) 360-3606
Community Crisis Action Team/Joe's Project – Family Service League	(888) 375-2228
Response Hot Line - <a href="http://www.responsehotline.org">www.responsehotline.org</a>	(631) 751-7500
LICADD Substance Abuse Hotline 24-hr. Hotline	(631) 979-1700
Suicide Prevention Lifeline	(631) 800-273-TALK (8255)
Talbot House, 24-hr. Substance Abuse Crisis	(631) 589-4144
APS (Adult Protective Services)	(631) 854-3195
CPS (Child Protective Services)	(800) 342-3720
Long Island Crisis Center	(516) 679-1111
SC Department of Social Services Emergency Services-Hotline (4:30pm- 8 am)	(631) 854-9100
SC Department of Social Services Commissioner's Response Unit (8am-4:30pm)	(631) 854-9935
Sagamore Children's Crisis Respite House & Suffolk Crisis Respite Bed Network	(631) 370-1701
Children's Home Based Crisis Intervention (WELLIFE Network LINK)	(631) 920-8302

**INPATIENT PROGRAMS**

**MENTAL HEALTH**

Location	INPATIENT PSYCHIATRIC PROGRAMS	Address	Phone	Pop
Amityville	BRUNSWICK HALL (Division of Brunswick Hospital)	81 Loudon Ave Amityville, NY 11701	(631) 789-7130	Adult & Children
Amityville	SOUTH OAKS HOSPITAL	400 Sunrise Hwy Amityville, NY 11701	(631) 608-5610	Adult & Children
Dix Hills	SAGAMORE CHILDREN'S PSYCHIATRIC CENTER	197 Half Hollow Rd Dix Hills, NY 11746	(631) 370-1700	Children
Greenport	EASTERN LONG ISLAND HOSPITAL	201 Manor Place Greenport, NY 11944	(631) 477-1000 x 5394	
Huntington	HUNTINGTON HOSPITAL	270 Park Avenue Huntington, NY 11743	(631) 351-2434	
Northport	VETERANS ADMINISTRATION MEDICAL CENTER	79 Middleville Rd Northport, NY 11768	(631) 261-4400 x2785	
Patchogue	LONG ISLAND COMMUNITY HOSPITAL	101 Hospital Road Patchogue, NY 11772	(631) 654-7760	
Port Jefferson	JOHN T. MATHER MEMORIAL HOSPITAL	75 N Country Rd Port Jefferson, NY 11777	(631) 473-1320 x 5800 (18+) x 5820 (12-17)	Adult & Adolescents (12-17)



Smithtown	ST. CATHERINE OF SIENA MEDICAL CENTER	50 Rte. 25A Smithtown, NY 11787	(631) 862-3000	
Stony Brook	STONY BROOK UNIVERSITY HOSPITAL	101 Nichols Rd Stony Brook, NY 11794	(631) 687-8333	Adult & Children
West Brentwood	PILGRIM PSYCHIATRIC CENTER (NYS OMH)	998 Crooked Hill Rd W. Brentwood, NY 11717	(631) 761-3500	

Location	PARTIAL HOSPITALIZATION & DAY TREATMENT	Address	Phone	Pop
Dix Hills	SAGAMORE CHILDREN'S PSYCHIATRIC CENTER, DAY TREATMENT PROGRAM	197 Half Hollow Rd Dix Hills, NY 11746	(631) 370-1895	Children
Amityville	SOUTH OAKS HOSPITAL PARTIAL HOSPITALIZATION PROGRAM	400 Sunrise Hwy Amityville, NY 11701	(631) 608-5340 (631) 608-5885	Children
Port Jefferson	JOHN T. MATHER MEMORIAL HOSPITAL, PARTIAL HOSPITALIZATION PROGRAM	100 Highland Blvd Suite 201 Port Jefferson, NY 11777	(631) 473-3877 x 17955 (A) x 14858 (C)	Adult & Adolescents (12-17)

### ***SUBSTANCE USE DISORDERS***

Location	DETOXIFICATION (Withdrawal & Stabilization)	Address	Phone	Pop
Amityville	SOUTH OAKS	400 Sunrise Highway Amityville, NY 11701	(631) 608-5610	Adult & Children
Bohemia	CATHOLIC CHARITIES TALBOT HOUSE	30-C Carlough Road Bohemia, NY 11716	(631) 589-4144	Adult & Children
Greenport	STONY BROOK, EASTERN LONG ISLAND HOSPITAL	201 Manor Place Greenport, NY 11944	(631) 477-5148	
Hampton Bays	LONG ISLAND CENTER FOR RECOVERY	320 W. Montauk Hwy Hampton Bays, NY 11946	(631) 728-3100	
Lake Ronkonkoma	PHOENIX HOUSE of LI, Inc.	153 Lake Shore Rd Lake Ronkonkoma, NY 11779	(631) 306-5710	
Port Jefferson	ST. CHARLES HOSPITAL	200 Belle Terre Road Port Jefferson, NY 11777	(631) 474-6981	
Westhampton Beach	SEAFIELD CENTER	7 Seafield Lane Westhampton Beach, NY 11978	(631) 288-1122	
Location	INPATIENT - REHABILITATION	Address	Phone	Pop
Amityville	SOUTH OAKS	400 Sunrise Highway, Amityville NY 11701	(631) 608-5610	

Brentwood	CHARLES K. POST ATC	998 Crooked Hill Road, Bldg 1, West Brentwood, NY 11717	(631) 434-7207	
Greenport	EASTERN LONG ISLAND HOSPITAL	201 Manor Place Greenport, NY 11944	(631) 477-8877	
Hampton Bays	LONG ISLAND CENTER FOR RECOVERY	320 W. Montauk Hwy, Hampton Bays, NY 11946	(631) 728-3100	
Port Jefferson	ST. CHARLES HOSPITAL	200 Belle Terre Rd Port Jefferson, NY 11777	(631) 474-6233	
Westhampton Beach	SEAFIELD CENTER	7 Seafield Lane Westhampton Beach, NY 11978	(631) 288-1122	
<b>Location</b>	<b>RESIDENTIAL</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Brentwood	CHARLES K. POST ATC	998 Crooked Hill Rd, Bldg. 1 PPC Campus, W. Brentwood, NY 11717	(631) 434-7200	
Brentwood	OUTREACH House II	400 Crooked Hill Road, Brentwood, NY 11717	(631) 231-3232	Adolescent
Brentwood	OUTREACH Recovery Center at Pilgrim State	998 Crooked Hill Rd, Bldg 5, Brentwood, NY 11717	(631) 521-8400	Adult
Brentwood	OUTREACH Recovery Residential for Women	400 Crooked Hill Road, Brentwood, NY 11717	(631) 469-6200	
Dix Hills	SCO MADONNA HEIGHTS – Morning Star I	151 Burrs Lane, Dix Hills, NY 11746	(631) 643-0849	Adult Women
Dix Hills	SCO MADONNA HEIGHTS – Morning Star II	151 Burrs Lane, Dix Hills, NY 11746	(631) 643-6663	Adult Women / Child to age 5
East Hampton	THE DUNES	201 Ford Pond Blvd, Suite 1, E. Hampton, NY 11937	(631) 604-5405	
Hauppauge	PHOENIX HOUSE of LI, Inc.	220 Veterans Hwy, Hauppauge, NY 11788	(631) 979-0922	
Lake Ronkonkoma	PHOENIX HOUSE of LI, Inc.	153 Lake Shore Rd Lake Ronkonkoma, NY 11779	(631) 306-5710	
Wainscott	PHOENIX HOUSE of LI, Inc.	95 Industrial Rd, Wainscott, NY 11975	(631) 537-2891	

## OUTPATIENT PROGRAMS

### CLINICS: MENTAL HEALTH

Location	OUTPATIENT CLINICS	Address	Phone	Pop
Amityville	SOUTH OAKS AFFILIATE	400 Sunrise Hwy, Amityville, NY 11701	(631) 608-5620 (631) 608-5900	Adult & Children
Bay Shore	CATHOLIC CHARITIES Bay Shore Center	21 4 <sup>th</sup> Ave Bay Shore, NY 11706	(631) 665-6707	Adult & Children
Bay Shore	FAMILY SERVICE LEAGUE The Iovino South Shore Family Center	1444 Fifth Ave. Bay Shore, NY 11706	(631) 647-3100	Adult
Bay Shore	RBK PEDIATRICS (satellite of CATHOLIC CHARITIES)	20A South Saxon Ave. Bay Shore, NY 11706	(516) 736-5216	Children
Brentwood	BRENTWOOD MENTAL HEALTH CLINIC	1841 Brentwood Rd. Brentwood, NY 11717	(631) 853-7300	Adult & Children
Center Moriches	COMMUNITY COUNSELING SERVICES	408 Main St South, Ste 3 Center Moriches, NY 11934	(631) 874-0185	
Central Islip	FAMILY SERVICE LEAGUE The Central Islip Clinic	320 Carleton Ave, Central Islip, NY 11722	(631) 663-4300	Adult & Children
Commack	RBK PEDIATRICS (satellite of CATHOLIC CHARITIES)	646 Commack Rd Commack, NY 11725	(516) 736-5216	Children
Copiague	New Horizons Counseling Center	445 Oak Street Copiague, NY 11726	(631) 257-5173	Adult & Children
Dix Hills	SCO MADONNA HEIGHTS	151 Burrs Ln Dix Hills, NY 11746	(631) 253-3480	Adult & Children
East Hampton	FAMILY SERVICE LEAGUE East Hampton Center	316 Accabonac Rd, E. Hampton, NY 11937	(631) 324-3344	Adult & Children
Farmingville	FARMINGVILLE MENTAL HEALTH CENTER	15 Horseblock Pl, Farmingville, NY 11738	(631) 854-2552	Adult & Children
Greenport	FAMILY SERVICE LEAGUE, Greenport Clinic	Sterling Commons, Unit 27, Front Street,	(631) 298-8642	Adult & Children

		Greenport, NY 11944		
Hauppauge	FAMILY WELLNESS CENTER (FREE)	120 Plant Ave. Hauppauge, NY 11788	(631) 273-1300	Adult
Huntington	FAMILY SERVICE LEAGUE	55 Horizon Dr Huntington, NY 11743	(631) 396-2300	Adult & Children
Islip	YOUTH ENRICHMENT SERVICES (YES)	401 Main Street, Room 108, Islip, NY 11751	(631) 446-1950	Adult & Children
Mastic	FAMILY SERVICE LEAGUE Mastic Center	1235 Montauk Highway, Mastic, NY 11950	(631) 924-3741	Adult & Children
Mattituck	FAMILY SERVICE LEAGUE Mattituck Center – North Fork Counseling	7555 Main Rd., Mattituck, NY 11952	(631) 298-8642	Adult & Children
Medford	CATHOLIC CHARITIES Medford Center	1727 North Ocean Avenue, Medford, NY 11763	(631) 654-1919	Adult & Children
Medford	YAPHANK ADULT & GERIATRIC Pilgrim Outpatient Center	31 Industrial Blvd., Medford, NY 11763	(631) 924-4411	Adult
Oakdale	SKILLS UNLIMITED MENTAL HEALTH CLINIC	405 Locust Avenue, Oakdale, NY 11769	(631) 567-1626	Adult
Patchogue	FEDERATION OF ORGANIZATIONS Wyandanch Mental Health Clinic, Eastern Satellite	456 Waverly Ave., Patchogue, NY 11772	(631) 782-6200	Adult
Patchogue	SAGAMORE CHILDREN'S CENTER Waverly Avenue Clinic	440-14 Waverly Ave Patchogue, NY 11772	(631) 654-2077	Children
Port Jefferson	JOHN T. MATHER OUTPATIENT Mental Health Clinic	125 Oakland Ave, Ste. 303 Port Jefferson, NY 11777	(631) 729-2140	Adult
Port Jefferson	HOPE HOUSE MINISTRIES	1 High St, Port Jefferson, NY 11777	(631) 928-2377	Adult
Riverhead	FAMILY SERVICE LEAGUE Riverhead Center	400 West Main St. Riverhead, NY 11901	(631) 369-0104	Adult



Riverhead	OPTI HEALTHCARE MENTAL HEALTH CENTER – Riverhead Center	883 E. Main St, Riverhead, NY 11901	(631) 284-5500	Adult
Riverhead	PECONIC CENTER Pilgrim Outpatient Center	550 E. Main St, Ste 103, Riverhead, NY 11901	(631) 369-1277	Adult
Riverhead	RIVERHEAD MENTAL HEALTH CENTER	300 Center Drive, Riverhead, NY 11901	(631) 852-1440	Adult & Children
Smithtown	NEW HORIZONS COUNSELING CENTER	11 Route 111, 2 <sup>nd</sup> Fl, Smithtown, NY 11787	(631) 656-9550	Adult & Children
Smithtown	OPTI HEALTHCARE MENTAL HEALTH CENTER – Meadow Glen Center	75 Landing Meadow Rd, Smithtown, NY 11787	(631) 360-4700	Adult
Shirley	HUDSON RIVER HEALTHCARE	550 Montauk Hwy, Shirley, NY 11967	(631) 490-3044	Adult & Children
Stony Brook	UNIVERSITY HOSPITAL AT STONY BROOK Clinic Treatment Program	2500 Nesconset Hwy, Bldg. 2, Stony Brook, NY 11790	(631) 632-9510 New pt: x 5878 Current pt: 490- 3044	Adult MM
Stony Brook	UNIVERSITY MEDICAL CENTER SUNY STONY BROOK Child Psychiatry Clinic	Putnam Hall, South Campus Stony Brook, NY 11794	(631) 632-8850 (631) 632-9510	Children
West Brentwood	BUCKMAN CENTER	998 Crooked Hill Rd., Bldg. 47, W. Brentwood, NY 11717	(631) 761-2289	
West Brentwood	WESTERN SUFFOLK CENTER	998 Crooked Hill Rd., Bldg. 56, W. Brentwood, NY 11717	(631) 761-2082	
Westhampton Beach	FAMILY SERVICE LEAGUE Family Counseling Center – Westhampton Beach Clinic	40 Main St, Westhampt on Beach, NY 11978	(631) 288-1954	Adult & Children
Westhampton Beach	HAMPTON PSYCHOLOGICAL CENTER	12 Oak Street, Westhampton Beach, NY 11978	(631) 255-7715	Adult
Wyandanch	FEDERATION OF ORGANIZATIONS	240-A Long Island Ave, Wyandanch, NY 11798	(631) 782-6200	Adult & Children

**MENTAL HEALTH: MOBILE CLINIC (SPECIALIZED CLINIC PROGRAM, CHILDREN ONLY)**

FAMILY SERVICE LEAGUE WEST (North of LIE to Nichols Rd & North/South of LIE Nichols Rd to William Floyd Pkwy)	(631) 663-4300
FAMILY SERVICE LEAGUE EAST (William Floyd Pkwy East)	(631) 298-8642

**MENTAL HEALTH: ON TRACK NY (SPECIALIZED CLINIC PROGRAM, 16 and up)**

Suffolk On Track - South Oaks	400 Sunrise Hwy, Amityville NY	631 608-5558
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**MENTAL HEALTH: JAIL BASED BEHAVIORAL HEALTH SERVICES**

