



**SUFFOLK COUNTY ADDICTION PREVENTION
AND SUPPORT ADVISORY PANEL
2021 REPORT**



Presented by Suffolk County Legislator Sarah Anker, Panel Chair

December 2021

Hauppauge, NY

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Annual Report from the Suffolk County Addiction Prevention and Support Advisory Panel

December 2021 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
- Deputy Presiding Officer Kara Hahn, as the designee of Sarah Anker, Chair of the Health Committee
- Dr. Gregson Pigott, MD., Suffolk County Department of Health Services Commissioner
- Stuart Cameron, Acting Suffolk County Police Commissioner
- Thomas Branco, acting Director of Suffolk County Department of Probation
- Dr. Odette Hall, MD., Chief Suffolk County Medical Examiner
- Dr. Errol D. Toulon, Jr., Suffolk County Sheriff
- Cari Faith Besserman, MS, CRC, CASAC-Master, Suffolk County Department of Health, Director, Division of Community Mental Hygiene Services
- Timothy D. Sini, Suffolk County District Attorney
- Robert McConville, Past Commissioner of the Selden Fire District representing the Volunteer Fire & EMS Service of Suffolk County
- Zoraida Diaz, M.A., L.M.H.C., Downstate District Director, NYC 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 Addiction Psychiatry
- Dr. Kristie Golden, PhD, LMHC, CRC, Associate Director of Operations for Neuroscience at Stony

Brook University Hospital

- David Cohen, LCSW, Director of Outpatient Addiction Services at Stony Brook Eastern Long Island Hospital
- Janine Logan, Vice President of Communications and Population Health, Nassau-Suffolk Hospital Council (NSHC)
- Dr. Jeffrey Reynolds, PhD, 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 and CN Guidance & Counseling Services
- 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, CASAC2, LMHC, Director of Prevention at the Long Island Prevention Resource Center
- John Venza, LCSW-R, LMHC, Vice President of Residential Services at Outreach of NYC and Long Island
- Steven Miller, LCSW, representative from Hope House Ministries
- Robert Woods, 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 into law by Suffolk County Executive Steve Belone 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 and judicial courts 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 discussed where additional focus might be needed. The establishment of the current panel, now called the Suffolk County Addiction Prevention and Support Advisory Panel, is due to the ever-evolving nature of the opioid epidemic that requires a continuous commitment to focusing on priorities. The 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 panel, which brings communities and agencies together, focusing their collective energies and maximizing the power of collaboration.

The following 2021 report highlights the various initiatives that have been advanced this year, as well as items the panel is working to implement moving forward. The 2020 report noted the spike in overdoses due to the COVID-19 pandemic, and this trend has continued into 2021. The panel recognizes the importance of ensuring there are resources available to deal with this increase. To prioritize safety, the panel has met via Zoom throughout 2020-2021. In recognizing that this is an ever-evolving process, the panel is committed to continuing to work toward implementing initiatives 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 commend Suffolk County's Addiction Prevention and Support Advisory Panel members, for 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.

Prior to the COVID-19 pandemic, the county was experiencing a decrease in the number fatal overdose deaths. Unfortunately, since the pandemic began in 2020, the county has seen an increase in the number of those lost to an overdose for the first time since 2017. Last year, the US Centers for Disease Control and Prevention's (CDC's) National Center for Health Statistics reported an increase of 10% in drug overdose deaths in this country from March 2019 to March 2020. Most recently, the CDC reported that for the first time, during the 12 month period May 2020–April 2021, the estimated number of drug overdose deaths in the United States exceeded 100,000.

Locally, according to the Medical Examiner's Office, fatal overdoses in Suffolk County for 2021 (including pending drug overdoses) as of December 1, 2021 are expected to be 370. For comparison, in 2020 the total opioid overdoses were 411 and in 2019 they were 345. According to the Suffolk County Police Department, in 2020, there were 1,213 non-fatal overdoses and 351 fatal overdoses, and in 2021, as of December 22, there were 1,317 non-fatal and 309 fatal, which represents an increase of 104 non-fatal and a decrease of 42 fatal overdoses. The Police Department also reports an increase in Narcan saves with 940 in 2021 (as of December 22, 2021), as compared to 2020, with 897 Narcan saves. Some Narcan saves may include the same individuals who previously had been saved by Narcan treatments.

The COVID-19 pandemic has continued to create increased challenges for all governmental and community agencies throughout our county including overwhelmed hospitals fighting this pandemic on the frontline, addiction rates increasing 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.

To help make resources more accessible and provide assistance with addiction support resources and services, Suffolk County's Health Department and Information Technology Department have created a user-friendly county website. The initiative was recommended by a public hearing speaker and is supported by the panel members. The website can be viewed here: www.suffolkstopaddiction.org.

In recognition of the complexity of addiction and its effect on Suffolk County residents, the

panel has officially changed its name from Suffolk County's Heroin and Opiate Epidemic Advisory Panel to Suffolk County's Addiction Prevention and Support Advisory Panel, that provides a broader overview to 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 Sheriff'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 *2021 Suffolk County Directory of Behavioral Health Services* on page 93 and *Community of Solutions Referral List* on page 123, 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.

The panel has continued to provide guidance on how to best address and combat the addiction epidemic in our county. Meetings of the panel will continue to be conducted via zoom throughout the year to ensure everyone's safety 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 Addiction Prevention and Support Advisory Panel

Education, Prevention & Treatment 2021

Suffolk County

BABYLON ADDING JOB TRAINING COMPONENT TO SECOND LOCATION FOR ADDICTION SERVICES (Newsday, Tuesday November 16th, 2021):

The Town of Babylon has announced that it will build a second location of its Beacon Family Wellness Center in North Babylon that will offer chemical dependency treatment services to residents. This new center in North Amityville will have two floors, one that will be devoted to the Gino Macchio Foundation “Putting Recovery to Work” program, an initiative aimed at helping those in recovery find jobs. The Gino Macchio foundation pays half the salary for up to six months for any person who has completed recovery and is hired by a company.

COMPASSION FATIGUE EDUCATION PROGRAM:

The Suffolk County Department of Health Services in partnership with the Long Island Council on Alcoholism and Drug Dependence (LICADD) offers a Compassion Fatigue education program that is offered to EMS professionals and first responders who work tirelessly on the front lines of the current opioid public health crisis. This training aims to raise awareness of compassion fatigue through education and resilience training.

COVID-19 IMPACTS ON DRUG MISUSE AND OVERDOSE RELATED DEATHS (Newsday, April 12th, 2021; CDC 2020)

During the COVID-19 pandemic, there was a substantial increase in opioid related deaths when being compared to the same three month period from 2019. Suffolk County alone saw a 12% increase in overdose deaths in 2020. With the current rate of increase in opioid deaths as it currently stands, the United States is on track to reach an all-time record for overdose fatalities within a calendar year. This increase in overdose deaths is being contributed to stressful life factors such as economic strain from lack of stability in work, as well as the long periods of social isolation and solitude. An important aspect of fighting back through this pandemic will hinder on the ability to help clients and patients connect with healthy support systems, as well as finding jobs or other means of establishing financial stability for themselves.

DASH CENTER 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.

Stony Brook University Hospital works closely with the DASH leadership to monitor and evaluate trends in visits to both DASH and the Comprehensive Psychiatric Emergency Program (CPEP) at Stony Brook. Continuously reviewing these statistics ensures that each organization can plan for the future and respond to changing demands in either location. There has been a positive trend in DASH utilization, and a corresponding decrease in CPEP volume, although the pandemic has made it difficult to assess the permanence of these trends. Both organizations will continue to monitor volume and communicate with Suffolk County.