Suffolk County Division of Community Mental Hygiene	100 Center Drive, Riverhead, NY	631 852-1851
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**SUBSTANCE USE DISORDERS** \*for more information on Suboxone Providers see Buprenorphine Practitioner Locator:

[www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment)

Location	OPIOID TREATMENT PROGRAMS (OTP)	Address	Phone	Pop
Hauppauge	SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES, INC. DIVISION OF COMMUNITY MENTAL HYGIENE	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. 151, Hauppauge, NY 11788	(631) 853-6410	
Hauppauge		200 Wireless Blvd., Hauppauge, NY 11788	(631) 853-7373	
Huntington Station		689 E. Jericho Tpke., Huntington Station, NY 11746	(631) 854-4400	
Riverhead		300 Center Drive, 2nd Floor, Riverhead, NY 11901	(631) 852-2680	

**SUBSTANCE USE DISORDERS**

Location	OUTPATIENT CLINICS	Address	Phone	Pop
Amityville	HOPE FOR YOUTH	201 Dixon Avenue Amityville, NY 11701	(631) 842-7900	
Amityville	SEAFIELD SERVICES	37 John Street Amityville, NY 11701	(631) 424-2900	Adult & Adolescent
Amityville	SOUTH OAKS	400 Sunrise Hwy. Amityville, NY 11701	(631) 608-5610	Adults
Amityville	SOUTH OAKS	400 Sunrise Hwy. Amityville, NY 11701	(631) 608-5028	Adolescent



Bay Shore	FAMILY SERVICE LEAGUE The Iovino South Shore Family Center	1444 Fifth Avenue Bay Shore, NY 11706	(631) 647-3100	Adult
Bellport	OUTREACH	11 Farber Dr. Bellport, NY 11713	631-286-0700	Adult & Adolescent
Brentwood	OUTREACH	452 Suffolk Ave, Brentwood, NY 11717	631-436-6065	Adult
Brentwood	OUTREACH Recovery Center at Pilgrim State	998 Crooked Hill Rd., Building 5 Brentwood, NY 11717	631-521-8400	Adult & Veteran
Brentwood	OUTREACH Family & Training Center	400 Crooked Hill Rd. Brentwood, NY 11717	631-286-0700	Adolescent
Copiasque	New Horizons Counseling Center	445 Oak Street Copiasque, NY 11726	(631) 257-5173	Adult & Children
Commack	CATHOLIC CHARITIES	155 Indian Head Rd. Commack, NY 11725	631-543-6200	Adult & Adolescent
Coram	BEHAVIORAL ENHANCEMENT AND SUBSTANCE ABUSE TREATMENT (B.E.S.T.)	6-7 Middle Country Rd., Coram, NY 11727	(631) 946-6060	
Coram	WELLIFE NETWORK	3600 Route 112, Coram, NY 11727	(631) 920-8324	
Deer Park	BEHAVIORAL ENHANCEMENT AND SUBSTANCE ABUSE TREATMENT (B.E.S.T.)	770 Grand Blvd. Suite 17, Deer Park, NY 11729	(631) 392-4357	
East Hampton	THE DUNES	201 Ford Pond Blvd, Ste 1, E Hampton, NY 11937	(631) 604-5405	
East Hampton	PHOENIX HOUSE of LI, Inc.	287 Springs Fireplace Rd, East Hampton, NY 11937	(631) 329-0373	
Farmingville	VICTORY RECOVERY PARTNERS	100 Granny Rd., Ste 1 Farmingville, NY 11738	(631) 696-4357	

Hampton Bays	CATHOLIC CHARITIES	31 Montauk Hwy East, Hampton Bays, NY 11946	(631) 723-3362	
Hampton Bays	LONG ISLAND CENTER FOR RECOVERY	320 West Montauk Highway, Hampton Bays, NY 11946	(631) 728-3100	
Hauppauge	THE KENNETH PETERS CENTER FOR RECOVERY	300 Motor Parkway, Suite 110, Hauppauge, NY 11788	(631) 273-2221	
Holtsville	YMCA FAMILY SERVICES	1150 Portion Rd, Holtsville, NY 11742	(631) 580-7777	
Huntington	SAMARITAN DAYTOP VILLAGE	2075 New York Ave, Huntington Sta., NY 11746	(631) 351-7112	
Huntington	HUNTINGTON DRUG AND ALCOHOL	423 Park Avenue, Huntington, NY 11743	(631) 271-3591	
Huntington	WELLIFE NETWORK	55 Horizon Dr Huntington, NY 11743	(631) 920-8324	
Huntington	MOUNTAINSIDE CHAPPAQUA	141 E, Main St., Huntington, NY 11743	(860) 824-1397	
Mastic	FAMILY SERVICE LEAGUE	1235 Montauk Hwy. Mastic, NY 11950	(631) 924-3741	Adult
Medford	SEAFIELD SERVICES	3251 Route 112 Bldg 9, Ste. 2 Medford, NY 11763	(631) 451-6007	Adult & Adolescent
North Babylon	TOWN OF BABYLON Beacon Family Wellness Center	281 Phelps Lane, N. Babylon, NY 11703	(631) 422-7676	
Patchogue	SEAFIELD SERVICES	475 E Main St Ste 101 E. Patchogue, NY 11772	(631) 363-2001	Adult & Adolescent

Port Jefferson	JOHN T. MATHER MEMORIAL HOSPITAL Outpatient Chemical Dependency Clinic	100 Highlands Blvd, Ste 201, Pt Jefferson, NY 11777	(631) 331-8200	
Riverhead	STONY BROOK MEDICINE, QUANNACUT	905 E Main Street, Riverhead, NY 11901	(631) 369-8966	
Riverhead	FAMILY SERVICE LEAGUE	400 W. Main St. Riverhead, NY 11901	(631) 369-0104	
Riverhead	MARYHAVEN CENTER OF HOPE, INC.	127 West Main St., Riverhead, NY 11901	(631) 727-4044	
Riverhead	SEAFIELD SERVICES	212 & 230 W. Main St. Riverhead, NY 11901	(631) 369-7800	
Ronkonkoma	CENTER FOR ADDICTION RECOVERY AND EMPOWERMENT (C.A.R.E.)	2805 Veterans Memorial Hwy, Ronkonkoma, NY 11779	(631) 532-5234	
Ronkonkoma	COMMUNITY COUNSELING CENTER	3281 Veterans Memorial Hwy., Suite E-14, Ronkonkoma, NY 11779	(631) 471-3122	
Setauket	BEHAVIORAL ENHANCEMENT AND SUBSTANCE ABUSE TREATMENT (B.E.S.T.)	21 Technology Dr., E. Setauket, NY 11733	(631) 675-2400	
Shirley	LONG ISLAND COMMUNITY HOSPITAL	550 Montauk Hwy Shirley, NY 11967	(631) 852-1070	
Smithtown	WELLIFE NETWORK	11 Route 111, Smithtown, NY 11787	(631) 920-8324	
Smithtown	TOWN OF SMITHTOWN HORIZONS COUNSELING AND EDUCATION CENTER	161 East Main St., Smithtown, NY 11787	(631) 360-7578	Adult & Adolescent
Wyandanch	WELLIFE NETWORK	234 Long Island Ave, Wyandanch, NY 11798	(631) 920-8324	

## **ADDITIONAL CLINICAL TREATMENT, SUPPORT & REHABILITATION**

### **MENTAL HEALTH, PERSONAL RECOVERY ORIENTED SERVICES (PROS):**

<b>Location</b>	<b>PROS PROGRAMS</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Copiapue	FEDERATION OF ORGANIZATIONS RECOVERY CONCEPTS at COPIAGUE	1375 Akron St, Copiapue, NY 11726	(631) 552-4240	Adult
Coram	WELLIFE NETWORK PROS EAST	3600 Route 112, Coram, NY 11727	(631) 920-8500	
Huntington	FAMILY SERVICE LEAGUE Stepping Stones	790 Park Avenue, Huntington, NY 11743	(631) 427-4001	Adult Only
Oakdale	SKILLS UNLIMITED	405 Locust Avenue, Oakdale, NY 11769	(631) 567-1626	Adult
Patchogue	FEDERATION OF ORGANIZATIONS RECOVERY CONCEPTS at PATCHOGUE	456 Waverly Avenue, Patchogue, NY 11772	(631) 447-6460	
Riverhead	MARYHAVEN PROS EAST	127 West Main Street, Riverhead, NY 11901	(631) 727-4044	Adult
Riverhead	SYNERGY CENTER (MHAW)	1380 Roanoke Ave, Riverhead, NY 11901	(631) 369-0022	Adult
Ronkonkoma	POLLACK CENTER (MHAW)	939 Johnson Ave., Ronkonkoma, NY 11779	(631) 471-7242	
Smithtown	WELLIFE NETWORK PROS NORTH	11 Route 111, Smithtown, NY 11787	(631) 920-8306	Adult
West Brentwood	PHOENIX HOUSE MENTAL HEALTH SERVICES PROS FIRST	998 Crooked Hill Rd., Bldg. 5, W. Brentwood, NY 11717	(631) 306-5732	
Yaphank	MARYHAVEN PROS WEST	445 County Road 101, Yaphank, NY 11980	(631) 924-5900	

## **PREVENTION, RECOVERY & COMMUNITY BASED SERVICES**

### **MENTAL HEALTH**

<b>Location</b>	<b>PREVENTION, RECOVERY, &amp; COMMUNITY BASED</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Amityville	ADOPTION & GUARDIANSHIP ASSISTANCE PROGRAM FOR EVERYONE (AGAPE)	21 Green Avenue, Amityville, NY 11701	(631) 598-1983	
Bay Shore	CHILDREN'S AND PARENTS TOGETHER (CAPT)	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 647-3120	
Bay Shore	LEARN, ENRICH, ACHIEVE, DREAM (LEAD)	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 650-0105	
Bay Shore	RECESS	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 650-0105	
Hauppauge	ALTERNATIVES FOR YOUTH (AFY)	60 Plant Avenue Hauppauge, NY 11788	(631) 853-7889	
Islandia	VICTIMS INFORMATION BUREAU (VIBS)	185 Oval Drive Islandia, NY 11749	(631) 360-3730	
Middle Island	JUST KIDS	35 Longwood Road Middle Island, NY 11953	(631) 924-0008	0-5 y/o



**SUBSTANCE USE DISORDERS**

<b>Location</b>	<b>PREVENTION, RECOVERY, &amp; COMMUNITY BASED</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Amityville	HOPE FOR YOUTH	201 Dixon Avenue, Amityville, NY 11701	(631) 782-6523	
Bay Shore	LONG ISLAND PREVENTION RESOURCE CENTER - FSL	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 650-0135	
Hauppauge	LONG ISLAND COUNCIL ON ALCOHOL AND DRUG DEPENDENCY (LICADD)	1324 Motor Parkway, Suite 102, Hauppauge, NY 11749	(631) 979-1700	
Hauppauge	SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES, INC	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016 , Hauppauge, NY 11788	(631) 853-8500	
Hauppauge	THRIVE RECOVERY COMMUNITY AND OUTREACH CENTER	1324 Motor Parkway, Suite 102, Hauppauge, NY 11749	(631) 822-3396	
Holtsville	YMCA FAMILY SERVICES	1150 Portion Rd, Holtsville, NY 11742	(631) 580-7777 x 111	
Huntington	HUNTINGTON DRUG AND ALCOHOL	423 Park Avenue, Huntington, NY 11743	(631) 271-3591	
Huntington	WELLIFE NETWORK	55 Horizon Drive, Huntington, NY 11743	(631) 920-8000	
Mastic	FAMILY SERVICE LEAGUE	1235 Montauk Highway, Mastic, NY 11950	(631) 924-3741	
Medford	EASTERN SUFFOLK BOCES	1741D North Ocean Ave, Medford, NY 11763	(631) 289-0078	
Port Jefferson Station	SUNSHINE PREVENTION CENTER YOUTH & FAMILY SERVICES	468 Boyle Road, Port Jefferson Station, NY 11776	(631) 476-3099	
Riverhead	LONG ISLAND COUNCIL ON ALCOHOL AND DRUG DEPENDENCY (LICADD)	877 East Main Street, Suite 107, Riverhead, NY 11901	(631) 979-1700	
Riverhead	RIVERHEAD COMMUNITY AWARENESS PROGRAM, INC (CAP)	518 E. Main Street, Suite 106, Riverhead, NY 11901	(631) 727-3722	
Smithtown	TOWN OF SMITHTOWN HORIZONS COUNSELING AND EDUCATION CENTER	161 East Main Street, Smithtown, NY 11787	(631) 360-7578	
Stony Brook	CENTER FOR PREVENTION AND OUTREACH	Stony Brook University Student Union, Rm # 216, Stony Brook, NY 11790	(631) 632-6729	
West Islip	YOUTH ENRICHMENT SERVICES (YES)	555 Clayton Street, Central Islip, NY 11722	(631) 348-3513	
Westhampton Beach	HUMAN UNDERSTANDING & GROWTH SERVICES (HUGS), INC	108C Mill Road, Westhampton Beach, NY 11978	(631) 288-9505	

## ADULT SINGLE POINT OF ACCESS (A-SPOA)

Location	ADULT SPOA (Single Point of Access)	Address	Phone	Fax
Hauppauge	SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016 , Hauppauge, NY 11788	(631) 853-6204	(631) 853-6451

Location	AOT (Assisted Outpatient Treatment)	Address	Phone	Fax
Hauppauge	SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016 , Hauppauge, NY 11788	(631) 853-6205	(631) 853-6451

### CARE COORDINATION

Adult SPOA (Single Point of Access) coordinates referrals for care coordination to Health Home Care Management agencies and ACT Team providers. An individual receiving care coordination services can expect assistance with accessing services that support an improved quality of life. Care coordination can involve assistance with housing, outpatient treatment, vocational services, day programs and disability benefits. Additionally, the Adult SPOA unit provides referrals for care coordination services for those individuals without Medicaid coverage, and is available to offer assistance as you navigate the mental health system. Clients with Medicaid may also make a direct referral to a Health Home for care coordination services. All requests for clients without Medicaid are made through the Adult SPOA unit. For assistance or more information about the application process, please call 853-6204, or to access the ASPOA application online visit the website at: <http://www.suffolkcountyny.gov/departments/healthservices/mentalhygiene>

### ASSISTED OUTPATIENT TREATMENT (AOT)

As per Section 9.60 of Mental Hygiene Law (a/k/a "Kendra's Law"), AOT "provides for court- ordered outpatient treatment for certain people with diagnoses of mental illnesses who, in view of their treatment history and present circumstances, are unlikely to survive safety in the community without supervision." A person may be ordered to obtain Assisted Outpatient Treatment (AOT) if the court finds that he or she is:

- At least 18 years of age and suffers from mental illness; and
- Is unlikely to survive in the community without supervision, based on a clinical determination; and
- Has history of non-compliance with treatment for mental illness which has led to either 2 hospitalizations from mental illness in the preceding 3 years, or resulted in at least 1 act of violence toward self or others or threats of serious physical harm to self or others within the preceding 4 years; and
- Is unlikely to accept the treatment recommended in the treatment plan; and
- Is in need of AOT to avoid a relapse or deterioration that would likely result in serious harm to self or others; and
- Will likely benefit from AOT.