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://www.suffolkcountyny.gov/Departments/Health-Services/Mental-Hygiene/OpioidPreventionResources#Programs>

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 two of the OD2A program began in August, 2020. A new work plan was developed, which builds upon the successes and lessons learned during year one, 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. To support data-informed implementation and monitoring of the program work, a data coordinator position has been incorporated. The data coordinator has worked to procure and analyze fatal and non-fatal overdose data from the Suffolk County Medical Examiner, and first responders, and is developing interactive visualizations. The information will be used to better understand the profile of at-risk populations in the County, and where resources should be focused.

Activities initiated in year two aimed to promote local resources and enhance access opportunities. To identify and respond to substance use resource needs on the East End, the Division has formed the East End Collaborative, a multi-stakeholder group tasked with bridging observe gaps between prevention, treatment, and recovery providers, and first responders. Responding to a call to action from community members, providers, the Suffolk County Legislature, and the Division of Community Mental Hygiene Services collaborated with the Department of Information Technology to develop a comprehensive behavioral health website, highlighting local prevention, treatment, and recovery resources. The substance use disorder includes areas of focus such as:

SUD Prevention, SUD Treatment, SUD Recovery, Peer Support, and Medication Disposal. Information about each one of these topics is provided on discrete pages, and the user is directed to the 2021 Suffolk County Directory of Behavioral Health Services, and relevant informational websites maintained by local CBOs. Harm reduction is also emphasized in the Prevention section through the detailed discussion of naloxone, fentanyl risk, and links to the local Drug User Health Hub. This is significant, as these topics, especially in detail, have not been published on a Suffolk County website previously. The Division is partnering with community based organizations to develop an online naloxone training video, and establish no-cost rescue kit pick up sites throughout the County. The pre-recorded video will allow community members to have 24/7 digital access to the training, and learn about opioid overdose prevention and how to administer naloxone.

Other activities initiated promoted opioid overdose education and naloxone distribution across the County. A set of print materials was developed to educate about the risks of fentanyl and other opioids, and promote harm reduction practices like naloxone and fentanyl test strips. These materials, also available in Spanish, will be utilized across many of the overdose prevention activities that will launch in year three of the OD2A program, such as business and organizational naloxone trainings. Additionally, the Division has developed a partnership with the Office of Health Education to train Suffolk County government employees to recognize the signs and symptoms of an opioid overdose, and how to use naloxone nasal spray in the event of an emergency. When the training sessions are launched, Divisions that regularly interface with the public will be prioritized first.

Year three of the OD2A Program began on September 1, 2021, and will expand progress made during year two, and incorporate additional harm reduction strategies.

STONY BROOK UNIVERSITY HOSPITAL

Stony Brook University Hospital has expanded its telehealth capabilities and made them a permanent part of their service options. Patients with behavioral health disorders can be seen virtually by outpatient providers with substance use disorder and mental health expertise. In addition, tele-psychiatric evaluations were put in place between Stony Brook University Hospital's CPEP and Stony Brook Southampton Hospital's emergency department. This emergency department effort makes psychiatric evaluations available more quickly, in their own community, for those who are brought in with emergent needs.

Quannacut

Stony Brook's Quannacut was approved to hire Peers to support patients with substance use disorder when transitioning from inpatient to outpatient care. A Peer is a person with lived experience who is well-trained to work with individuals and families in navigating treatment and recovery services. Peers provide support to help people begin rebuilding healthy lives.

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.

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 SCHOOLS

Western Suffolk BOCES

After three years of planning Western Suffolk BOCES has finally opened a Recovery High School for Long Island students. This program, the Aspire Academy, is operated in partnership with Outreach.

Suffolk County School Superintendents Association

The Suffolk County School Superintendents Association has made student mental wellness a priority for the past two years. The ongoing SEL Sub Committee has put together a team of liaisons from each district to facilitate the sharing of resources and support for students and staff. The first SEL Liaison Forum, was held on December 14, 2021. Supporting our Districts to Support our Students: Mental Health and SEL Community Based Resources Forum. The forum featured exciting panelists who presented on many of the social-emotional learning and mental health-related services and resources available to schools and communities in Suffolk County.

Eastern Suffolk BOCES Student Assistance Service

The Eastern Suffolk BOCES Student Assistance Service (SAS) is a school based program designed to address the social and emotional needs of students by placing professional counselors in schools to provide early intervention and prevention services, grades K-12. In 2012 the program was proud to have completed its 25th year of operation in Suffolk County schools. Eastern Suffolk BOCES's dedication to providing quality prevention and early intervention services to local schools has never wavered.

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.

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.

The 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 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 123 or at <https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:c6a36141-1350-4a94-aad5-12b9c6cc43d3>.

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

For the 2021 Directory of Behavioral Health Services please click this link:

https://suffolkcountyny.gov/Portals/0/FormsDocs/Health/MentalHygiene/Suffolk%20County%20Directory%20of%20Behavioral%20Health%20Services_2.16.2021.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 continues to deliver Medication-Assisted Treatment (MAT) in the emergency department setting. During the 2021 year, Stony Brook added MAT services at both of its East End Hospitals, ensuring the health system could offer equal access to the MAT services, regardless of where a patient presents for care. In addition, MAT services are available at the system’s substance use disorder clinic locations, ensuring patients have the opportunity for continuous care after they leave any of the three emergency departments.

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.

The second year of the HCS program involved the development of detailed project plans and measures, and the implementation of these plans with community agencies. Utilizing the Advisory Board and Workgroup structure developed in the first year of the program, a set of 13 strategies were developed across the OEND, MOUD, and safer prescribing and dispensing domains. To promote opioid overdose education and naloxone distribution across the Town of Brookhaven, five strategies were developed which aim to bring information and resources to at-risk populations through institutions and community settings. The first set of these strategies addresses individuals involved in the criminal justice system, through a partnership with the Suffolk County Sheriff’s Department and the Suffolk County Department of Probation. Through the first program, launched in May, Classification Officers in the Yaphank and Riverhead Correctional facilities are training all newly incarcerated persons on recognizing the signs and symptoms of an opioid overdose, and how to use naloxone. At the time of release, all individuals are offered a two dose naloxone rescue kit. In the second program, also launched in May, individuals utilizing the S.T.A.R.T resource center, also have the opportunity to receive this training and a two dose naloxone rescue kit. The third program addressing this population is in the planning

phase with the Suffolk County Department of Probation, and will see Probation Officers training individuals on probation, with a history of substance use, in recognizing the signs of symptoms of an opioid overdose and use of naloxone, and provide them with a two dose rescue kit. In addition to trainings through these institutions, HCS has also launched a three-month intensive program in July, in partnership with Community Action for Social Justice (CASJ), to provide direct street outreach trainings and naloxone rescue kits to individuals using opioids and their social networks, in regions identified as having high incidence of opioid overdose deaths. The fifth program in the OEND domain, anticipated to launch in January, 2022, will utilize the expertise of several local agencies to train staff at local businesses and organizations on how to utilize naloxone and contact emergency services in the event of an overdose on their premises, focusing on geographic areas of high opioid overdose deaths, and business types where overdoses have occurred. In addition to staff trainings, business will be provided with steel naloxone housing units for wall mounting, and signage that includes harm reduction practices that can be taken to reduce overdose risk.

The five MOUD programs aim to increase access to medications for opioid use disorder, enhance linkage to care, and promote retention in treatment. The first two MOUD access programs, expand buprenorphine inductions from the emergency departments to include medical surgical units at Long Island Community Hospital and Stony Brook Medicine - including the comprehensive Psychiatric Emergency Program (CPEP) - as the new standard of care. The next access project expanded MOUD services into the Sun River Health Elsie Owens Health Center in Coram, which is an area of high opioid overdose. Likewise expanding access to MOUD in the community, Victory Recovery Partners has collaborated with two shelters to provide MOUD services to individuals with unstable housing. Each of these MOUD access programs is in active implementation. To promote enhanced linkage to MOUD treatment, HCS has brought the NY MATTERS electronic referral platform to Suffolk County, with two hospitals and seven community agencies participating thus far. To promote retention in MOUD Treatment, individuals in recovery at THRIVE will create original caring cards, which provide positive messages of encouragement. These cards will be distributed through community MOUD providers, to individuals in treatment. It is anticipated that this program will be initiated in January, 2022.

The safer prescribing and dispensing strategies are focused on education based activities, followed by opportunities to engage with technical assistance to implement core elements featured in the educational component. In the first strategy, a partnership was formed with the Long Island Pharmacy Society, the Albany School of Pharmacy and Health Sciences, and three other Wave One HCS counties to host a series of four CEU-credited live webinars for pharmacists, which took place in October. These sessions highlighted to role that pharmacies can have in promoting harm reduction practices (N-CAP, ESAP, stigma reduction), referring to community resources, and safe disposal of medications. A CEU-credited home study series has been made available for local pharmacists for the next three years. In the second strategy, implemented in October, a CEU credited session was provided through a partnership with the Suffolk County Dental Society and Opioid Response Network (ORN) to promote harm reduction practices, stigma reduction, safer opioid prescribing practices for post-dental procedure pain management,

and referrals to community resources. In the third strategy, the HCS team partnered with the Suffolk County Medical Society to host a two-webinar series, with CEU credits, focused on promoting best prescribing practices. This efforts is being further supported through a home study opportunity under development with other Wave One HCS counties.

In addition to the program progression, the Communications Workgroup has launched two more communications campaigns, which focused on medication for opioid use disorder awareness, and staying in MOUD treatment, respectively. For both campaigns, the workgroup utilized the same consensus-based structure, developed for previous campaigns, to select campaign messages from the HCS database, and develop distribution plans to bring the customized materials into the community. For campaign three, MOUD awareness, paid media launches across social media and website banner ads was utilized to disseminate campaign messages. In addition to paid online media launches, campaign four incorporated live advertisement placements in the community. As the content of campaign four was comprised of video public service announcements and profiles of individuals in recovery who utilize MOUD, the Workgroup sought opportunities for these videos to play in public spaces. Throughout a seven week launch period, four distinct public service announcement videos were continuously played across 35 gas stations, at each pump with a television screen. Through the end of 2021, the Workgroup will be planning the topics and distribution of the fifth and final communications campaign, launching in January, 2022.

Update on the HEALing Communities Study as of May 7, 2021: <https://www.scnylegislature.us/DocumentCenter/View/78070/05072021-HEALing-Communities-Study-PDF>

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.

Stony Brook's Quannacut is part of a national study in how Vivitrol is administered. Quannacut at Stony Brook Eastern Long Island Hospital is the only location in the northeast selected as part of the National Institute for Drug Abuse Vivitrol Study. One goal of the study is to look at the timing of treatment, to ensure patients can receive the medication as early as possible during their care. An article in the Suffolk Times described the new effort in further detail at the following link: <https://suffolktimes.timesreview.com/2021/07/new-approach-to-opioid-treatment-as-quannacut-joins-national-study/>

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

METROPOLITAN TRANSPORTATION AUTHORITY (MTA) QUALITY OF LIFE TASK FORCE

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. The Task Force continues to meet to address the quality of life issues experienced by those utilizing the Long Island Rail Road.

NYS OASAS NEW PUBLIC AWARENESS CAMPAIGN TO HIGHLIGHT THE IMPORTANCE OF SOCIAL SUPPORT IN THE FIGHT AGAINST ADDICTION

The New York State Office of Addiction Services and Supports a “connections” campaign to remind the residents of New York the importance of social connections in the battle of addiction and drug dependency. The campaign is designed to empower individuals impacted by addiction to use their connections to friends, family members, health professionals, and other organizations to find help and support in their treatment and recovery. Their goal is the emphasis the importance of having a strong support system for those who are battling addiction, especially after the lasting and damaging effects of the social isolation from the pandemic. They also were seeking to raise awareness about the risk of overdoses due to the presence of fentanyl in other illicit substances.

NY PROJECT HOPE

The New York State Office of Mental Health has launched NY Project Hope, which offers an emotional support helpline, educational materials, trusted referrals, and partners with local provider agencies such as the Association for Mental Health and Wellness to assist New Yorkers with understanding their reactions and emotions during the COVID-19 pandemic. The helpline is confidential, anonymous and free 7 days a week. More information can be found at <https://nyprojecthope.org/>.

Federal

BIDEN ADMINISTRATION AIMS TO MAKE BUPRENORPHINE TREATMENTS MAINSTREAM

In April of 2021, the Biden administration reported that new federal guidelines released will allow for far more medical practitioners to prescribe buprenorphine, a drug that has been proven to reduce opioid relapses and overdose deaths. The new rules remove the need for the required training that initially coincided with this type of prescription, which will allow for a wider range of health workers to offer buprenorphine treatment. The medication is shown to be effective in reducing the opioid cravings and withdrawal symptoms, which has the potential to improve the process of recovery.

COMBINATION TREATMENT FOR METHAMPHETAMINE USE DISORDER (NIH, January 13th, 2021)

A dual combination of two medications, an injectable naltrexone and oral bupropion, was safe and effective in treating adults with moderate to severe methamphetamine use disorder in a double-blind, placebo-controlled phase III clinical trials. These findings suggest that this type of medicated treatment could be beneficial when working in conjunction with Cognitive Behavioral Therapy and Contingency Management Interventions. As it currently stands, there are no medicated treatment options currently approved for those who struggle with methamphetamine use

disorder. This combined medicated treatment would be the first of its kind to specifically help treat this population.

Local Business

PRESCRIPTION DRUG TAKE BACK KIOSKS

The United States Food and Drug Administration (FDA) has provided a link for users to find disposal sites for their expired or no longer need drugs and medications located across the country. The link asks a few questions of the zip code you live in, as well as the state and town and the chance to limit the radius in which the user is looking for a disposal site. Some retailers who are participating in this program include CVS Pharmacy, King Kullen Pharmacy, Walgreens Pharmacy, as well as some local hospitals such as John T Mather Memorial Hospital and South Shore University Hospital. A full list of drug take back locations can be found at:

<https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>.

Not-For-Profit Organizations

CN GUIDANCE AWARDED TO ADDRESS OPIOID CRISIS IN HUNTINGTON (Thursday November 18th, 2021):

The Town-wide Fund of Huntington awarded CN Guidance and Counseling Services a donation of \$2,500 that is set to go towards addressing the opioid crisis in Suffolk County. This money will be used to help expand the reach of the Project Connect program, which is a partnership between CN Guidance and Northwell Health. The funds will also be used to produce awareness-building outreach materials in English and Spanish to connect individuals and families across Huntington.

CN GUIDANCE 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.