The AOT Order includes a comprehensive Treatment Plan which includes outpatient program attendance and medication management in addition to monitoring and supervision by the Suffolk County Division of Community Mental Hygiene Services AOT Unit. AOT recipients will receive Care Coordination services via a Care Coordination Agency or an Assertive Community Treatment (ACT) team.



### ASSERTIVE COMMUNITY TREATMENT (ACT)

A team of professionals assigned to treat, monitor and ensure outpatient continuity of care for a select group of individuals diagnosed with a severe mental illness and whose needs have not been met by more traditional mental health services. ACT clients are those individuals who are generally high users of services including frequent acute psychiatric hospitalizations, emergency and/or crisis services and criminal justice involvement. The target population is those whose diagnosable mental illness significantly impairs his/her ability to function in the community without supports.

All referrals for ACT services must be made through the Adult SPOA unit. For assistance or more information about the application process, please call 853-6204, or to access the ASPOA application online visit the website at: <http://www.suffolkcountyny.gov/departments/healthservices/mentalhygiene>

Location	ACT (ASSERTIVE COMMUNITY TREATMENT)	Address	Phone	Fax
Central Islip	Family Service League (FSL) Central ACT	320 Carleton Ave., Suite 8800 Central Islip, NY 11722	(631) 663-4350	(631) 439-4067
Central Islip	FSL West ACT	320 Carleton Ave., 8 <sup>th</sup> Floor Central Islip, NY 11722	(631) 647-2048	(631) 647-2057
Huntington	WELLIFE Network West ACT	55 Horizon Dr. Huntington, NY 11743	(631) 920-8088	(631) 920-8166
Medford	Federation of Organizations East ACT	3390 Route 112 Medford, NY 11763	(631) 512-4092 x 4261	(631) 514-3572
Patchogue	Pilgrim Psychiatric Center (PPC) ACT	3 Grove Ave. Patchogue, NY 11772	(631) 475-7108	(631) 475-9601
Smithtown	WELLIFE Network East ACT	11 Route 111 Smithtown, NY 11787	(631) 920-8351	(631) 920-8353
Riverhead	FSL East ACT	208 Roanoke Ave. Riverhead, NY 11901	(631) 284-2565	(631) 284-2541
West Babylon	Federation of Organizations West ACT	One Farmingdale Rd., Route 109 West Babylon, NY 11704	(631) 669-5355	(631) 669-1471

### **MENTAL HEALTH: MOBILE COMMUNITY-BASED SUPPORT TEAMS (Adult)**

Concern for Independent Living <b>Mobile Residential Support Team (MRST)</b> 12 Renaissance Blvd Middle Island, NY 11953	(631) 947-2906 x 1670
Options for Community Living <b>Mobile Residential Support Team (MRST)</b> 600 Albany Avenue Amityville, NY 11701	(631) 361-9020 x 3171
Federation of Organizations <b>Residential Transitiional Support Team (RTS)</b>	(631) 299-2530 x 5111
NYS Office of Mental Health <b>Mobile Integration Teams (MIT)</b>	(631) 370-1701 Children & Adolescents (631) 924-4411 x 244 Adults

# SINGLE POINT OF ACCESS (SPA) HOUSING UNIT

Phone: (631) 231-3562

Fax: (631) 231-4568

Single Point of Access (SPA) is committed to providing housing to Nassau and Suffolk county residents with serious behavioral health issues regardless of race, creed or color, in an effort to promote recovery through a strength based support system. The SPA strives to reduce stigma and provide opportunities for recovery and is responsive to individual recipient wishes and needs in an effort to reduce hospitalization and homelessness.

## **Supervised Community Residence - CR**

These programs are supervised 24 hours per day. These residences typically house 8 – 15 individuals in one large house. Food is provided. Residents are offered all restorative services, generally with an emphasis on Daily Living Skills such as cooking, cleaning, personal hygiene, food shopping and money management. Medication is supervised as needed.

## **SRO Community Residence (CR-SRO)**

This level offers individuals their own bedrooms usually in a large building with up to 50 residents. Staff supervision is present 24 hours per day. It is recommended that residents prepare their own meals. A meal plan may be available for purchase depending on location. Restorative services are available.

## **Apartment Treatment - ATP**

These programs typically receive staff visits several times each week, depending on level of need. There are generally 2 – 3 residents per house or apartment. Residents are expected to have good daily living skills, and be able to hold their own medication. Food is not provided. Instead, residents receive an allowance, which is used to purchase food and cleaning supplies. Applicants should have some ability to manage their own medications.

## **Supported Housing - SHP**

Supported Housing programs vary. Programs may offer shared apartments, houses for three individual adults, or families. Individuals residing in Supported Housing pay 30% of their monthly income toward their rent. The rest of their rent is subsidized. Residents of these programs live fairly independently, and may receive visits 1- 4 times monthly. Supported Housing is considered long term housing.

# ADULT CRISIS RESPITE HOUSING

Concern for Independent Living Crisis Respite Beds	(631) 947-2900
Federation of Organizations Crisis Respite Beds	(631) 236-4299
Family Residences and Essential Enterprises (FREE) Hospital Diversion (HD) Program	(631) 676-3299



# CHILDREN’S SINGLE POINT OF ACCESS (C-SPOA)

The Children’s Single Point of Access system began in 2001 to simplify and coordinate the process of linking children with serious emotional disturbance and their families to the services that can assist in meeting their needs. The goal of SPOA is to identify children at highest risk of placement in out-of-home settings; develop appropriate strategies to manage those children in their home communities; and monitor and track progress through system. The Children’s SPOA is characterized by a multi-disciplinary representation of agencies. Referrals may be made to SPOA for children, age five through 18 years (some to 21), with a major psychiatric diagnosis who meet the NYS OMH criteria for Serious Emotional Disturbance (SED).

Location	CHILDREN’S SPOA (Single Point of Access)	Address	Phone	Fax
Hauppauge	SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016, Hauppauge, NY 11788	(631) 853-8513	(631) 853-8518

## C-SPOA IN-HOME PROGRAMS

**FAMILY CONNECT:** Child and Family Support program designed to provide short-term crisis intervention, respite linkages, support, information, referral and advocacy to children and youth with or at risk of developing serious emotional and behavioral challenges and their families. Family Connect program seeks to bridge the gap between families in need and community resources. Mobile Crisis and ER/CPEP referrals are not appropriate and should continue to be referred to LINK.

**YOUTH AND FAMILY INTEGRATION (Y-FI):** A preventive in-home service program, Y-FI provides integrated mental health coordination, family support and youth peer advocacy for youth at risk of developing SED and their families. Working as a team, the program provides integrated care coordination and skill development as well as support, advocacy and education.

**SERVICES, SUPPORTS, TRANSITIONS, ADVOCACY AND ACCESS FOR YOUTH (SSTAAY):** The SSTAAY program enhances the ability of youth (ages 5-21) who have or are at risk of developing SED to maintain emotional and behavioral stability, strengthen their support systems, and avert the need for higher levels of care and/or out-of-home placement. Services and supports include advocacy, service linkage, skill building, service education, and crisis prevention.

**CHILDREN’S CARE COORDINATION AND CHILDREN’S HEALTH HOME CARE MANAGEMENT:** All develop service plans based on the specific needs and desires of the child and the family. Programs provide care coordination services, including service linkage, coordination and monitoring and crisis intervention to maximize each youth’s potential for growth and emotional stability within their natural support system and maintain the youth in their home and community. Frequency of visits range from 2-4 times per month.

**COORDINATED CHILDREN’S SERVICES INITIATIVE (CCSI):** The CCSI program targets children who are at risk for out of home placement. Worker provides weekly visits requiring parental commitment. Requires a parenting skills enhancement course; anger management courses are available for the child.

**HIGH FIDELITY WRAPAROUND (HFW):** HFW is a nationally recognized model that empowers youth and families to advocate for and manage their needs as well as strengthen social supports. Each family will work with a care coordinator, family support partner and youth support partner to identify and work toward agreed upon goals. The team will assist the youth and their family in navigating systems to obtain services to meet their needs.

**MOBILE EARLY INTERVENTION PROGRAM (MEIP):** Supports children/youth returning to their homes and communities sooner from Out-of-Home Placement, as well as potentially diverts Out-of-Home Placement for youth and their families through the provision of Mobile Early Intervention Services.

**FAMILY PEER SUPPORT SERVICES:** Family Peer Support Service (FPSS) programs enhance the capacity of families to care for their at-risk child, reducing the risk of hospitalization. The goal is to maintain the child in the home by providing a variety of supports and services to the family for the benefit of the child.

## C-SPOA COMMUNITY-BASED RESIDENTIAL SERVICES

**COMMUNITY RESIDENCES (CR):** Community Residences are residential programs for eight children that include structured daily living activities, development of problem-solving skills, a behavior management system and caring adult relationships. Program staffing provides for 24-hour awake supervision.

**RESIDENTIAL TREATMENT FACILITY (RTF):** Residential Treatment Facilities provide fully integrated MH treatment and special education services under the direction of a psychiatrist, in a well-supervised residential setting. RTFs can serve youngsters between 5 and 21 years of age. Most youngsters are served for an extended stay between 6 months and 2 years. Access to an RTF is through the Preadmission Certification Committee (PACC) under the guidance of the Office of Mental Health (OMH).

## **PEER SUPPORT AND SELF-HELP SERVICES**

### **PEER SUPPORT/ FAMILY SUPPORT**

Association for Mental Health and Wellness (MHAW) (Recovery Center East)	(631) 369-0022 x 1901
Association for Mental Health and Wellness (MHAW) Peer Support Line	(631) 471-7242 x 1217
Association for Mental Health and Wellness (MHAW) Family Support Line	(631) 226-3900
Association for Mental Health and Wellness (MHAW) Long Island Peer Networking Meeting	(631) 471-7242 x 1341
Association for Mental Health and Wellness (MHAW) Healing Connections Peer Support Groups	(631) 471-7242 x 1390
Hands Across Long Island	(631) 234-1925
Federation of Organizations – <i>The Peer Outreach with Evening Recreation (POWER)</i> <i>The Respite Plus</i> <i>The Jr. Sr. Companion</i> <i>The Advocacy Program</i>	(631) 447-6460 x 2114 (631) 447-6460 x 2188 (631) 447-6460 x 3130 (631) 447-6460 x 2203
Friendship Network	(516) 326-6111
Smithtown Youth Bureau	(631) 360-7595
Suffolk County Youth Bureau	(631) 853-8270
Long Island Gay and Lesbian Youth (LIGALY)	(631) 665-2300
Family Service League: Parent to Parent	(631) 853-2793

### **SUBSTANCE USE DISORDER PEER/FAMILY SUPPORT**

Center of Treatment Innovation (COTI) Mobile Recovery- FSL	(631) 656-1020
Central Nassau Guidance Peer Engagement	*Referrals come from the ED
Easter Seals New York, Inc. Peer Engagement	(401) 368-2236
Family & Children's Association (Sherpa) Family Support Navigator	(516) 592-7385
Thomas' Hope Foundation, Inc. Family Support Navigator / Peer Engagement	(631) 333-0871
New Horizons Counseling Center Family Support Navigator	(516) 872-9698

### **SELF-HELP SUPPORT**

Association for Mental Health and Wellness <i>Helpline</i> <i>PFC Joseph P. Dwyer Project (PTSD Peer- to-Peer Support)</i>	(631) 471-7242 x 2 (631) 853-8345
Alcoholics Anonymous (AA)	(631) 654-1150
Al-Anon/Ala-teen	(888) 425-2666
Suffolk Office	(631) 669-2827
Brookhaven Hospice	(631) 758-3600
Children, Adults with ADD (CHADD)	(631) 626-6280
Co-Dependents Anonymous	(631) 277-7991
Emotions Anonymous	(651) 647-9712 – National Hotline
Good Shepard Hospice	(631) 465-6300



Hospice Care Network	(631) 666-6863
Living Hope for Mental Health	(631) 675-6831
Long Island Families Together (LIFT ) Adoption Support Group	(631) 264-5438 x 103
Long Island Against Domestic Violence	(631) 666-8833
NAMI Huntington	(631) 385-0754
NAMI New York State	(800) 950-3228
Narcotics Anonymous of Suffolk	(631) 689-6262
Recovery International	(631) 724-5190
Suffolk YJCC Commack	(631) 462-9800
Sunshine Prevention Center	(631) 476-3099

### **12 STEP PROGRAMS**

Alcoholics Anonymous (AA)	(631) 669-1124
Families Anonymous	(516) 221-0303
LI Gamblers Anonymous	(877) 533-4395 or (877) 442-4248
Narcotics Anonymous	(516) 827-9500
Al-Anon	(631) 669-2827
Co-Dependents Anonymous	(631) 271-1445
Gam-Anon 24-hr Hotline	(718) 352-1671
Overeaters Anonymous	(505) 891-2664 – National Hotline

### **ANGER MANAGEMENT**

Long Island Center for Alcoholism and Drug Dependence (LICADD)	(516) 747-2606
The Life Center	(631) 673-5433
Bellport Hagerman East Patchogue Alliance	(631) 286-9236
Babylon Consultation Center	(631) 587-4622
Family Service League	(631) 647-3100
Islip Youth & Family Counseling	(631) 231-4333
Education & Assistance Corporation	(516) 489-7929
Parent Resource Center	(631) 360-7517
Sunrise Counseling Center	(631) 666-1615
Sunshine Prevention Center	(631) 476-3099
Batterers Intervention Program through VIBS (HALT)	(631) 360-2270

### **PERINATAL MOOD & ANXIETY DISORDER SERVICES**

Postpartum Resource Center of New York	(631) 422-2255
Suffolk Perinatal Coalition, Inc.	(631) 475-5400
Postpartum Support International	(800) 944-4773
An Angel's Embrace: Pregnancy and Postpartum Depression	(516) 697-1682
Long Island Doula Association (LIDA)	(631) 574-2205
Mothers' Circle of Hope <i>St. Catherine of Siena, Smithtown</i>	(631) 862-3330
<i>Good Samaritan Hospital</i>	(631) 376-4444
Maternal Wellness Pregnancy & Postpartum Depression	(631) 265-3133

**YOUTH CENTERS**

Babylon Youth Bureau	(631) 422-7660
Brookhaven Youth Bureau	(631) 451-8011
Huntington Youth Bureau	(631) 351-3061
Islip Youth Bureau	(631) 224-5320
Smithtown Youth Bureau	(631) 360-7595

**DROP-IN CENTERS**

Federation of Organizations – West Babylon	(631) 669-5355 x 2122
Federation of Organizations – Patchogue	(631) 447-6460
Hands Across Long Island (H.A.L.I.)	(631) 234-1925
Long Island Gay and Lesbian Youth (LIGALY)	(631) 665-7874
WELLLIFE Network – Huntington	(631) 920-8000

**ADDITIONAL RESOURCES****ADVOCACY**

Families in Support of Treatment (F.I.S.T)	(516) 316-6387
Hands Across Long Island (H.A.L.I.)	(631) 234-1925
Islip/Babylon Consumer Council	(631) 587-1886
Long Island Advocacy Center (LIAC)	(631) 234-0467
Long Island Families Together Inc.	(631) 264-5438
P.O.W.E.R. Program (Federation of Organizations)	(631) 447-6460
Suffolk County Office for the Aging	
Hauppauge	(631) 853-8200
Riverhead	(631) 852-1420
Suffolk Independent Living Organization (SILO)	(631) 880-7929
United Way	(631) 940-3700

**DISASTER RESOURCES**

Disaster Distress Hotline	(800) 985-5990
The Crisis Response Service	(631) 289-2200

**LEGAL SERVICES**

The NYS Justice Center	1 (855) 373-2122 - Hotline
Legal Aid Society of Suffolk County – Central Islip	
<i>District Court</i>	(631) 853-5212
<i>Family Court</i>	(631) 853-4343
<i>Children’s Law Bureau</i>	(631) 439-2450/2453
<i>Riverhead Office</i>	(631) 852-1650/1655
Mental Hygiene Legal Service	
Courthouse Corporate Center	(631) 208-5319
Nassau/Suffolk Law Services	
Islandia	(631) 232-2400
Riverhead	(631) 369-1112
Suffolk County Bar Association	(631) 234-5511
Supreme Court Building	(516) 493-3963



**REPRESENTATIVE PAYEE SERVICES**

Adelente	(631) 234-1049 x 227 or 315
Federation of Organizations	(631) 321-9556 x 1

**VOCATIONALLY ORIENTED PROGRAMS**

ACCES-VR	(631) 952-6357
Family Wellness Center	(631) 273-1300
Federation of Organizations	(631) 669-5355
Hands Across Long Island (H.A.L.I)	(631) 234-1925
Maryhaven Center of Hope – Port Jefferson	(631) 474-4120
Maryhaven Center of Hope – Yaphank	(631) 924-5900
MHAW Careers in Recovery & Wellness Training	(631) 471-7242 x 1323
Skills Unlimited Inc.	(631) 567-3320
South Oaks Hospital Career & Education Counseling Program	(631) 608-5052
Suffolk County Department of Labor Youth Career Center	(631) 853-6526

**FREE/LOW COST MEDICATION**

Bureau of Prescription Health	(573) 996-7300
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The Medicine Program assists patients who cannot afford to pay for prescription medication. This program is used when a consumer is unable to pay for medications, pending Medicaid approval.