LONG ISLAND COUNCIL OF ALCOHOLISM AND DRUG DEPENDENCE (LICADD)

LICADD Student Assistance Program (SAP): Despite continued COVID challenges, LICADD returned to schools to provide professional development services and prevention education to schools across the county. Schools have particularly sought education on Trauma Informed Education, Marijuana and Vaping, and Compassion Fatigue and Burnout Prevention. 565 school professionals trained and students provided prevention education.

LICADD Compassion Fatigue: Expanding their Compassion Fatigue work, LICADD continues to provide training on Compassion Fatigue, Resilience Building, and Burnout Prevention. This year LICADD provided trainings to EMS, hospital residents, teachers, school nurses, school administration, and other school staff: 405 individuals were trained in Suffolk.

Heroin Overdose Prevention Education (HOPE) clients and families: LICADD continues to provide support to young Suffolk County residents and their families struggling with Opiate Use Disorder through the HOPE program. In 2021, the opioid epidemic only worsened, and staff provided support groups, family counseling, pre-treatment support and crisis support to hundreds of individuals in the county. HOPE delivered: 793 individuals provided with family education, pre-treatment support, and crisis support services.

Narcan reversals: LICADD continues to follow up with individuals in the community who have been revived by police with Narcan. While it is often a struggle to connect with these individuals, they make every effort to outreach and support these cherished members of our community: 40 individuals were referred and followed up after an overdose.

Narcan trainings in Suffolk: LICADD was one of the first to distribute Narcan on Long Island, a vital and lifesaving opiate overdose reversal medication. Through virtual and in-person trainings in settings across the county, Narcan outreach remains a priority. LICADD continues to distribute fentanyl test strips to opioid users as a harm reduction measure with the goal of saving lives: 67 trainings held and 1,248 kits were distributed.

Law Enforcement 2021

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 are battling substance use disorders 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. Throughout 2021, LICADD and Suffolk County Police Department continued to engage individuals through the program, which continues to find success in creating connections to care and in opening doors to the world of recovery.

LICADD has reported 181 engagements with individuals and families; 50% success rate in generating conversation regarding recovery supports; 37 of 106 individuals experiencing SUD reported in or connected to treatment supports; on average each person receives 5 calls for outreach and support, with some receiving up to 14.

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 POLICE DEPARTMENT BEHAVIORAL HEALTH UNIT

SCPD's Behavioral Unit is a collaborative effort between the Suffolk County Police Department and Family Service League. This program is designed to proactively identify, engage, and provide services to persons who have frequent encounters with the SCPD as a result of a behavioral health crisis. These individuals and their encounters will be analyzed and then referred to mental health professionals who will attempt to engage the consumer, provide assistance, and offer Mental Health Services when necessary.

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.

In 2021, the SCDAO launched 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) that connects 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 LICADD for outreach in an effort to combat the opioid epidemic in our region. The individuals could be crime victims or witnesses, their family members, 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 C.A.R.E. (Comprehensive Addiction Recovery and Education) a post-arraignment, pre-plea program that supplements drug court, which is post-plea. Thus, with the implementation of D.O.O.R.S., the SCDA is on its way to fulfilling the mission of creating a diversion program at each stage of the Criminal Justice System.

On the law enforcement front, the SCDA launched the Special Narcotics 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 for the Medical Examiner's Office, the mass spectrometer, which identifies 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.

DISTRICT ATTORNEY SINI ISSUES URGENT PUBLIC SAFTEY ANNOUNCEMENT

Suffolk County District Attorney Timothy Sini made an announcement in March of 2021 warning residents of a dangerous trend in the sale of illicit substances pressed to look like prescription pills, including methamphetamine being pressed into pills and marketed as Adderall.

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. To view specific information about each program please visit the New York State Unified Court System website at http://ww2.nycourts.gov/COURTS/problem_solving/index.shtml.

Statistics 2021

Suffolk County Medical Examiner

The Medical Examiner has provided statistics through November, 2021 as follows:

Suffolk County NY 2012 - 21 Fatal Opioid Overdoses - Updated: December 1, 2021

(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, 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.

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
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 *	368 (85.5%)	9	145	212	74	75	107	23	90
2017 *	415 (86.4%)	19	139	314	101	57	142	30	124
2018 *	334 (84.7%)	57	117	247	85	64	116	17	110
2019 *	284 (80.9%)	61	64	219	47	45	108	22	70
2020 *	347 (84.8%)	64	48	306	46	38	158	22	104
2021 *	237 (88.1%)	133	26	222	25	25	124	17	64

- 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 2011-2021 Fatal Opioid Overdose Trends 2011-2021 – Updated: 11/30/21

Year	Total Opioid Overdoses	Opioid OD/All OD	Pending Drug Overdoses	Projected Final Opioid Deaths	Projected Percentage Change
2011	219	0.82	0	219	
2012	208	0.75	0	208	-5.0%
2013	200	0.73	0	200	-3.8%
2014	211	0.75	0	211	+5.5%
2015	263	0.81	1	264	+25.0%
2016	368	0.86	9	376	+42.4%
2017	415	0.86	19	431	+14.8%
2018	334	0.85	57	382	-11.4%
2019	284	0.81	61	333	-12.8%
2020	347	0.85	64	401	+20.4%
2021 (est. Year Total)	260	0.88	133	388	-3.4%

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 - 347

Female – 84

Male - 263

Possible Drug Overdoses Pending – 64

Age Group	Drug Deaths	Town	Deaths	Race	Deaths
Under 20 years	3	Babylon	68	Black	30
20 – 29 Years	51	Brookhaven	144	Caucasian/White	288
30 – 39 Years	107	East Hampton	1	Hispanic	24
40 – 49 Years	86	Huntington	27	Asian	1
50 – 59 Years	76	Islip	58	Other	4
60 and Above	24	Riverhead	13		
		Shelter Island	0		
		Smithtown	18		
		Southampton	6		
		Southold	2		
		Unspecified	10		
Totals	347	Totals	347	Totals	347

Suffolk County Medical Examiner

2021 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 - 237

Female – 56

Male - 181

Possible Drug Overdoses Pending – 133

Age Group	Drug Deaths		Town	Deaths		Race	Deaths
Under 20 years	1		Babylon	43		Black	24
20 – 29 Years	45		Brookhaven	90		Caucasian/White	183
30 – 39 Years	57		East Hampton	3		Hispanic	24
40 – 49 Years	52		Huntington	12		Asian	0
50 – 59 Years	47		Islip	65		Other	6
60 and Above	35		Riverhead	3			
			Shelter Island	3			
			Smithtown	12			
			Southampton	4			
			Southold	4			
			Unspecified	3			
Totals	237		Totals	237		Totals	237

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.

2021 Police Department Statistics as of 12/22/21

12/22/2021	2018	2019	2020	2021	2018 to 2021 % +/-	2020 to 2021 % +/-
ATF eTrace	434	397	298	362	-17%	21%
Fatal Overdoses	304	254	351	309	2%	-12%
Nonfatal Overdoses	1,096	1,037	1,213	1,317	20%	9%
Narcan Saves	789	785	897	940	19%	5%

DASH Center

Table 1. DASH year to date data for referrals and engagement with breakdowns for length of stay, gender identity, age, and self-reported ethnicity.