There are also some pharmaceutical companies that offer free medications to low-income families. They require a doctor's consent and proof of your financial status. Depending on what your insurance covers, you may be able to apply. A few companies allow family incomes as high as

\$40,000 annually (offset by expenses).

For a listing of current pharmaceutical companies and the medications they offer visit [www.nami.org](http://www.nami.org)

**LITERATURE ON MENTAL ILLNESS OR SUBSTANCE USE DISORDERS**

National Institute of Mental Health (NIMH)	(866) 615-6464
Substance Abuse and Mental Health Services Administration (SAMHSA)	1 (800) 662-HELP

**PROFESSIONAL ASSOCIATIONS**

NYS Psychological Association – for PhD/Testing/Treatment	(800) 445-0899 (518) 437-1050
NYS National Association of Social Workers (NASW)	(800) 724-6279
Suffolk County Medical Society	(631) 851-1400
Mental Health America	(800) 969-6642

**LOS RECURSOS PARA LOS QUE HABLAN ESPANOL**

Adelante of Suffolk County – Brentwood	(631) 434-3481
BEST	(631) 392-4357
Catholic Charities – Bay Shore	(631) 665-6707
Hispanic Counseling Center	(631) 328-4959
Huntington Drug and Alcohol	(631) 271-3591
National Association of Puerto Rican Hispanic Social Workers	(631) 864-1536
Parientes Clinic	(631) 665-0229
Pilgrim Psychiatric Center	(631) 761-3500
South Shore Counseling	(631) 665-6244

PREVENTION

Rev 12/9/2020



Suffolk County Communities of Solution  
**Substance Use Disorder (SUD) Prevention Provider Referral List**  
 Long Island Prevention Resource Center: 631-650-0135 / [www.liprc.org](http://www.liprc.org) / [info@liprc.org](mailto:info@liprc.org)  
**\*\* SCPD Cancel the Keg Underage Drinking Reporting Hotline: 631-852-KEGS(5347)\*\***  
**"Don't Stall, Make the Call" – Any number listed below will guide you in the right direction**

Location	Prevention Providers	Phone	Location	Prevention Provider Referral List	Phone
Amityville	Hope for Youth	631-782-6501	Suffolk	ILCADD-HOTLINE	631-979-1700
Holtsville	YMCA Family Services	631-580-7777 ex111	Suffolk	Suffolk County Department of Health Services	631-853-8500
Huntington	Huntington Youth Bureau	631-351-3061	Suffolk	Suffolk County Department of Health Services EMS	631-852-5080
Huntington	WellLife Network	631-920-8037	Town of Babylon	Town of Babylon Beacon Family Wellness Center	631-422-7676
Mastic	Family Service League	631-772-3283	Wachampton	Seafield Center	631-237-8396
Medford	Eastern Suffolk BOCES	631-289-0078	Wyandanch	Sun River Health Martin Luther King Jr. Health Care	516-214-8020
Riverhead	Riverhead Community Awareness Program	631-727-3722	Private Practitioners	<a href="https://www.health.ny.gov/diseases/aids/general/resources/coop_directory/docs/nas_sau_suffolk.pdf">https://www.health.ny.gov/diseases/aids/general/resources/coop_directory/docs/nas_sau_suffolk.pdf</a>	
Smithtown	Horizons Counseling and Education Center	631-360-7578	<b>Location</b>	<b>Harm Reduction Providers</b>	<b>Phone</b>
Suffolk	Long Island Prevention Resource Center	631-650-0135	Suffolk	Community Action for Social Justice	866-599-7260
West Lip	Youth Enrichment Services	631-348-3513	<b>Location</b>	<b>Substance Prevention Hotlines &amp; Website</b>	<b>Phone</b>
Wachampton	Hunan Understanding & Growth Services (HUGS)	631-288-9505	Suffolk	Conexion (Spanish): M-F 5pm-10pm	631-751-7423
<b>Location</b>	<b>Uproid Overdose Prevention Providers</b>	<b>Phone</b>	Suffolk	COPE Foundation	516-364-2673
Amityville	South Oaks Hospital	631-608-5039	Suffolk	Joe's Project - 24/7 Hotline	1-888-375-2228
Amityville	Sun River Maxine S. Portal Health Center	631-716-9026	Suffolk	National Suicide Prevention Hotline	1-800-273-8255
Bay Shore	South Shore University Hospital	631-786-7860	Huntington	Response Crisis Center	631-751-7500
Breastwood	Outreach	631-521-8400	Islip	24 Hour Crisis Hotline	631-549-8700
Breastwood	Sun River Health Center	631-416-5480		24 Hour Crisis Hotline	631-277-4700
Breastwood	Phoenix Houses of Long Island	646-505-2105	<b>Location</b>	<b>Suffolk County Police Department- Community Oriented Police Enforcement (SCPD COPE)</b>	<b>Phone</b>
Farmingville	Town of Brookhaven (Recreational Facilities)	631-451-2363	Bay Shore	Suffolk County Police Department 3rd Precinct	631-854-8308
Greensport	Sun River Health Center	631-477-2678	Huntington	Suffolk County Police Department 2nd Precinct	631-854-8250
Huntington	WellLife Network	631-920-8609	Patchogue	Suffolk County Police Department 5th Precinct	631-854-8573
Huntington	Sun River Health Center	631-760-7746	Selden	Suffolk County Police Department 6th Precinct	631-854-8689
Patchogue	Sun River Health Center	631-866-2030	Shirley	Suffolk County Police Department 7th Precinct	631-852-8775
Port Jefferson	Hope House Overdose Prevention Endeavor	631-473-0553	Smithtown	Suffolk County Police Department 4th Precinct	631-854-8478
Riverhead	Sun River Health Center	631-574-2580	W. Babylon	Suffolk County Police Department 1st Precinct	631-854-8195
Sayville	Community Ambulance Company	631-567-2586			
Shirley	Sun River Health Marylin Shellbarger Center	631-490-3040			
Southampton	Sun River Health Kraus Family Center	631-268-1022	<b>Medication Drop Boxes are Available in Every Precinct 24/7/365</b>		
Stony Brook	Stony Brook University Police Department	631-632-6349	<b>Location</b>	<b>Suffolk County Sheriff's Office- Shed the Meds Drug Take Back</b>	<b>Phone</b>
Suffolk	NYS OASAS Addiction Treatment Center/ CKPOST	631-434-7200	Riverhead	Suffolk County Sheriff's Office	631-852-2200
Suffolk	Suffolk County Police Department	631-853-7060	<b>Location</b>	<b>Tobacco Prevention</b>	
			Suffolk	Tobacco Action Coalition of Long Island	631-415-0948

The full Communities of Solutions referral list can be found the following link: <https://cosresources.files.wordpress.com/2020/12/suffolk-county-communities-of-solution-sud-treatment-referral-list-12.9.20.pdf>

(Rev 12/9/2020)



Legend (\*) Medication Assisted Treatment Programs (‡) Non-Profit Treatment Providers (‡) Intensive Outpatient Services (-) Spanish Speaking (\*) Outpatient Rehabilitation  
 (@)Pregnant Women (\*) MAT for Pregnant Women (x) Induction of Pregnant Women (o) Family

Substance Use Disorder (SUD) Treatment Referral List

NYS Combat Heroin - <http://www.combatheroin.ny.gov>

"Ability to pay is not a barrier to treatment"

Agencies denoted Non-Profit are required to provide services regardless of ability to pay. All agencies provide a sliding scale.

Treatment Service Descriptions:

**Detoxification (Withdrawal and Stabilization Services):** withdrawal and stabilization services manage the treatment of alcohol and/or substance withdrawal as well as acute disorders associated with alcohol and/or substance use, resulting in a referral for continued care.

\* **Medically Managed Detoxification Service** (hospital setting): Medically managed withdrawal and stabilization services are designed for patients who are acutely ill from alcohol-related and/or substance-related addictions or dependence, including the need for medical management of persons with severe withdrawal or risk of severe withdrawal symptoms.

\* **Medically Supervised Withdrawal Services** (hospital or other OASAS certified inpatient or outpatient settings): Medically supervised withdrawal services provide treatment to individuals with moderate withdrawal symptoms and non-acute physical or psychiatric complications coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications. Medically supervised outpatient withdrawal and stabilization services are appropriate for persons with above symptoms and have a stable environment.

\* **Medically Monitored Withdrawal** (free-standing community based or additional service of a certified inpatient or residential provider): Medically monitored withdrawal services (crisis centers) provide monitoring of mild withdrawal symptoms and uncomplicated withdrawal. The crisis centers also provide services for those in situational crises at risk for relapse.

\* **Ancillary Withdrawal Services** (inpatient/outpatient): Ancillary withdrawal services are the medical management of mild or moderate symptoms of withdrawal within an OASAS-certified inpatient/outpatient clinic setting who have a protocol for providing ancillary withdrawal services approved by the OASAS Medical Director.

\* **Medication Assisted Treatment:** An OASAS-certified outpatient clinic that in addition to the services above is also certified to prescribe and monitor addiction medications including buprenorphine, naltrexone, alicamprostate, disulfiram, and others.

# **Outpatient Services:** OASAS- certified Outpatient Services provide group and individual counseling; education about, orientation to, and opportunity for participation in, relevant and available self help groups; alcohol and substance abuse disease awareness and relapse prevention; HIV and other communicable disease, education, risk assessment, supportive counseling and referral; and family treatment. Additional services include social and health care services, skill development in accessing community services, activity therapies, information and education about nutritional requirements, and vocational and educational evaluation. Intensive Outpatient Service are also available.

**Inpatient:** An OASAS-certified treatment with 24- hour medical coverage and oversight provided to individuals with significant acute medical, psychiatric and substance use disorders with significant associated risks. Inpatient rehabilitation services provide intensive management of substance dependence symptoms and medical management/monitoring of medical or psychiatric complications to individuals who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care.

**Residential Rehabilitation Service:** This is a treatment setting that provides a 24-hour structured program for those with a chronic substance use disorder.

<sup>^</sup> **Outpatient Rehabilitation Services:** OASAS-certified services designed to assist individuals with chronic medical and psychiatric conditions. These programs provide: social and health care services; skill development in accessing community services; activity therapies; information and education about nutritional requirements; and vocational and educational evaluation. Individuals initially receive these procedures three to five days a week for at least four hours per day.

**Opioid Treatment Programs:** OASAS-certified sites where methadone or other approved medications such as Suboxone® are administered to treat opioid dependency following one or more medical treatment protocols defined by State regulation. OTPs offer rehabilitative assistance including counseling and educational and vocational rehabilitation.

## Suffolk County Communities of Solution Substance Use Disorder (SUD) Prevention Provider Referral List

### Definitions:

**Prevention:** Action of stopping something from happening or arising. It requires consistent monitoring to maintain the desired result.

**Prevention Providers:** Agencies and individuals who work to assist individuals, families and communities in developing the knowledge, attitudes and skills needed to make healthy choices; to promote wellness, and to prevent the risk of developing a behavioral health problem. <http://www.talk2prevent.ny.gov/>

**Opioid Overdose Prevention Providers:** Agencies and individuals whom operate in a variety of settings, including schools, community-based organizations and are embedded in the community at large. The providers deliver a wide range of services including evidence-based education programs, skills development workshops, training sessions for parents, teachers and other professionals, positive alternative activities for youth and policy change and enforcement efforts to reduce drug misuse.

[Oasas.ny.gov](http://Oasas.ny.gov)

**Harm Reduction:** Policies, programs and practices which aim to reduce the harms associated with the use of psychoactive drugs for people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of use of the drug.

**Suicide Prevention Hotline:** Toll-free hotline available to anyone in suicidal crisis or emotional distress.

**Suffolk County Police Department & Sheriff Office:** Collaborate in community initiatives and the provision of surveillance, penalties, fines, detention and community policing; and provision of incentives which reinforce healthy behaviors such as drug education programs for youth. [Suffolkcountypd.org](http://Suffolkcountypd.org) / [suffolkcountysheriffsoffice.com/](http://suffolkcountysheriffsoffice.com/)

**Tobacco Prevention:** Dedicated to addressing tobacco use and reducing the morbidity and mortality it causes.



**RESOLUTION NO. 704 -2017, ESTABLISHING A PERMANENT HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL**

**WHEREAS**, heroin and opiate use in Suffolk County has been increasing, with many communities struggling to address this issue in schools and at home; and

**WHEREAS**, Resolution No. 413-2010 established a Heroin and Opiate Epidemic Advisory Panel to search for solutions and suggestions to better address the treatment of youth addicted to heroin and opiates; the panel's findings and recommendations were filed in December, 2010; and

**WHEREAS**, while Suffolk County has taken many steps to provide resources and programs to address these issues, a long term County-wide response to the epidemic levels of heroin and opiate use is necessary to better educate County residents about the dangers of heroin and opiate use; and

**WHEREAS**, the ever-evolving nature of the opiate epidemic requires an ongoing commitment to identify new resources and additional funding sources; and

**WHEREAS**, Suffolk County should establish a permanent advisory panel to provide ongoing input and recommendations and to address the opiate epidemic through preventative education, enhancement of enforcement efforts, and aiding in the treatment and rehabilitation of those addicted to heroin and opiates; now, therefore be it

**1st RESOLVED**, that a permanent Heroin and Opiate Epidemic Advisory Panel ("the Advisory Panel") is hereby established to provide assistance and advice to the County in combating the opiate crisis in an interdisciplinary manner; and be it further

**2nd RESOLVED**, that the Advisory Panel shall consist of the following twenty four (24) members:

- 1.) The Presiding Officer of the Suffolk County Legislature, or his/her designee, who will serve as chair;
- 2.) The Chair of the Health Committee of the Suffolk County Legislature, or his/her designee;
- 3.) The Chair of the Public Safety Committee of the Suffolk County Legislature, or his/her designee;
- 4.) The Chair of the Education and Human Services Committee of the Suffolk County Legislature, or his/her designee;
- 5.) The Associate Director of Operations for Neurosciences at Stony Brook University Hospital;
- 6.) The Director of Adult Inpatient Services at Stony Brook University Hospital;

- 7.) A representative from the Suffolk County Department of Health Services, Division of Community Mental Hygiene, to be appointed by the Commissioner of the Suffolk County Department of Health Services;
- 8.) The Commissioner of the Suffolk County Police Department, or his or her designee;
- 9.) The Suffolk County Sheriff, or his or her designee;
- 10.) A representative from the Suffolk County Superintendents' Association;
- 11.) A representative from Hope House Ministries;
- 12.) A representative from the North Shore Youth Council;
- 13.) A representative from Long Island Council on Alcoholism & Drug Dependence, Inc. (LICADD);
- 14.) A representative from Suffolk County Communities of Solution;
- 15.) A representative from the Family and Children's Association (FCA);
- 16.) A representative of Families In Support of Treatment (FIST);
- 17.) A representative of Eastern Long Island Hospital;
- 18.) A representative of the Quality Consortium of Suffolk County;
- 19.) A representative of the Nassau/Suffolk Hospital Council;
- 20.) A representative of the Long Island Prevention Resource Center;
- 21.) A representative of Catholic Health Services of Long Island;
- 22.) A representative of New York State Office of Alcoholism and Substance Abuse Services (OASAS);
- 23.) A representative of Outreach House; and
- 24.) A member of the public, to be appointed by the Suffolk County Legislature;

and be it further



**3rd** **RESOLVED**, that the Advisory Panel shall hold its first meeting no later than thirty (30) days after the oaths of office of all members have been filed, which meeting shall be convened by the Chairperson of the Advisory Panel for the purposes of selecting a Vice Chair and a Secretary; and be it further

**4th** **RESOLVED**, that the members of said Advisory Panel shall serve without compensation and shall serve at the pleasure of their respective appointing authorities; and be it further

**5th** **RESOLVED**, that the Advisory Panel shall hold regular meetings at least quarterly, keep a record of all its proceedings, and determine the rules of its own proceedings with special meetings to be called by the Chairperson; and be it further

**6th** **RESOLVED**, that thirteen (13) members of the Advisory Panel shall constitute a quorum to transact the business of the Advisory Panel at both regular and special meetings; and be it further

**7th** **RESOLVED**, that the Advisory Panel shall conduct a minimum of two (2) formal public hearings annually to acquire necessary information or other data to assist the panel in gathering information and developing recommendations; and be it further

**8th** **RESOLVED**, that the Advisory Panel shall cooperate with the committees of the County Legislature and make available to each committee, upon request, any records and other data it may accumulate or obtain and to provide quarterly reports to the pertinent Committees; and be it further

**9th** **RESOLVED**, that, beginning in 2018, the Advisory Panel shall prepare a written annual report, to be submitted by December 31<sup>st</sup> of each year to the Clerk of the Legislature, each County Legislator and the County Executive, which details the work of the committee over the course of the year, recommendations to improve the County's response to the heroin and opiate addiction crisis and a summary of the previous year's recommendations and the outcomes associated therewith, if any; and be it further

**10th** **RESOLVED**, that this Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(20), (21) and (27) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS (6 NYCRR) and within the meaning of Section 8-0109(2) of the NEW YORK ENVIRONMENTAL CONSERVATION LAW as a promulgation of regulations, rules, policies, procedures, and legislative decisions in connection with continuing agency administration, management and information collection, and the Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

DATED: September 6, 2017

APPROVED BY:

/s/ Steven Bellone  
County Executive of Suffolk County

Date: September 25, 2017

Intro. Res. No. 1799-2017

Laid on Table 10/3/2017

Introduced by Presiding Officer Gregory and Legislator Cilmi

**RESOLUTION NO. 1182 -2017, APPOINT A MEMBER TO THE  
PERMANENT HEROIN AND OPIATE EPIDEMIC ADVISORY  
PANEL (VERONICA FINNERAN)**

**WHEREAS**, Resolution No. 704-2017 established a Permanent Heroin and Opiate Epidemic Advisory Panel to provide assistance and advice to the County in combating the opiate crisis in an interdisciplinary manner; now, therefore be it

**1st RESOLVED**, that **Veronica Finneran**, currently residing in Holbrook, New York, is hereby appointed as a member of the Permanent Heroin and Opiate Epidemic Advisory Panel, as a member of the public, appointed by this Legislature.

DATED: December 19, 2017

EFFECTIVE IMMEDIATELY PURSUANT TO SECTION C2-15(A) OF THE SUFFOLK COUNTY CHARTER AND RESOLUTION NO. 704-2017.



**RESOLUTION NO. 1155 -2017, AMENDING THE  
COMPOSITION OF THE HEROIN AND OPIATE EPIDEMIC  
ADVISORY PANEL**

**WHEREAS**, Resolution No. 704-2017 established a permanent Heroin and Opiate Epidemic Advisory Panel to assist the County in addressing the heroin and opiate crisis in an interdisciplinary manner; and

**WHEREAS**, the Panel would function more effectively if its membership was broadened to include the Medical Examiner, representatives of all County law enforcement agencies and the President of the Fire Chiefs Council; now, therefore be it

**1st RESOLVED**, that the 2<sup>nd</sup> RESOLVED clause of Resolution No. 704-2017 is hereby amended as follows:

**2nd RESOLVED**, that the Advisory Panel shall consist of the following [twenty four (24)] twenty-nine (29) members:

- 1.) The Presiding Officer of the Suffolk County Legislature, or his/her representative, who will serve as chair;
- 2.) The Chair of the Health Committee of the Suffolk County Legislature, or his/her representative;
- 3.) The Chair of the Public Safety Committee of the Suffolk County Legislature, or his/her representative;
- 4.) The Chair of the Education and Human Services Committee of the Suffolk County Legislature, or his/her representative;
- 5.) The Associate Director of Operations for Neurosciences at Stony Brook University Hospital;
- 6.) The Director of Adult Inpatient Services at Stony Brook University Hospital;
- 7.) A representative from the Suffolk County Department of Health Services, Division of Community Mental Hygiene, to be appointed by the Commissioner of the Suffolk County Department of Health Services;
- 8.) The Commissioner of the Suffolk County Police Department, or his or her representative;
- 9.) The Suffolk County Sheriff, or his or her representative;



- 10.) A representative from the Suffolk County Superintendents' Association;
- 11.) A representative from Hope House Ministries;
- 12.) A representative from the North Shore Youth Council;
- 13.) A representative from Long Island Council on Alcoholism & Drug Dependence, Inc. (LICADD);
- 14.) A representative from Suffolk County Communities of Solution;
- 15.) A representative from the Family and Children's Association (FCA);
- 16.) A representative of Families In Support of Treatment (FIST);
- 17.) A representative of Eastern Long Island Hospital;
- 18.) A representative of the Quality Consortium of Suffolk County;
- 19.) A representative of the Nassau/Suffolk Hospital Council;
- 20.) A representative of the Long Island Prevention Resource Center;
- 21.) A representative of Catholic Health Services of Long Island;
- 22.) A representative of New York State Office of Alcoholism and Substance Abuse Services (OASAS);
- 23.) A representative of Outreach House; [and]
- 24.) A member of the public, to be appointed by the Suffolk County Legislature;
- 25.) The Suffolk County District Attorney, or his or her representative;
- 26.) The Director of the Department of Probation, or his or her representative;
- 27.) The Medical Examiner, or his or her representative; and
- 28.) The Commissioner of the Department of Health Services, or his or her representative; and
- 29.) The President of the Fire Chiefs Council of Suffolk County, or his or her representative; and be it further

and be it further

**2nd RESOLVED**, that the 6<sup>th</sup> RESOLVED clause of Resolution No. 704-2017 is hereby amended as follows:

**6th RESOLVED**, that [~~thirteen (13)~~]fifteen (15) members of the Advisory Panel shall constitute a quorum to transact the business of the Advisory Panel at both regular and special meetings; and be it further

and be it further

**3rd RESOLVED**, that this Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(20), (21) and (27) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS (6 NYCRR) and within the meaning of Section 8-0109(2) of the NEW YORK ENVIRONMENTAL CONSERVATION LAW as a promulgation of regulations, rules, policies, procedures, and legislative decisions in connection with continuing agency administration, management and information collection, and the Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

[ ] Brackets denote deletion of existing language  
\_\_\_ Underlining denotes addition of new language

DATED: December 19, 2017

APPROVED BY:

/s/ Steven Bellone  
County Executive of Suffolk County

Date: December 26, 2017

**RESOLUTION NO. 231 -2020, AMENDING RESOLUTION  
NO. 704-2017, ESTABLISHING A PERMANENT HEROIN AND  
OPIATE EPIDEMIC ADVISORY PANEL**

**WHEREAS**, Resolution No. 704-2017 established a permanent Heroin and Opiate Epidemic Advisory Panel ("the Advisory Panel") to provide ongoing input and recommendations and to address the opiate epidemic through preventative education, enhancement of enforcement efforts, and aiding in the treatment and rehabilitation of those addicted to heroin and opiates; and

**WHEREAS**, due to this year's changes in the committee structure, Resolution No. 704-2017 needs to be amended to reflect such changes; and

**WHEREAS**, the membership of the Advisory Panel would also benefit by having the Chair of the Seniors and Human Services Committee serve on the panel; now, therefore be it

**1st RESOLVED**, that the 2nd RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 1155-2017, is hereby amended as follows:

**2nd RESOLVED**, that the Advisory Panel shall consist of the following [twenty-nine (29)] thirty (30) members:

- 1.) The Presiding Officer of the Suffolk County Legislature, or his/her designee, who will serve as chair;
- 2.) The Chair of the Health Committee of the Suffolk County Legislature, or his/her designee;
- 3.) The Chair of the Public Safety Committee of the Suffolk County Legislature, or his/her designee;
- 4.) The Chair of the Education and [Human Services] Labor Committee of the Suffolk County Legislature, or his/her designee;
- 5.) The Associate Director of Operations for Neurosciences at Stony Brook University Hospital;
- 6.) The Director of Adult Inpatient Services at Stony Brook University Hospital;
- 7.) A representative from the Suffolk County Department of Health Services, Division of Community Mental Hygiene, to be appointed by the Commissioner of the Suffolk County Department of Health Services;



- 8.) The Commissioner of the Suffolk County Police Department, or his or her designee;
- 9.) The Suffolk County Sheriff, or his or her designee;
- 10.) A representative from the Suffolk County Superintendents' Association;
- 11.) A representative from Hope House Ministries;
- 12.) A representative from the North Shore Youth Council;
- 13.) A representative from Long Island Council on Alcoholism & Drug Dependence, Inc. (LICADD);
- 14.) A representative from Suffolk County Communities of Solution;
- 15.) A representative from the Family and Children's Association (FCA);
- 16.) A representative of Families In Support of Treatment (FIST);
- 17.) A representative of Eastern Long Island Hospital;
- 18.) A representative of the Quality Consortium of Suffolk County;
- 19.) A representative of the Nassau/Suffolk Hospital Council;
- 20.) A representative of the Long Island Prevention Resource Center;
- 21.) A representative of Catholic Health Services of Long Island;
- 22.) A representative of New York State Office of Alcoholism and Substance Abuse Services (OASAS);
- 23.) A representative of Outreach House;
- 24.) A member of the public, to be appointed by the Suffolk County Legislature;
- 25.) The Suffolk County District Attorney, or his or her representative;
- 26.) The Director of the Department of Probation, or his or her representative;
- 27.) The Medical Examiner, or his or her representative; **[and]**

- 28.) The Commissioner of the Department of Health Services, or his or her representative; [and]
- 29.) The President of the Fire Chiefs Council of Suffolk County, or his or her representative; [and be it further]and
- 30.) The Chair of the Seniors and Human Services Committee of the Suffolk County Legislature, or his/her designee; and be it further

and be it further

**2nd** **RESOLVED**, that the 6th RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 1155-2017, is hereby amended as follows:

**6th** **RESOLVED**, that [~~fifteen (15)~~] sixteen (16) members of the Advisory Panel shall constitute a quorum to transact the business of the Advisory Panel at both regular and special meetings; and be it further

and be it further

**3rd** **RESOLVED**, all other terms and conditions of Resolution No. 704-2017, as amended by Resolution No. 1155-2017, shall remain in full force and effect; and be it further

**4th** **RESOLVED**, that this Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(26) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS (6 NYCRR) and within the meaning of Section 8-0109(2) of the NEW YORK ENVIRONMENTAL CONSERVATION LAW as routine or continuing administration and management not including new programs or major reordering of priorities that may affect the environment, and the Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

[ ] Brackets denote deletion of existing language  
\_\_\_ Underlining denotes addition of new language

DATED: March 17, 2020

APPROVED BY:

/s/ Dennis M. Cohen  
Chief Deputy County Executive of Suffolk County

Date: April 1, 2020



**RESOLUTION NO. 348 -2020, ACCEPTING AND APPROPRIATING 100% FUNDING FROM THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS) TO THE SUFFOLK COUNTY DEPARTMENT OF SOCIAL SERVICES TO IMPROVE RESPONSE TO FAMILIES AND INFANTS AFFECTED BY SUBSTANCE USE DISORDERS AND AUTHORIZING THE COUNTY EXECUTIVE AND THE COMMISSIONER OF SOCIAL SERVICES TO EXECUTE A CONTRACT**

**WHEREAS**, the New York State Office of Children and Family Services (OCFS) has awarded Suffolk County Department of Social Services as the recipient of 100% funding to identify and support the behavioral health needs of both the adults and children where substance abuse is an issue; and

**WHEREAS**, the Suffolk County Department of Social Services plans to contract with the Education and Assistance Corporation, Inc. (EAC) to assist in the development, implementation, and monitoring of the plan of safe care for infants affected by prenatal exposure to substance abuse and their caregivers; and

**WHEREAS**, this grant of \$90,000 for the period March 1, 2020 through November 30, 2020 from the NYS OCFS will be used to serve families and infants affected by substance use disorders; and

**WHEREAS**, said funds have not been included in the 2020 Adopted Operating Budget; now, therefore be it

**1<sup>st</sup> RESOLVED**, that the County Comptroller be and they are hereby authorized to accept \$90,000 and appropriate said grant funds as follows:

New York State Office of Children and Family Services (OCFS) \$90,000

**REVENUES:**

Fund	Department	Unit	Budget Type	Revenue Code	Amount
003	DSS	6137	G	4610	\$90,000

**ORGANIZATIONS:**

Department of Social Services  
New York State Office of Children and Family Services  
003-DSS-6137  
\$90,000