DASH	Engagement #			LOS	Gender Identify # (Total)			Age # (Total)		Self-Reported Ethnicity # (total engagements)						
	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	# Declined to answer or unknown
2019 YTD Total	4158	3583	3358		2094	2054	14	1428	2730	11	52	364	477	1731	33	118
2019 Monthly Mean	416	358	336		209	205	1	143	273	2	9	61	80	288	5	20
2020 YTD Total	4801	3911	4127		2224	1970	26	1315	2813	13	44	336	651	1686	69	1329
2020 Monthly Mean	400	326	344	1.6	185	164	2	110	234	1	4	28	54	140	6	111
Jan-21	360	299	320	2	171	146	3	142	178	0	4	16	65	112	6	117
Feb-21	321	275	272	2.2	150	120	2	118	154	1	5	10	55	110	5	86
Mar-21	392	342	310	2	179	128	3	157	153	2	5	19	57	105	10	112
Apr-21	440	389	365	1.7	215	146	4	199	166	3	5	14	78	120	7	138
May-21	446	344	364	1.5	198	162	4	190	174	1	3	20	59	142	10	129
Jun-21	411	348	344	1.2	185	156	3	164	180	0	2	24	61	123	7	127
Jul-21	269	206	230	1.6	111	117	2	45	185	0	1	24	32	82	3	88
Aug-21	310	234	261	1.8	135	124	2	60	201	0	0	25	38	89	2	107
Sep-21	352	315	334	1.7	184	148	2	134	200	0	2	19	52	120	3	137
Oct-21	491	384	411	2.1	246	163	2	238	173	0	5	30	72	137	7	160
Nov-21																
Dec-21																
2021 YTD Total	3792	3136	3211		1774	1410	27	1446	1765	7	32	202	570	1140	60	1201
2021 Monthly Mean	379	314	321	1.8	177	141	3	145	176	1	3	20	57	114	6	120

Table 2. Mobile Crisis Team year to date data for engagement with breakdowns for gender identity, age, and self-reported ethnicity.

Mobile Crisis Team	Engagement #			Gender Identify # (Total)			Age # (Total)		Self-Reported Ethnicity # (total referrals)						
	Total MCT Referrals	# Unique Client's Referred	# of 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
2019 YTD Total	1576	1374	920												
2019 Monthly Mean	158	137	92	82	74	1	27	130			4	6	22		1
2020 YTD Total	1125	1014	787	536	582	7	90	1035	3	14	113	96	355	22	522
2020 Monthly Mean	94	85	66	45	48	1	7	86	0	1	9	8	30	2	44
Jan-21	103	95	64	55	48	0	9	94	1	1	7	7	27	1	58
Feb-21	99	90	67	60	38	1	5	94	0	1	7	4	25	0	62
Mar-21	104	99	83	54	50	0	9	95	0	2	5	8	26	0	63
Apr-21	113	108	93	50	63	0	10	103	0	1	4	7	35	1	66
May-21	107	88	73	51	55	1	12	95	0	1	4	3	21	1	77
Jun-21	101	91	83	54	46	1	9	92	0	1	2	4	22	1	72
Jul-21	157	115	90	81	76	0	15	142	1	5	13	5	32	1	100
Aug-21	142	124	108	74	67	1	7	135	1	2	5	7	25	2	100
Sep-21	126	115	82	62	63	2	13	113	0	1	4	9	29	1	82
Oct-21	136	127	81	71	64	1	17	119	0	1	4	8	26	0	97
Nov-21															
Dec-20															
2021 YTD Total	1188	1052	824	611	570	6	106	1082	3	14	57	62	268	8	776
2021 Monthly Mean	119	105	82	61	57	1	11	108	0	1	6	6	27	1	78

Legislation and Legal Action 2021

LEGISLATION

BILL S7194 REQUIRES FUNDS FROM OPIOID SETTLEMENTS TO BE USED FOR THE DEVELOPMENT OF NEW SERVICES AND SUPPORT: effective as of June 5th, 2021

Requires all funds received by the state as the result of the settlement or a judgement in litigation against opioid manufacturers, distributors, dispensers, consultants or resellers shall be deposited into the Opioid Settlement Fund, and that such funds not supplant or replace existing state funding. www.nysenate.gov/legislation/bills/2021/s7194

BILL S1017A ESTABLISHES CERTAIN OFFENSES BASED ON HOMICIDE DUE TO CRIMINAL SALE OF A CONTROLLED SUBSTANCE AND THE CRIMINAL SALE OF A CONTROLLED SUBSTANCE TO A CHILD IN THE FIRST DEGREE (Currently in Codes Committee)

Would establish certain offenses based on homicide due to criminal sale of a controlled substance and to the criminal sale of a controlled substance to a child in the first degree.

www.nysenate.gov/legislation/bills/2021/s1017/amendment/a

GOVERNOR CUOMO ANNOUNCED 30-DAY AMENDMENTS TO LEGISLATION ESTABLISHING COMPREHENSIVE ADULT-USE CANNABIS PROGRAM IN NEW YORK

On February 2nd, 2021 a 30-day amendment to the previous governor's proposal establish a comprehensive adult-use cannabis program in New York. Specifically, these amendments will detail how \$100 million in Social Equity will be allocated, enable the use of delivery services, and refine which criminal charges will be enforced as it relates to the improper sale of cannabis to further reduce the impact on communities hit the hardest from the war on drugs.

GOVERNOR HOCHUL SIGNS LEGISLATION PACKAGE TO COMBAT OPIOID CRISIS: ALL IN EFFECT AS OF 10/7/21

Legislation S.199/A.2354 Relates to the Possession of Opioid Antagonists: amends the criminal procedure law, the civil practice law and rules and the executive law to promote the use of opioid antagonists in preventing drug-related overdoses. This bill will decriminalize possession of opioid antagonists, which are drugs that block opioids by attaching to opioid receptors without activating them.

Legislation S.1795/A.868 (Formally A.533) Establishment of a Program for the Use of Medication Assisted Treatment for Incarcerated Individuals: works to establish a program for the use of medication assisted substance use disorder treatment for incarcerated individuals in state

and local correctional facilities. Expanding medication assisted treatment, MAT, across state and local facilities will allow incarcerated individuals access to medications and therapies to provide them the opportunity to overcome substance use and lessen the likelihood that they may suffer drug-related overdoses upon their reentry into society.

Legislation S.2523/A.868 Decriminalizes the Possession and Sale of Hypodermic Needles and Syringes: The act of decriminalizing drug-related paraphernalia contributes to public safety by permitting harm reduction approaches for those suffering from substance use disorder and by reducing the rate at which HIV and hepatitis are transmitted.

Legislation S.6044/A.128 Establishes an Online Directory for Distributors of Opioid Antagonists: establishes an online directory for distributors of opioid antagonists making them more accessible to New Yorkers who may want to equip themselves with these life-saving medications. The directory is to be maintained by the Office of Addiction Services and Supports on their website.

Legislation S.7228/A.5511 Relates to a Judicial Diversion Program for Certain Felony Offenders: expands the number of eligible crimes committed by individuals with a substance use disorder that may be considered for diversion to a substance use treatment program and updates the term "substance abuse" to "substance use." This ensures judges can order an individual to treatment instead of incarceration, allowing them a greater chance for successful, long-term rehabilitation.

EXECUTIVE ORDER SIGNED BY STEVEN BELLONE: ESTABLISHMENT OF AN INTRA-AGENCY COMMITTEE TO DEVELOP PRIORITIES RELATED TO SETTLEMENT AGREEMENTS WITH OPIOID DISTRIBUTOR AND PHARMACIES: In effect as of 11/2/21

The Intra-Agency Committee has engaged with key stakeholders within the substance abuse community including non-profit service providers with expert-level experience in harm reduction, prevention, treatment and/or recovery services. The committee has also engaged with families of addicts, addicts in recovery, victims' advocates and other individuals with meaningful experience related to surviving the opioid epidemic, which will assist in the development of the Committee's priorities. By executive order, the committee was required to produce a final guidance document containing general direction as to how the funding received through the settlement agreements should be allocated, prioritizing short-term and long-term goals, and identifying one-time endeavors as distinguished from those which are recurring.

LEGISLATION AIMED TO EXPAND THE ACCESSIBILITY TO MEDICATION ASSISTED TREATMENT FOR MEDICAID USERS (Assembly Bill A02030, Senate Bill S00649A)

In May of 2021, the New York State Assembly passed a bill pertaining to the Medicaid Program in order to get more coverage for Substance Use Disorder patients for Medicated Assisted Treatment (MAT). MAT is an evidence-based treatment method that uses FDA approved medications

to help an individual overcome a Substance Use Disorder. This legislation would allow individuals under Medicaid the ability to access whichever MAT medication is most beneficial to them and their needs, without utilization control, mandated prior authorization, or lifetime limits. The bill has been sent to the Governor for signature on December 10th, 2021.

Lawsuits

ATTORNEY GENERAL JAMES REACHES \$230 MILLION SETTLEMENT FOR TREATMENT AND PREVENTION OF OPIOID CRISIS IN NEW YORK, JOHNSON & JOHNSON ENDS SALE OF SELLING OPIOID

New York Attorney General Letitia James announced on June 26th 2021 that there had been an agreement reached with Johnson & Johnson, the parent company of Pharmaceuticals Inc. that will deliver \$230 million to New York State in the largest monetary settlement ever secured by the Attorney General's office. The agreement resolves claims made of Attorney General James for the company's role in helping fuel the opioid epidemic and would allocate payment over 9 years, with substantial payments made upfront. The agreement also requires J&J to pay \$30 million more in payments in the first year if the New York State Executive chambers sign into law new legislation that creates an opioid settlement fund, and other criteria are met. If the legislation becomes law, and all litigating subdivisions within New York sign on to the settlement, New York would be eligible to receive more than half of the total payments, or more than \$130 million, as soon as February 2022. The agreement also makes enforceable a bar stopping J&J and all of its subsidiaries, predecessors, and successors from manufacturing or selling opioids anywhere in New York, and acknowledges J&J's exit from the opioid business nationally.

A NEW OPIOID SETTLEMENT (Newsday, December 9th, 2021)

Drug manufacturer Allergan Finance has agreed to pay Suffolk, Nassau, and New York State up to \$200 million to resolve allegations that they helped to fuel the opioid epidemic. The agreement was announced just before closing arguments began in the landmark lawsuit filed in Suffolk County Supreme Court by the state and the counties against opioid distributors and manufacturers, including Allergan. According to the settlement, New York State will receive about \$144 million, which is required by law to be spent on drug treatment, education programs, and support for substance users.

JUDGE OK's \$10B DEAL ON OPIOIDS (Newsday, September 2nd, 2021)

A federal bankruptcy judge gave conditional approval to a sweeping, potential \$10B plan submitted by OxyContin maker Purdue Pharma to settle a mountain lawsuits over its role in the opioid crisis that has killed a half-million Americans over the past two decades. This current settlement agreement reached with individual victims and thousands of states and local governments which will result in the Sackler family surrendering its ownership of the company and contribute

\$4.5 billion. However, this current deal mitigates them of all and any future lawsuits over opioids. Once the company is managed by the government, it will then be restructured into a board appointed office with public officials and will funnel its profits into government-led efforts to help prevent and reduce the harm caused by the opioid epidemic. The Sackler family has not been given any sort of immunity from criminal charges.

LAWMAKERS ACCEPT \$106 MILLION IN OPIOID LAWSUIT (Newsday, July 28th, 2021):

The Suffolk County Legislature accepted up to \$106.3 million from three of the nation's largest opioid distributors to settle part of a lawsuit seeking to hold drug companies accountable for the opioid epidemic. The 18-member legislature unanimously approved settlements totaling between \$87.3 and \$106.3 million over 18 years from McKesson, Amerisource Bergen, and Cardinal Health. This settlement is a part of a \$1.1 billion state settlement announced originally by state Attorney General Letitia James, as well as a \$26-billion settlement with multiple states and the pharmaceutical company Johnson & Johnson.

Grants

GOVERNOR HOCHUL ANNOUNCES AVAILABILITY OF \$2 MILLION TO BOOST ADDICTION SERVICES IN FIGHT AGAINST OPIOID CRISIS (www.governor.ny.gov)

Governor Kathy Hochul announced that New York State has secured \$2 million in federal funding through the Substance Abuse Prevention and Treatment Block Grant program to aid addiction service providers in the fight against the opioid crisis. The funding will be used to establish Mobile Medication Units (MMU's) to dispense medication to treat substance use disorder, including methadone and buprenorphine. Providers that currently operate OASAS-certified OTP programs are eligible to receive funding and will be awarded \$200,000 to be used to purchase and retrofit an MMU. Services include admission assessments and medication induction, medication administration and observation, toxicology tests, and other medical services.

FEDERAL PASS-THROUGH GRANTS

Suffolk County IR 1305-2021 (Resolution 455) – Laid on Table May 11, 2021 & Approved May 19, 2021: Accepting and appropriating \$9,400 100% New York state pass-through grant funds from the Foundation for Aids Research (amfAR) for the Regional Opioid Overdose Reversal Efforts administered by the Suffolk County Department of Health Services and to execute grant related agreements.

The Foundation for Aids Research (amfAR) has awarded Suffolk County 100% State pass-through grant funds under the Regional Opioid Overdose Reversal Efforts grant to be implemented by the Suffolk County Department of Health Services. The grant has a start date of 10/1/2020 and end date on 9/30/2021. During this period, the County will receive 100% grant

funding in the amount of \$9,400 for the Regional Opioid Overdose Reversal Efforts. The funds will serve as a reimbursement to support first responders conducting opioid overdose prevention and reversal activities.

Suffolk County IR 1893-2021 (Resolution 197) - Laid on Table November 16, 2021 & is currently awaiting legislative action: Accepting and appropriating 100% Federal pass-through grant funds from Health Research, Inc. in the amount of \$45,700 for the Overdose Data to Action Program (“ODAP”) administered by the Suffolk County Department of Health Services, Division of Public Health and to execute grant related agreements.

Health Research Inc. has awarded Suffolk County Federal pass-through funds under the Overdose Data to Action Program (“ODAP”) to be implemented by the Suffolk County Department of Health Services, Division of Public Health. These the funds will be used to increase awareness of and access to Medication Assisted Treatment (MAT) for Opioid Use Disorder, provide a learning collaborative for providers and treatment agencies to support active participation in a MAT network, and coordinate activities with the hospital system to increase buprenorphine induction in emergency departments, use of peer programs, and ensure appropriate data collection and reporting. This grant has a start date of 9/1/2021 and ends on 8/31/2022 in which the County receive 100% grant funding in the amount of \$45,700 for the Overdose Data to Action Program.

Initiatives and Recommendations 2021

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 been 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.

Last year, the panel supported resolution [34-2021](#), which directed the Suffolk County Department of Information Technology and the Department of Health Services to create a more user friendly and comprehensive website for addiction and mental health resources in Suffolk County. The idea for this website came to fruition after comments were received during a panel public hearing that this information was not easily accessible and that the inability to have this information readily available could discourage those most in need. The website was launched this year and 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 website can be viewed at: www.suffolkstopaddiction.org.