**4000-CONTRACTUAL EXPENSES \$90,000**

Fund	Department	Budget Type	Unit	Object	Pseudo Code	Description	Amount
003	DSS	G	6137	4770	XXXX	Education and Assistance Corporation (EAC), CAPTA/CARA program	\$90,000

and be it further

**2<sup>nd</sup>** **RESOLVED**, that the County Executive and the Commissioner of Social Services be and they are hereby authorized to execute a contract with the Education and Assistance Corporation, Inc. for the CAPTA-CARA program; and be it further

**3<sup>rd</sup>** **RESOLVED**, that this Legislature, being the lead agency under the State Environmental Quality Review Act ("SEQRA"), N.Y. Environmental Conservation Law Article 8 and Chapter 450 of the Suffolk County Code, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(20) and (27) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS ("NYCRR") in that the action constitutes routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment. The Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

DATED: May 19, 2020

APPROVED BY:

/s/ Steven Bellone  
County Executive of Suffolk County

Date: May 27, 2020

**RESOLUTION NO. 197 -2020, ESTABLISHING A STANDING  
YOUTH ADDICTION PANEL**

**WHEREAS**, exposure and addiction to substances ranging from electronic cigarettes to opioids has been increasing over the past decade, especially among teens and young adults; whether it is in school, at home, or while out socializing with their peers; and

**WHEREAS**, Resolution No. 704-2017 established a permanent Heroin and Opiate Epidemic Panel to further the County's search for solutions to the opioid addiction crisis; and

**WHEREAS**, Suffolk County has taken many steps to provide resources and programs to address these issues, however, a panel dedicated to youth addiction is necessary to compliment the work that is being done by the permanent Heroin and Opiate Epidemic Advisory Panel, to provide a young person's perspective on the dangers of substance abuse and to develop strategies for the most effective ways to reach the intended audience; and

**WHEREAS**, the ever-evolving nature of use and abuse among youth requires an ongoing commitment to identify new resources and additional funding sources for programs directed towards those between 16 and 25 years of age; and

**WHEREAS**, Suffolk County should establish a youth addiction panel to provide ongoing input and recommendations and to address the substance abuse epidemic that is affecting teens and young adults in Suffolk County through preventative education, enhancement of enforcement efforts, and aiding in the treatment and rehabilitation of those youths addicted; now, therefore be it

**1st RESOLVED**, that a Youth Addiction Panel ("the Panel") is hereby established to provide assistance and advice to the County in combating the addiction crisis for residents between the ages of 16 to 25 in an interdisciplinary manner and to assist the Heroin and Opiate Epidemic Advisory Panel in utilizing social media as part of their ongoing efforts; and be it further

**2nd RESOLVED**, that the Panel shall consist of the following nine (9) members who shall be between the ages of 16 and 25:

1. One (1) representative appointed by the Chairperson of the Legislature's Health Committee;
2. One (1) representative to be appointed by the Chair of the Heroin and Opiate Epidemic Advisory Panel;
3. Two (2) representatives who are in recovery from addiction, with one representative appointed by the Chair of the Heroin and Opiate Epidemic Advisory Panel and the other appointed by the Chair of the Legislature's Health Committee;



4. Two (2) representatives from a youth drug advocacy organization, with one representative appointed by the Chair of the Heroin and Opiate Epidemic Advisory Panel and the other appointed by the Chair of the Legislature's Health Committee;
5. One (1) representative to be appointed by the Suffolk County Medical Society;
6. One (1) representative who is well versed in social media outreach and marketing to be appointed by the Chair of the Legislature's Health Committee; and
7. One (1) representative who serves in the field of emergency medical services to be appointed by the Chair of the Legislature's Health Committee;

and be it further

**3rd** **RESOLVED**, that the chairperson of the Panel shall be selected by a majority of the membership of Panel; and be it further

**4th** **RESOLVED**, that the Panel shall hold its first meeting no later than thirty (30) days after the oaths of office of all members have been filed, which meeting shall be convened for the purpose of organization and the appointment of a chairperson, vice chairperson, and a secretary; and be it further

**5th** **RESOLVED**, that the members of said Panel shall serve without compensation and shall serve at the pleasure of their respective appointing authorities; and be it further

**6th** **RESOLVED**, that the Panel shall be advised in their actions by the Chairperson of the Heroin and Opiate Epidemic Advisory Panel, the Chairperson of the Legislature's Health Committee, and a professional in the field of substance abuse selected by the Chairperson of the Heroin and Opiate Epidemic Advisory Panel;

**7th** **RESOLVED**, that the Panel shall hold regular meetings at least quarterly, keep a record of all its proceedings, and determine the rules of its own proceedings with special meetings to be called by the Chairperson; and be it further

**8th** **RESOLVED**, that five (5) members of the Panel shall constitute a quorum to transact the business of the Panel at both regular and special meetings; and be it further

**9th** **RESOLVED**, that clerical services involving the month-to-month operation of this Panel, as well as supplies and postage as necessary, will be provided by the staff of the County Legislature; and be it further

**10th** **RESOLVED**, that the Panel shall conduct a minimum of two (2) formal public hearings annually to acquire necessary information or other data to assist the panel in gathering information and developing recommendations; and be it further

**11th**           **RESOLVED**, that the Panel shall cooperate with the committees of the County Legislature and make available to each committee, upon request, any records and other data it may accumulate or obtain and to provide quarterly reports to the pertinent Committees; and be it further

**12th**           **RESOLVED**, that the Panel shall prepare a written annual report, to be submitted by January 31<sup>st</sup> of each year to the Clerk of the Legislature, each County Legislator and the County Executive, which details the work of the committee over the course of the previous year, recommendations to improve the County's response to the youth heroin and opiate addiction crisis and a summary of the previous year's recommendations and the outcomes associated therewith, if any; and be it further

**13th**           **RESOLVED**, that this Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(26) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS (6 NYCRR) and within the meaning of Section 8-0109(2) of the NEW YORK ENVIRONMENTAL CONSERVATION LAW as routine or continuing administration and management not including new programs or major reordering of priorities that may affect the environment, and the Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

DATED: March 17, 2020

APPROVED BY:

/s/ Dennis M. Cohen  
Chief Deputy County Executive of Suffolk County

Date: April 1, 2020



Introduced by Presiding Officer, on request of the County Executive

**RESOLUTION NO. -2020, ACCEPTING AND APPROPRIATING ADDITIONAL 100% FEDERAL PASS-THROUGH GRANT FUNDS FROM COLUMBIA UNIVERSITY IN THE AMOUNT OF \$196,954 FOR THE HEALING COMMUNITIES STUDY PROGRAM ("HCSP") ADMINISTERED BY THE SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES, DIVISION OF PUBLIC HEALTH AND TO EXECUTE GRANT RELATED AGREEMENTS**

**WHEREAS**, Columbia University has awarded Suffolk County additional Federal pass-through funds under the Healing Communities Study Program ("HCSP") to be implemented by the Suffolk County Department of Health Services, Division of Public Health; and

**WHEREAS**, the funds will be used to gather information about how tools for preventing and treating opioid addiction are most effective at the local level. This will be accomplished through various research studies that will test the impact of an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings. The goal is to prevent and treat opioid misuse and opioid use disorder within 16 highly-affected Counties in New York State and reduce opioid related deaths by 40% over three years; and

**WHEREAS**, the additional grant funds have a start date of 10/1/2019 and ends on 3/31/2020 in which the County will receive 100% grant funding in the amount of \$196,954 for the Healing Communities Study Program; and

**WHEREAS**, said funds have not been included in the 2020 Operating Budget; now, therefore be it

**1<sup>st</sup> RESOLVED**, the County Comptroller be and hereby is authorized to accept \$196,954 and appropriate said grant funds as follows:

Healing Communities Study Program

REVENUES:

Fund	Department	Unit	Budget Type	Revenue Code	Amount
003	HSV	4070	G	4470	\$196,954

ORGANIZATIONS:

Suffolk County Department of Health Services  
Healing Communities Study Program  
003-HSV-4070

4000-CONTRACTUAL EXPENSES: \$196,954

Fund	Dept	Budget Type	Unit	Object	Activity	Description	Amount
003	HSV	DEG	4070	4560	0000	Fee for Service	\$196,954

**2<sup>nd</sup>** **RESOLVED**, that the County Executive be and hereby is authorized to execute related agreements; and be it further

**3<sup>rd</sup>** **RESOLVED**, that this Legislature, being the lead agency under the State Environmental Quality Review Act ("SEQRA"), N.Y. Environmental Conservation Law Article 8 and Chapter 450 of the Suffolk County Code, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5 (26) and (33) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS ("NYCRR") in that the action constitutes routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment, and adoption of regulations, policies, procedures and local legislative decisions in connection with any action on this list. The Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

DATED: June 9, 2020

APPROVED BY:

/s/ Steven Bellone  
County Executive of Suffolk County

Date: June 12, 2020

## GLOSSARY OF TERMS

<b>Adolescent Treatment</b>	The Agency provides specialized services for adolescents.
<b>Ancillary Withdrawal</b>	<b>Ancillary Withdrawal</b> services are the medical management of mild or moderate symptoms of withdrawal within an OASAS certified inpatient/outpatient clinic setting who have protocol for providing ancillary withdrawal services approved by the OASAS Medical Director.
<b>Assertive Community Treatment (ACT)</b>	<p>A team of professionals assigned to treat, monitor and ensure outpatient continuity of care for a select group of individuals diagnosed with a severe mental illness and whose needs have not been met by more traditional mental health services. ACT clients are those individuals who are generally high users of services including frequent acute psychiatric hospitalizations, emergency and/or crisis services and criminal justice involvement. The target population is those whose diagnosable mental illness significantly impairs his/her ability to function in the community without supports.</p> <p>All referrals for ACT Team services must be made through the Adult SPOA Unit.</p>
<b>Assessment-</b>	The process of gathering a client's personal and family history and any other data necessary for determining client's treatment needs.
<b>Assisted Outpatient Treatment (AOT)</b>	<p>The AOT Order includes a comprehensive Treatment Plan which includes outpatient program attendance and medication management in addition to monitoring and supervision by the Suffolk County Division of Community Mental Hygiene Services AOT Unit. Client's referred and eligible for AOT will receive Care Coordination services with Care Coordination Agencies, Suffolk County Management (ICM) or Assertive Community Treatment (ACT) services.</p> <p>All referrals for Care Coordination, ACT or AOT must be on the Adult SPOA application</p>
<b>Bilingual Services</b>	Treatments services offered in dual language other than English.
<b>CASAC</b>	<b>Credentialed Alcoholism and Substance Abuse Counselor</b> Credentials are issued by The New York State Office of Alcohol & Substance Abuse Services and are intended for individuals who provide <b>COUNSELING</b> services, for individuals with a substance use disorder.
<b>Case Management</b>	<b>Case management</b> is the coordination of community services for mental health patients by allocating a professional to be responsible for the assessment of need and implementation of care plans. It is usually most appropriate for people who, as a result of a serious mental illness, have ongoing support needs in areas such as housing, employment, social relationships, and community participation. In particular, service users with a major psychotic disorder are most often suited to receiving services within this model.
<b>Codependent</b>	<b>Codependent</b> is a common condition in people raised in dysfunctional families, and in the partners and children of alcoholics and addicts. It is characterized by living through or for another, attempts to control others, blaming others, a sense of victimization, attempts to "fix" others, and intense anxiety around intimacy.
<b>CPP/CPS</b>	<b>Credentialed Prevention Professional and Credentialed Prevention Specialists</b> Credentials issued by The New York State Office of Alcohol & Substance Abuse Services which are intended for individuals who provide alcohol and substance use <b>PREVENTION</b> services in approved work and community settings.
<b>Criminal Justice Group</b>	Specialized group treatment for those involved in the criminal justice system.
<b>Crisis Intervention</b>	<b>Chemical dependence crisis services</b> manage the treatment of alcohol and/or substance withdrawal, as well as acute disorders associated with alcohol and/or substance use, resulting in a referral to continued care. These services are often provided early in a person's course of recovery and are relatively short in duration, typically in the three to five day range. Crisis services include: medically managed detoxification; medically supervised withdrawal in either an inpatient/residential or outpatient setting; and medically monitored withdrawal.



<b>Day Treatment</b>	<b>Day Treatment</b> a level of care that provides a community based, coordinated set of individualized treatment services to individuals with psychiatric disorders who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting.
<b>Detoxification (Medically Managed)</b>	This service addresses the needs of patients who are acutely ill from alcohol-related and/or substance-related addictions or dependence, including the need for medical management of persons with severe withdrawal or risk of severe withdrawal symptoms, and may include individuals with or at risk of an acute physical or psychiatric co-morbid condition. This level of crisis service is the only one capable of accommodating individuals who are incapacitated and require an involuntary, emergency admission
<b>Domestic Violence</b>	Specialized group treatment for victims of domestic violence
<b>DWI</b>	In every state, it is a crime for a driver to operate a vehicle while impaired by the effects of alcohol or drugs. The specific offense may be called driving under the influence ( <b>DUI</b> ), driving while intoxicated ( <b>DWI</b> ), operating under the influence ( <b>OUI</b> ), and even operating a motor vehicle intoxicated ( <b>OMVI</b> ).
<b>Family Therapy</b>	Treatment for substance use disorders that involves all members of the nuclear or extended family.
<b>Gambling Treatment</b>	These services assist individuals who are affected by problem and pathological gambling, including family members and/or significant others. These services may be provided in free-standing settings or may be co-located in chemical dependency outpatient clinics or other mental health settings.
<b>Inpatient Rehabilitation</b>	<b>Chemical dependence inpatient rehabilitation</b> services provide intensive management of chemical dependence symptoms and medical management/monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care. These services can be provided in a hospital or free-standing facility. Lengths of stay are primarily in the 20-40 day range.
<b>Inpatient Services – Mental Health</b>	<p>Hospitalization may be needed to allow for a period during which the individual can be closely monitored to provide accurate diagnosis, to help adjust or stabilize medications, or during an acute episode where a person’s mental illness temporarily worsens.</p> <p>There are times when a person becomes so ill that they are at risk of hurting themselves or others and hospitalization becomes necessary even though the individual does not wish to enter a hospital. While seeking help voluntarily is always preferable, if that is at all possible, the decision to hospitalize involuntarily can be more caring than it seems if that is the only way your family member or friend can get the care they need, especially if there is a risk of suicide or harm to others.</p> <p>Article 9 of the Mental Hygiene Law (1978) discusses hospitalization persons with a mental illness. Under the law there are three major classifications of admission.</p> <p>1) Voluntary Admission - Any person 18 years of age or over in need of care or treatment may voluntarily sign himself/herself into a hospital if the admitting physician agrees that hospitalization is required.</p> <p>2) Involuntary Admission - Any person 18 years of age or over may be admitted involuntarily upon the certification of two examining physicians or by a physician serving as a commissioner’s designee with the concurrence of the hospital staff physician.</p> <p>3) Emergency Admission (9.39) - Any psychiatric hospital or general hospital with a psychiatric unit which has facilities for emergency admission and is certified by the State Office of Mental Health for this purpose may admit a patient for immediate observation, care and treatment if the person’s behavior is likely to result in serious harm to oneself or others.</p>



<b>Intensive Outpatient Services</b>	<b>Intensive Outpatient Services</b> are an intermediate level of care to treat mental health and/or substance use disorders. Individuals are seen as a group 2 to 5 times a week (depending on the structure of the program) for 2 to 3 hours at a time. The clinical work is primarily done in a group setting, with individual sessions scheduled periodically generally outside group hours.
<b>LCSW</b>	<b>Licensed Clinical Social worker:</b> has a graduate academic degree, has had supervised clinical work experience, and has passed a national- or state-certified licensing exam. This advanced professional can receive health-care Private Insurance reimbursements.
<b>LMFT</b>	<b>Licensed Marriage and Family Therapist</b> has a graduate academic degree, clinical work experience, and has passed state-certified licensing exams. Along with a two- to three-year master's programs with a practicum and internship, LMFTs are required to complete clinical training in individual or family therapy. Some states require completion of 3000 hours of service.
<b>LMHC</b>	<b>Licensed Mental Health Counselor</b> has advanced training, a graduate academic degree, clinical work experience, and has completed a state-certified licensing examination. Counselors often treat people dealing with substance use disorders or eating disorders. Some specialize in marriage, family, or child counseling.
<b>LMSW</b>	<b>Licensed Master Social Worker:</b> A non-clinical social work license, but is permitted to engage in private/independent practice. LMSW-CC is permitted to perform clinical social work but only under the direct consultation of a LCSW/CSW-IP. Also, a LMSW-CC cannot engage in private/independent practice.
<b>MD</b>	<b>Doctor of Medicine</b> is the most common degree held by physicians and surgeons. Most MDs who work in mental health are psychiatrists. After completing medical school, they receive an additional four years of clinical training in mental health specialties. Psychiatrists treat emotional and mental disorders and are licensed to prescribe medication. These professionals may treat psychiatric disorders with therapy in conjunction with psychotropic medications.
<b>Medically Monitored Withdrawal Service</b>	<b>Medically monitored</b> withdrawal services (crisis centers) provide monitoring of mild withdrawal symptoms and uncomplicated withdrawal. The crisis centers also provide services for those in situational crises at risk for relapse
<b>Medically Supervised Withdrawal Service</b>	<b>Medically supervised</b> withdrawal services provide treatment to individuals with moderate withdrawal symptoms and non-acute physical or psychiatric complications coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications. Medically supervised outpatient withdrawal and stabilization services are appropriate for persons with above symptoms and have a stable environment.
<b>Medication Assisted Treatment</b>	<b>Medication Assisted Treatment</b> means treatment of substance use disorders and concomitant conditions with medications requiring a prescription or order from an authorized prescribing professional. This may also be referred to as Medication Supported Recovery.
<b>Medication Management</b>	<b>Medication Management</b> is a level of outpatient services where the sole service provided by the qualified physician is the evaluation of the client's need for psychotropic medications, provision of prescription, and ongoing medical monitoring of those medications.
<b>Methadone Services</b>	<b>METHADONE TREATMENT</b> is a medical service designed to manage heroin addiction. Methadone treatment programs (MTPs) administer methadone by prescription, in conjunction with a variety of other rehabilitative assistance, to control the physical problems associated with heroin dependence and to provide the opportunity for patients to make major life-style changes over time. Methadone treatment is delivered primarily on an ambulatory basis, with most programs located in either a community or hospital setting. Some specialized programs deliver services in a residential setting, while a few programs deliver services in a prison setting.
<b>Mobile Integration Team (MIT)</b>	Services offered: Psychiatric Rehabilitation & Recovery; Family & Caregiver support and Skill Building; Health Teaching; Community Linkage; Crisis Intervention; Outreach and Engagement; Physical Health Care; In-Home Respite; In-school Support; Brief Therapeutic Support



<b>Outpatient Services</b>	Chemical dependence outpatient services assist individuals who suffer from a substance use disorder and their family members and/or significant others. Outpatient services may be delivered at different levels of intensity responsive to the severity of the problems presented by the client. These services may be provided in a free-standing setting, or may be co-located in a variety of other health and human service settings. Sponsorship may be voluntary, proprietary or county operated. There are three chemical dependence outpatient service categories: medically supervised outpatient services, outpatient rehabilitation services; and non-medically supervised outpatient services. The length of stay and the intensity of services as measured by frequency and duration of visits vary from one category of outpatient services to another and intensity will vary during the course of treatment within a specific category. In general, persons are engaged in outpatient treatment up to a year and visits are more frequent earlier in the treatment process becoming less frequent as treatment progresses.
<b>Par-Other Group</b>	A special treatment group for parents who are experiencing the negative effects of living with an adolescent, young adult or adult child, who is using substances and refusing treatment.
<b>Prevention Counseling</b>	<b>Prevention counseling</b> is a short term, problem resolution focused service that concentrates on resolving identified problems and/or assessing and improving the level of youth and family risk and protective factors that are predictive of substance use disorders and/or problem gambling. It includes screening and referral for individuals who are abusing substances or may be developing gambling problems and require referral to appropriate treatment services. It does not include treatment for mental illnesses or addictions.
<b>Prevention Education</b>	<b>Prevention Education</b> uses activities and educational presentations to: teach family and youth the consequences of substance use; improve attitudes regarding substance use and other problem behavior, and teach drug refusal and other social skills.
<b>Prevention Services</b>	The NYS Office of Alcoholism and Substance Abuse Services defines prevention as a pro-active, evidenced-based process utilizing effective programs and strategies to prevent or reduce substance use and problem gambling in individuals, families, and communities.
<b>Personalized Recovery Oriented Services (PROS)</b>	PROS is a comprehensive recovery program for individuals diagnosed with severe and persistent mental illness. The goal of the program is to integrate treatment, support and rehabilitation in order to promote an individual's goals, abilities interests so that individuals will be prepared to live independently in the community. Services include vocational support. PROS agencies listed below have on-site clinical services.
<b>Psychiatric Evaluation</b>	The assessment of a person's mental, social, psychological functionality.
<b>Psychologist</b>	A person trained in the science of human behavior and personality. Licensure as a psychologist in New York State requires a doctoral degree (Ph.D., Psy.D., or Ed.D.), at least two years of supervised experience, and the completion of a state licensing examination. Only licensed psychologists or non-licensed psychologists working in "exempt settings" (schools, government agencies) can use the term "psychologist" or "psychological" in describing their practice. Psychologists help the health and well-being of individuals. They are doctorally trained professionals who conduct research, perform testing, evaluate and treat a full range of emotional and psychological challenges. They admit, diagnose, and coordinate the care of individuals in both outpatient and hospital settings. Psychologists conduct individual and group therapy with adults, adolescents, and children.
<b>Relapse Prevention group-</b>	A specialized group focused on teaching a set of skills designed to reduce the likelihood that symptoms will worsen or that a person will return to an unhealthy behavior, such as substance use. Skills include, for example, identifying early warning signs that symptoms may be worsening, or recognizing high risk situations for relapse.
<b>Residential Services</b>	Chemical dependence residential services assist individuals who suffer from chemical dependence, who are unable to maintain abstinence or participate in treatment without the structure of a 24-hour/day, 7 day/week residential setting and who are not in need of acute hospital or psychiatric care or chemical dependence inpatient services. There are three levels of intensity of procedures offered by this service: intensive residential treatment and rehabilitation, community residential services, and supportive living services. Length of stay ranges from an average of four months in a community residential service to up to two years in the other

	residential service categories.
<b>RN</b>	Many <b>Registered Nurses</b> are eligible to be licensed as therapists. They provide a range of primary mental health care services to individuals, families, and groups.
<b>Sliding Scale</b>	<b>Sliding scale fees</b> are variable costs for services based on one's ability to pay. Such fees are thereby reduced for those who have lower incomes or less money to spare after their personal expenses, regardless of income.
<b>Suboxone® Treatment</b>	<b>Suboxone®</b> is a drug primarily used to treat addiction to opiates such as morphine, heroin and codeine. It is administered as a film or tablets that are dissolved under the tongue.
<b>Treatment Planning</b>	<b>Treatment planning</b> refers to the development of a written document that outlines the progression of treatment. The client should always be involved in developing the treatment plan, although this is generally accomplished through informal discussion of the situation. Many therapists present a written copy of the treatment plan to the client.
<b>Vocational Services</b>	<b>Vocational services</b> are a set of services offered to individuals with mental or physical disabilities. These services are designed to enable participants to attain skills, resources, attitudes, and expectations needed to compete in the interview process, get a job, and keep a job. Services offered may also help an individual retrain for employment after an injury or mental disorder has disrupted previous employment.
<b>Women's group</b>	Specialized group treatment for women with substance use disorders.

***A copy of this Directory can be found on the Suffolk County Division of Community Mental Hygiene Services Website, using the below link:***

[https://www.suffolkcountyny.gov/Portals/0/FormsDocs/Health/MentalHygiene/REVISED%20AUG%202019%20Directory%20of%20Behavioral%20Health%20Services\\_8.23.2019.pdf](https://www.suffolkcountyny.gov/Portals/0/FormsDocs/Health/MentalHygiene/REVISED%20AUG%202019%20Directory%20of%20Behavioral%20Health%20Services_8.23.2019.pdf)





## THE OFFICE OF SUFFOLK COUNTY LEGISLATOR

### **Sarah S. Anker**

Suffolk County Legislator, 6<sup>th</sup> District

*Chairwoman of the Seniors & Human Services Committee • Vice Chairwoman of the Veterans & Consumer Affairs Committee  
Budget and Finance Committee • Environment, Planning and Agriculture Committee  
Chairwoman of the Suffolk County Heroin and Opiate Epidemic Advisory Panel • Chairwoman of the School Traffic Safety Commission  
BNL Legislative Roundtable • Suffolk County Cancer Prevention and Health Promotion Coalition  
Suffolk County Child Care Commission • Welfare to Work Commission • Suffolk County Public Transportation Working Group*

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February 25, 2020

Dear MTA/LIRR Representatives,

It is the task of the Suffolk County Heroin and Opiate Epidemic Advisory Panel to initiate dialogues and policies that effectively create partnerships geared towards addressing and preventing the devastating impact that the opiate epidemic has inflicted on countless Long Island families. It is with this objective that we respectfully inquire if the MTA/LIRR has implemented best practice prevention measures and policies to promote the safety of Long Island Railroad patrons and their families.

This past year, 2019, witnessed the first reduction in fatal opioid overdoses on Long Island in several years. We attribute this reduction, at least in part, to the widened accessibility and utilization of naloxone (Narcan) being administered by first responders and responsible citizens alike. Narcan is a life-saving serum for individuals who struggle with opioid use disorder. Therefore, we would like to confirm that the MTA/LIRR conductors and employees have access to naloxone on passenger trains as a lifesaving measure for patrons who may be experiencing an acute opioid overdose. Please note that there are organizations that are willing to work in partnership with the MTA/LIRR to insure that this medication is present on LIRR trains and that conductors have been trained to administer Narcan to potential overdose victims that may be on board. Needless to say, when an overdose is occurring, time is always of the essence to prevent death or irreversible harm to the user.

In addition, the Suffolk County Heroin and Opiate Epidemic Advisory Panel has implemented new and effective public service materials to raise awareness and promote health education to Long Islanders surrounding the dangers of substance use and where to access assistance. One of these powerful tools is the public service announcement entitled, "Hey Charlie," visually depicting a young man and his downward spiral due to the devastating impact that substance use has had on him and his family. This public service announcement is equipped with a free 24 hour help line offered through the Long Island Council on Alcoholism and Drug Dependence (LICADD) in partnership with Suffolk County Government. Free viewing of this public service announcement is linked here: <https://www.youtube.com/watch?v=wXZPyrhYqiM&t=1s>

Another potentially effective public service tool is the video about the DASH Open Access Center which is structured as a 24/7 immediate Diagnostic and Stabilization Hub. The center is designed to provide on-the-spot evaluations, interim treatment and linkages for ongoing treatment

and support. DASH is the first crisis stabilization center in New York City metro area and the fourth statewide. The Dash Center continues to provide services to the community, including Medication Assisted Treatment. The video is linked here:

<https://www.youtube.com/watch?v=HnSTONiRoJo&feature=youtu.be>

We greatly appreciate you taking the time to view these public service announcements, as well as fielding our inquiry with the MTA/LIRR to ensure the safety and wellness of Long Islanders. The Suffolk County Heroin and Opiate Epidemic Advisory Panel will continue to work collectively to combat the devastating impact that this addiction epidemic has inflicted on countless Long Island families.

Yours truly,

A handwritten signature in black ink that reads "Sarah S. Anker". The signature is written in a cursive style with a large initial 'S'.

Legislator Sarah S. Anker  
Chairperson Suffolk County Heroin and Opiate Epidemic Advisory Panel

## Panel Members

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Catholic Health Services Executive VP Dr. Patrick O'Shaughnessy  
Public Representative Veronica Finneran

## SUFFOLK COUNTY HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL



Panel Chairwomen Legislator Sarah S. Anker  
620 Rt. 25A – Suite B, Mt. Sinai, New York 11766

May 26, 2020

Senator Kenneth LaValle  
28 N. Country Road, #203  
Mount Sinai, New York 11766

Re: Funding for the New York State Office of Addiction Services and Supports

Dear Senator LaValle:

I hope this letter finds you well. As Chairperson, I am writing on behalf of the Suffolk County Heroin and Opiate Epidemic Advisory Panel, to urge you to oppose funding reductions to the NYS Office of Addiction Services and Supports. Further, I am requesting that you support fortifying addiction prevention, harm reduction, treatment and recovery programs as they face a dramatic increase in demand for services directly attributable to the COVID-19 public health emergency.

The stakes could not be higher. Any funding cuts will lead to decreased staffing and program closures, resulting in more preventable overdoses and overdose deaths, greater use of expensive hospital care, increased arrest and incarceration costs and less access to life saving and deficit reducing substance use disorders services.

According to the National Bureau of Economic Research, every 1% rise in unemployment results in a 3.5% increase in addiction. Recent spikes in overdoses in Suffolk County, Erie County and other counties reflect this alarming trend. With unemployment now at levels unseen since the Great Depression, businesses shuttered and millions of New Yorkers in an extended lockdown, the conditions are in place for an influx of people needing substance use disorders prevention, harm reduction, treatment and recovery services. These services are vital for communities to prevent further increases in alcohol use, the continued spiking in the number of overdoses and overdose deaths and the danger of relapse



for people in recovery. With a ballooning multi-billion dollar budget deficit, decision-makers are searching for cost savings and efficiencies. They should look no further. Addiction prevention, harm reduction, treatment and recovery programs have proven their ability to save millions of dollars by reducing costs associated with unnecessary hospitalizations, arrests and incarceration, homelessness, domestic violence, unemployment and more. Eighty-two percent (82%) of NYS Medicaid dollars spent on unnecessary readmissions to hospitals are for individuals who have untreated substance use and mental health disorders. Most of these re-hospitalizations are for medical conditions that go ignored when people are in the midst of an untreated addiction or mental health issue.

A recent report from the Society of Actuaries shows an unbelievably high opiate epidemic financial impact nationally of over \$660 billion on the private sector and government, demonstrating the incredible societal costs of this epidemic that go well beyond expenditures for substance use disorder interventions. A recent study by the Fiscal Policy Institute found that the economic impact of the opioid epidemic on Long Island alone was a staggering \$8.2 billion. The NYS Department of Health found that approximately 60% of the total cost of care for Medicaid beneficiaries in New York State is spent on individuals with an untreated substance use or mental health disorder.