Additionally, the panel also supported resolutions [961-2021](#) and [962-2021](#), which pertain to the way funds will be disbursed from the settlement agreements reached in lawsuits against four pharmacy operators and two pharmaceutical manufacturers. Resolution 961-2021 outlines that funds received from the settlements should be utilized to expand and support new and existing programs and organizations who provide education, prevention and/or treatment services related to combating the rise in substance use disorders and addiction, which generated the litigation. The resolution adds that although the New York State government has provided authorization, Suffolk County will not utilize the funds for reimbursement of expenses already incurred by the county's efforts to combat the opioid epidemic. Resolution 962-2021 expands on resolution 961-2021 to include county-specific settlements that will not be a part of the New York State opioid settlement fund. In addition to these two resolutions, the Suffolk County Executive has established an Opioid Intra-Agency Committee which will provide a guidance document on which types of services should be prioritized for funding in an effort to combat the addiction crisis in the county.

In response to other needs that were identified throughout the year, the panel authored two letters. The first letter was addressed to former Governor Andrew Cuomo, that requested that the former Governor ensure that any settlement money that was awarded to New York State be used to bolster education, prevention and treatment services to address the opioid epidemic and not be used to reimburse the state for previous spending related to the opioid and addiction epidemic. The lawsuit settlements will keep funds separate from the state's general fund.

The second letter was addressed to former Commissioner of the New York State Department of Health Howard Zucker. In the letter, the panel requests additional training and education in medical schools in the area of pain management. The hope is that if NYSDOH recognizes the need for this additional education and training, 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.

Lastly, after much discussion, the name of the Heroin and Opiate Epidemic Advisory Panel was officially changed to the Addiction Prevention and Support Advisory Panel through resolution [102-2021](#). The updated name reflects the panel's desire to discuss and address all addictive substances, as well as the panel's understanding that addiction and mental health are co-occurring disorders.

2022 RECOMMENDATIONS

While there has been progress in fighting the opioid epidemic, there is still much to be done. The COVID-19 pandemic has continued to contribute to the increase in overdose incidents and fatalities, and it is important to remain steadfast in working on this complex issue. Future topics to be prioritized include:

- Prioritize childhood trauma intervention;
- Support Addiction Prevention Awareness Campaigns;
- Monitor the continuing effects of the COVID-19 pandemic on overdose rates;
- Increase prescriber education;
- Continue to advocate for the disbursement of settlement funds to education, prevention and treatment programs;
- Monitor the growing vaping epidemic;
- Support early education initiatives;
- Continue to monitor Marijuana Legislation and its effects;
- Commence meetings of the Youth Addiction Panel;
- Monitor continuing effects of NYS Bail Reform and request a study of policy change outcomes;
- Support education to reduce the stigma of addiction and mental health;
- Develop and organize a campaign to encourage residents to exchange their expired naloxone kits for new kits; and
- Continue to advocate for increased naloxone availability accessible on public transportation.

SUMMARY

The Suffolk County Addiction Prevention and Support 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 collaboratively to create policy and implement and improve 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 panel members have witnessed the mental and emotional toll that the COVID-19 pandemic has taken on the residents of Suffolk County. This toll has resulted in an increased number of those who are struggling with various forms of substance use and addiction as well as mental health crises. Suffolk County and the other panel members have prioritized expanding education, treatment programs and access to harm-reduction initiatives such as the distribution of naloxone to meet the needs of the community.

While the county has taken many steps toward proactively addressing the epidemic, there is much more to accomplish. It is the hope of the panel that the funding received as a result of the lawsuit settlement agreements reached this year, will provide ample funding for existing programs to increase their availability of much needed services, and for new programs and initiatives to be developed. 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 remarkable efforts of the panel members and look forward to continuing our work to address the drug addiction epidemic here in Suffolk County.

Suffolk County Addiction, Prevention, and Support Advisory Panel Meeting Schedule 2021



Date	Time	Event	Location
Friday, February 5 th	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium
Friday, May 7 th	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium
Friday, July 9 th	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium
Wednesday, September 22 nd	5:30 PM - 7:30 PM	Public Hearing	Hauppauge Auditorium
Thursday, October 21 st	5:30 PM - 7:30 PM	Public Hearing	Riverhead Auditorium
Friday, November 19 th	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium

*****ALL MEETINGS WILL BE HELD VIA ZOOM UNTIL FURTHER NOTICE*****

Report is due Friday, December 31st

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 Addiction, Prevention, and Support Advisory Panel Agenda

Friday, February 5th ~ 2:00 – 4:00 PM
VIA ZOOM

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 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 11-13-2020
- 2:20 P.M.** Updated Statistics- Police Department & Medical Examiner's Office
- 2:30 P.M.** Introductory Resolutions:
1990. Directing the Department of Information Technology and the Department of Health Services to create a website dedicated to mental health, addiction, substance misuse, prevention and recovery services. (Anker)
1047. Amending Resolution No. 704-2017 to update the name and operation of the Heroin and Opiate Epidemic Advisory Panel. (Anker)
- 2:45 P.M.** Discussion: Current Topics:
- COVID-19 effects & responses;
- 2020 Report;
- Panel meeting Schedule for 2021;
- 2021 Initiatives;
- CDC Emergency Response Strategies
- 3:10 P.M.** Updates from Panel Members
- 3:20 P.M.** Public Comment Period
- 3:30 P.M.** Closing Remarks and Follow-Up Items
- 3:45 P.M.** Adjournment

2020 Report: <https://www.scnylegislature.us/DocumentCenter/View/75095/122020-Suffolk-County-Heroin-and-Opiate-Epidemic-Advisory-Panel-Final-Report-PDF>



Suffolk County Addiction, Prevention, and Support Advisory Panel-Meeting Minutes 2-5-2021

Meeting Date: February 5, 2021

Location: Virtual Meeting via Zoom

Next Meeting Date: May 7, 2021

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair

Suffolk County Legislator Tom Donnelly

Deputy Presiding Officer Kara Hahn

Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey

Suffolk County Dept. of Health Services Commissioner Gregson Pigott

Suffolk County Medical Examiner Odette Hall

Erin Meunkle, 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

Thomas Branco, Suffolk County Probation

Cari Faith Besserman, Suffolk County Division of Community Mental Hygiene Services

Steve Chassman, LICADD

Julie Lutz, Suffolk County Superintendents' Association

Richard Rosenthal, Stony Brook University Hospital

Kristie Golden, Stony Brook University Hospital

Pamela Mizzi, Long Island Prevention Resource Center

Pat Ferrendino, Family Service League

David Cohen, Eastern Long Island Hospital

John Venza, Outreach House

Antonette Whyte-Etere, NY OASAS Long Island Regional Office

Robert Woods, North Shore Youth Council

Robert McConville, Former Selden Fire Department Commissioner

Veronica Carrier, Resident

Also in Attendance:

Recorder: Emily Murphy, Legislative Aide for Legislator Sarah Anker

Advisor: Edward Gialella, Suffolk County Drug Court

Robert Marmo, Suffolk County Probation

Alyssa Turano, Deputy Presiding Officer Kara Hahn's Office

I. Welcoming Remarks- Legislator Sarah Anker

Suffolk County Legislator Sarah Anker welcomed everyone to the meeting.