Advocates have heeded the advice of administration officials including Governor Cuomo, Lt. Governor Kathy Hochul, and OASAS Commissioner Arlene Gonzalez-Sanchez to advocate at the federal level. The New York Association of Alcoholism and Substance Abuse Providers (ASAP) has been in regular contact with members of Congress and federal officials. We have advocated that funding be included in the Stimulus IV package to help substance use and mental health disorders services. If we, and advocates from across the country, are successful, we ask for your commitment to ensure that federal funds are not used to supplant funds in the budget passed by the legislature.

Investing in the community-based substance use and mental health disorder service delivery systems will help individuals access life-saving services, improve health outcomes and drive down significant costs for New York State during this uncertain time. With an increase in alcohol and drug use, overdose, suicide and mental health issues, now is the time to increase and not decrease funding.

ASAP has promised to assist the legislature in identifying solutions that address the epidemic of overdose and addiction that is rising and continues to cause alarming numbers of deaths. Thank you for consideration and support in this matter.

Sincerely,



Suffolk County Legislator Sarah S. Anker

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## SUFFOLK COUNTY HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL

Panel Chairwomen Legislator Sarah S. Anker  
620 Rt. 25A – Suite B, Mt. Sinai, New York 11766



May 26, 2020

Congressman Lee Zeldin  
2441 Rayburn House Office Building  
Washington, DC 20515

Re: Future Stimulus Package

Dear Congressman Zeldin:

I hope this letter finds you well. As Chairperson, I am writing on behalf of the Suffolk County Heroin and Opiate Epidemic Advisory Panel, to request consideration for additional money in any future stimulus package to provide emergency supplemental funds to substance use and mental health disorders service organizations.

Please consider including \$38.5 billion in the next stimulus package to provide emergency supplemental funds to substance use and mental health disorders service organizations. I am very concerned, the substance use disorders prevention, harm reduction, treatment, and recovery programs across New York State, threatens the very existence of our programs. Emergency stimulus funds are necessary to ensure the fiscal viability of service providers and to ensure access to critical community-based services at a time when deaths related to alcohol, opioids and other drugs are spiking again. Alcohol sales are up dramatically, suicide is increasing and mental health disorders are on the rise.

Emergency supplemental funding for substance use and mental health disorders service providers are needed to cover business and service delivery expenses caused by the COVID-19 pandemic. These funds would help to purchase personal protective equipment (PPE) and other critical medical supplies, bolster workforce recruitment and retention, expand telehealth infrastructure and help offset other expenses associated with keeping service providers fully operational especially during this challenging time.

Behavioral health service providers were addressing

the opioid overdose and addiction crisis and suicide epidemic before COVID-19. The onset of the COVID-19 pandemic has stretched the workforce and finances of these organizations to their limits. Emergency supplemental funding would help to immediately address fiscal hardship and ensure that programs are more adequately equipped to provide comprehensive care to individuals seeking treatment and support.

As Congress continues to appropriate funding to address the COVID-19 emergency, the needs of behavioral health programs must be prioritized. Please support, as part of the next Congressional stimulus package, inclusion of \$38.5B in emergency funds to provide much needed relief for substance use and mental health disorders service providers.

Thank you for your leadership and attention to this important matter.

Sincerely,

A handwritten signature in black ink that reads "Sarah S. Anker". The signature is written in a cursive, flowing style.

Suffolk County Legislator Sarah S. Anker  
Chairperson, Suffolk County Heroin and Opiate Epidemic Advisory Panel

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## SUFFOLK COUNTY HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL

Panel Chairwomen Legislator Sarah S. Anker  
620 Rt. 25A – Suite B, Mt. Sinai, New York 11766



June 8, 2020

Commissioner Arlene González-Sánchez  
New York State Office of Addiction  
Services and Supports  
1450 Western Avenue  
Albany, New York 12203

Re: Telehealth & Virtual Care Options for Medicare & Medicaid Beneficiaries

Dear Commissioner González-Sánchez:

I hope this letter finds you well. As Chairperson, I am writing on behalf of the Suffolk County Heroin and Opiate Epidemic Advisory Panel, to request that New York State advocate with Centers for Medicare and Medicaid Services (CMS) related to the delivery of substance abuse disorder services.

The impact of COVID-19 on the delivery of health care services is immeasurable. The immediate shift of providers to delivering services via telehealth is what ensures the health and safety of millions of our community members statewide and nationally. The proactive response from CMS to remove regulatory and reimbursement barriers is what has made most of the telehealth efforts feasible in the COVID-19 hotspots in New York including Manhattan and Long Island. The new normal state of healthcare service delivery must maintain the ability to deliver services via telehealth and virtual care in all areas of the country. A few key areas where we urge CMS, and New York State, where applicable, to maintain the public's access to services include:

- Full access to telehealth and virtual care options for Medicaid and Medicare beneficiaries.
- Provider reimbursement rates for telehealth and virtual care that are on par with face-to-face rates, including rates for care provided by LMHC's, CASACs, CSWs and all others that are

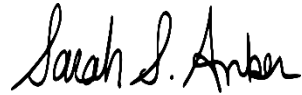
normally reimbursed for face-to-face substance use disorder treatment.

- Flexibility in definitions of distance site and originating site so that providers and patients have flexibility where care is delivered and received.
- Permanently remove the requirement that the initiation of buprenorphine treatment must be done after an initial in-person face-to-face meeting to ensure access to care without patients needing to travel.

Although this list is not comprehensive, we are advocating that New York State and CMS fully modernize telehealth and virtual care regulations for all patients needing to access care under the “new normal” in healthcare delivery.

Thank you for your consideration and assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads "Sarah S. Anker". The signature is written in a cursive, flowing style.

Suffolk County Legislator Sarah S. Anker  
Chairperson, Suffolk County Heroin and Opiate Epidemic Advisory Panel





## Office of Addiction Services and Supports

# Statewide Comprehensive Plan 2020 - 2024

**ANDREW M. CUOMO**  
Governor

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

[www.oasas.ny.gov](http://www.oasas.ny.gov)

To view the New York State Office of Addiction Services and Supports Statewide Comprehensive Plan 2020-2024, follow the link below:  
[https://oasas.ny.gov/system/files/documents/2020/02/oasas\\_statewide\\_plan\\_20\\_24.pdf](https://oasas.ny.gov/system/files/documents/2020/02/oasas_statewide_plan_20_24.pdf)



## **REPORT OF THE JOINT SENATE TASK FORCE**

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### **ON OPIOIDS, ADDICTION AND OVERDOSE PREVENTION**



To view the report of the Joint Senate Task Force on Opioids, Addiction, and Overdose Prevention, follow the link below:

[https://www.nysenate.gov/sites/default/files/report\\_of\\_the\\_joint\\_senate\\_task\\_force\\_on\\_opioids\\_addictions\\_and\\_overdose\\_prevention\\_0.pdf](https://www.nysenate.gov/sites/default/files/report_of_the_joint_senate_task_force_on_opioids_addictions_and_overdose_prevention_0.pdf)

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## United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

KOLAN DAVIS, STAFF DIRECTOR AND CHIEF COUNSEL  
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

To: Members of the Senate Finance Committee  
From: Senator Chuck Grassley, Chairman of the Senate Finance Committee  
Senator Ron Wyden, Ranking Member of the Senate Finance Committee  
Date: December 16, 2020  
Re: Findings from the Investigation of Opioid Manufacturers' Financial Relationships  
with Patient Advocacy Groups and other Tax-Exempt Entities

Dear Colleagues:

As the nation continues to respond to the COVID-19 pandemic, we want to bring your attention back to another concerning public health matter: our nation's opioid epidemic. Opioid overdoses claimed more than 450,000 lives in the United States from 1999 to 2019, and preliminary data from the Centers for Disease Control and Prevention (CDC) suggests drug overdose deaths, including those attributed to opioids, have accelerated since the pandemic began.<sup>1</sup> Indeed, COVID-19 has increased risk factors associated with substance-use disorders (SUDs) and opioid-use disorders (OUDs) like feelings of anxiety, depression, loneliness, and an ongoing sense of uncertainty.<sup>2</sup> For individuals suffering from these diseases, COVID-19 has even presented additional barriers to treatment and social support services as people are urged to stay-at-home and social distance.<sup>3</sup> We are concerned that this will only worsen as our country continues to battle COVID-19 and as social isolation and lack of access to SUD and OUD treatment persists.

As the opioid epidemic and its impact on programs within the Finance Committee's jurisdiction shows no signs of abating, we write to provide you with an update on the

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<sup>1</sup> *Opioid Overdose, Data Analysis and Resources*, CTNS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/drugoverdose/data/analysis.html> (last viewed Dec. 10, 2020).

<sup>2</sup> Alex Edelman, *Overdose deaths appear to rise amid coronavirus pandemic in U.S.*, NBC NEWS (Oct. 20, 2020), <https://www.nbcnews.com/health/health-news/overdose-deaths-appear-rise-amid-coronavirus-pandemic-u-s-n1244024>; Jon Kamp and Arian Campo-Flores, *The Opioid Crisis, Already Serious, Has Intensified During Coronavirus Pandemic*, WALL ST. J. (Sept. 8, 2020), <https://www.wsj.com/articles/the-opioid-crisis-already-serious-has-intensified-during-coronavirus-pandemic-11599557401>.

<sup>3</sup> Jon Kamp and Arian Campo-Flores, *The Opioid Crisis, Already Serious, Has Intensified During Coronavirus Pandemic*, WALL ST. J. (Sept. 8, 2020), <https://www.wsj.com/articles/the-opioid-crisis-already-serious-has-intensified-during-coronavirus-pandemic-11599557401>. See also DEP'T OF HEALTH AND HUMAN SERVS., OFF. OF INSPECTOR GEN., OPIOID TREATMENT PROGRAMS REPORTED CHALLENGES ENCOUNTERED DURING THE COVID-19 PANDEMIC AND ACTIONS TAKEN TO ADDRESS THEM (Nov. 2020), [https://oig.hhs.gov/oas/reports/region9/92001001.asp?utm\\_source=web&utm\\_medium=web&utm\\_campaign=covid-A-09-20-01001](https://oig.hhs.gov/oas/reports/region9/92001001.asp?utm_source=web&utm_medium=web&utm_campaign=covid-A-09-20-01001).

To view the full report from the United States Senate Finance Committee, follow the link below:  
<https://www.finance.senate.gov/imo/media/doc/2020-12-16%20Finance%20Committee%20Bi-partisan%20Opioids%20Report.pdf>



# ANNUAL SURVEILLANCE REPORT OF DRUG-RELATED RISKS AND OUTCOMES

UNITED STATES, 2019



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control



To view the Annual Surveillance Report of Drug-Related Risks and Outcomes from the Center for Disease Control, follow the link below:

<https://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillance-report.pdf>

**This is an official**  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
December 17, 2020, 8:00 AM ET  
CDCHAN-00438

## **Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic**

### **Summary**

The purpose of this Health Alert Network (HAN) Advisory is to alert public health departments, healthcare professionals, first responders, harm reduction organizations, laboratories, and medical examiners and coroners to—

- (1) substantial increases in drug overdose deaths across the United States, primarily driven by rapid increases in overdose deaths involving synthetic opioids excluding methadone (hereafter referred to as synthetic opioids), likely illicitly manufactured fentanyl;
- (2) a concerning acceleration of the increase in drug overdose deaths, with the largest increase recorded from March 2020 to May 2020, coinciding with the implementation of widespread mitigation measures for the COVID-19 pandemic;
- (3) the changing geographic distribution of overdose deaths involving synthetic opioids, with the largest percentage increases occurring in states in the western United States;
- (4) significant increases in overdose deaths involving psychostimulants with abuse potential (hereafter referred to as psychostimulants) such as methamphetamine; and
- (5) recommendations for communities when responding to the evolving overdose crisis.

### **Background**

The most recent provisional data available from the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) indicate that approximately 81,230 drug overdose deaths occurred in the United States in the 12-months ending in May 2020 (Figure 1).<sup>1</sup> This represents a worsening of the drug overdose epidemic in the United States and is the largest number of drug overdoses for a 12-month period ever recorded.<sup>1</sup> After declining 4.1% from 2017 to 2018,<sup>2</sup> the number of overdose deaths increased 18.2% from the 12-months ending in June 2019<sup>ii</sup> to the 12-months ending in May 2020 (Figure 1).<sup>3</sup> Drug overdose deaths during this time increased more than 20% in 25 states and the District of Columbia, 10% to 19% in 11 states and New York City, and 0% to 9% in 10 states. Drug overdose deaths decreased in four states (Figure 2).

The recent increase in drug overdose mortality began in 2019 and continues into 2020, prior to the declaration of the COVID-19 National Emergency in the United States in March. The increases in drug overdose deaths appear to have accelerated during the COVID-19 pandemic. Provisional overdose death estimates indicate that the largest monthly increases in drug overdose deaths occurred in the 12-months ending in February 2020 (74,185 deaths) and the 12-months ending in March 2020 (75,696 deaths), the 12-months ending in March 2020 (75,696 deaths) to the 12-months ending in April 2020 (77,842 deaths), and from the 12-months ending in April 2020 (77,842 deaths) to the 12-months ending in May 2020 (81,230 deaths). These one-month increases of 2,146 deaths and 3,388 deaths, respectively for the 12-month periods (Figure 1), are the largest monthly increases documented since provisional 12-month estimates began to be calculated in January 2015.<sup>3</sup>

Synthetic opioids are the primary driver of the increases in overdose deaths. The 12-month count of synthetic opioid deaths increased 38.4% from the 12-months ending in June 2019 compared with the 12-months ending in May 2020 (Figure 1). Of the 38 jurisdictions with available synthetic opioid data,<sup>3</sup> 37

To view the full health advisory from the CDC, follow the link below:  
<https://emergency.cdc.gov/han/2020/pdf/CDC-HAN-00438.pdf>



# **Nassau County Opioid Crisis**



## **Action Plan Task Force Report**

October 3, 2019

**Patrick J. Ryder**  
Commissioner of Police  
Co-Chair

**Siela Bynoe**  
Nassau County Legislator  
Co-Chair

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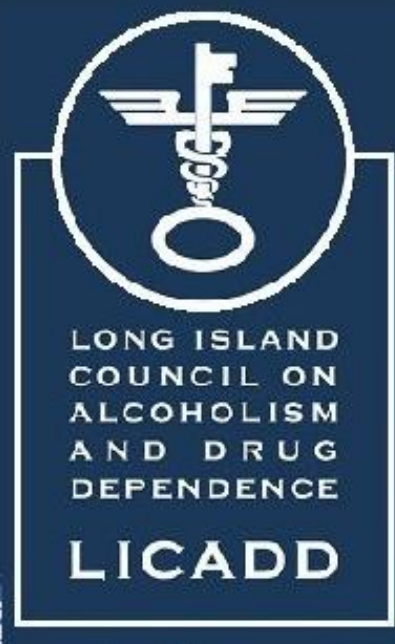
To view the 2019 report from the Nassau County Opioid Crisis Action Plan Task Force Annual, follow the link below:

<https://www.nassaucountyny.gov/4891/Opioid-Crisis-Action-Plan-Task-Force-Rep>



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