II. Pledge of Allegiance and Moment of Silence

III. Panel Member Introductions/ Review & Adopt Minutes 7-10-2020

Suffolk County Legislator Sarah Anker reminded everyone that public comments related to the panel may be made during the meeting or made in writing via email to the email contactlegislatoranker@suffolkcountyny.gov or mailed to the Office of Legislator Anker 620 Route 25a Suite B, Mount Sinai NY 11766. Submitted comments will be distributed to the panel members.

Suffolk County Legislator Sarah Anker thanked Edward Gialella from the Suffolk County Drug Courts for being in attendance as an advisory to the panel regarding the various Suffolk County court programs. Edward Gialella will act as Judge Andrew Crecca's designee to be an advisor to the panel. As an advisory, Edward Gialella will not vote on any of the panel's actions and will only provide information about the court system as needed by the panel. Legislator Sarah Anker noted that Edward Gialella's attendance will assist the panel in regards to discussions and action items related to individuals who suffer from substance use disorders or mental health disorders in the court system. Legislator Sarah Anker thanked the Suffolk County Sheriff's office and the law enforcement personnel on the call for their work in addressing recidivism through rehabilitation. Edward Gialella thanked the panel for having him at the meeting.

Legislator Sarah Anker announced that Cari Faith Besserman is the Acting Director of the Suffolk County Division of Community Mental Hygiene Services following Ann Marie Csorny's retirement as the Director. Cari Faith Besserman thanked Legislator Sarah Anker and stated that she looks forward to continuing the work that everyone has been doing. Legislator Sarah Anker reminded the panel members to work in collaboration and share with the group what they and their organization is working on in order to better address the opioid epidemic. Antonette Whyte-Etere stated that OASAS looks forward to continuing their work with the Suffolk County Division of Community Mental Hygiene Services and with Cari Faith Besserman as the new Acting Director.

Legislator Sarah Anker stated that as the Chair of the Health Committee, she is a member of the Board of Health and through that role has been working on vaccination availability and networking with the health community. Legislator Sarah Anker emphasized the importance of communication between various levels of government, organizations, agencies and not-for-profits in addressing issues and encouraged the panel members to reach out to her as well as the other panel members as needed.

Legislator Sarah Anker made a motion to approve the meeting minutes from November 13th, 2020. Legislator Tom Donnelly seconded the motion. Deputy Presiding Officer Kara Hahn stated that she will abstain from voting as she was not present at the last meeting. All panel members voted yes to adopt the minutes. The motion carried to adopt the meeting minutes for the November 13th meeting.

Legislator Sarah Anker introduced Deputy Presiding Officer Kara Hahn as a member of

the panel as her designee as the Chair of the Health Committee. Deputy Presiding Officer Kara Hahn stated that she is looking forward to being a part of the panel and thanked the panel members for their work in the field.

Dr. Kristie Golden acknowledged Deputy Presiding Officer Kara Hahn for the committee she started for the roll out of medication-assisted treatment in Stony Brook Hospital's emergency department. Dr. Kristie Golden stated that it was the push from Deputy Presiding Officer Kara Hahn's committee and the Greater New York Hospital Association that solidified the roll out and allowed the emergency department to induce about 50 people in the first year of the program.

Deputy Presiding Officer Kara Hahn stated that the Taskforce still needs to finalize the recommendations and that she would like to see the presentation that was done for the Greater New York Hospital Association. Legislator Sarah Anker suggested that the presentation be shared at an upcoming meeting of the panel and highlighted the passage of Deputy Presiding Officer Kara Hahn's legislation establishing emergency room protocols regarding opioid overdoses to get all the hospital emergency departments to follow the same provided protocol flow chart.

Deputy Presiding Officer Kara Hahn recalled Legislator Sarah Anker's point that communication between everyone is key because Steve Chassman from LICADD advocated for the flow chart's importance. Deputy Presiding Officer Kara Hahn went on to say that Jeff Reynolds was instrumental to getting NARCAN in law enforcement vehicles and that great ideas come out of meetings like this.

Steve Chassman added that according to Inspector Grodski in the last minutes, there were 1,053 non-fatal overdoses in Suffolk County thanks to naloxone and the first responders and the police. Steve Chassman added that while reports are received from Suffolk County departments, there is room for improvement in communication to follow up with those 1,053 people and those in need moving forward.

Legislator Sarah Anker reminded panel members to review the 2020 final report from the panel that was released in December 2020. Legislator Sarah Anker stated that the report shows that there has been a substantial reduction in overdose deaths since 2017.

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

Inspector Stan Grodski from the Suffolk County Police Commissioner's office reported that from the start of the year to date, there were 17 fatal overdoses, 110 non-fatal overdoses, and 81 NARCAN saves. In comparison with last year there was 24 fatal overdoses, 85 non-fatal overdoses, and 63 NARCAN saves. Legislator Sarah Anker asked Inspector Grodski that if the NARCAN saves and the aggressive Suffolk County opioid related programs are a part of the decrease in fatal overdoses. Inspector Grodski said that he believes it has an impact, but does not have the exact numbers to show to what extent those things are responsible for the decrease. Deputy Presiding Officer Kara Hahn asked Inspector Grodski if the 81 NARCAN saves are within the 110 non-fatal overdoses reported. Inspector Grodski reported that yes there may be some overlap.

Legislator Sarah Anker welcomed Dr. Odette Hall, the new Suffolk County Medical Examiner, to the meeting. Legislator Sarah Anker stated that the numbers that are provided by the Medical Examiner's Office and from the Police Department may be different because when the police arrive at the scene they fill out their information at that point and it goes to the medical examiner where she confirms and clarifies that information.

Dr. Odette Hall reported that the latest stats (updated from February 1st) from January and February (which may increase as medical examinations and toxicology reports take time to come back) there were 16 pending drug overdoses. At the conclusion of 2020 there were 245 total opioid deaths with 138 pending. There are still some pending cases from 2018, 2019 and 2020, as they are awaiting other factors and results to determine that an opioid was the cause of an individual's death. Legislator Sarah Anker mentioned that she and the other legislators can work to make sure that Dr. Odette Hall has the staff, equipment and other necessities to get the pending number down as much as possible. Legislator Sarah Anker mentioned that the mass spectrometer helped with the accuracy and timing of figuring out cause of death. Deputy Presiding Officer Kara Hahn asked if the toxicology reports were sent out or done in-house. Dr. Odette Hall stated that the toxicology is done in house and that in terms of the pending cases, there are many factors that affect the time it takes to determine the cause of death. Dr. Odette Hall stated that she appreciates the support and help and that lowering the number of pending cases as much as possible is a high priority for the Medical Examiner's Office. There will always be some pending cases because there will always be results that the office is waiting on, but the goal of the office is to get it as low as possible.

Legislator Sarah Anker mentioned according to the statistics from 2020 and 2019, Brookhaven still has the highest number of opioid related deaths, followed by Babylon and Islip. Deputy Presiding Officer Kara Hahn asked if the numbers are presented in numbers per 1,000, because the higher number may be explain by the size of the Town of Brookhaven. Dr. Odette Hall reported that the numbers were raw data and not per 1,000. Deputy Presiding Officer Kara Hahn suggested that it may be helpful to present the numbers in terms of per 1,000 so population size can be factored out. Legislator Sarah Anker emphasized the importance of ensuring the Town of Brookhaven law enforcement have enough resources due to the large population size (500,000 people) of the town.

Legislator Sarah Anker added that the age of those experiencing the most deaths from opioids are as those aged 30-39 (86 deaths), followed by those aged 40-49, and that it appears the numbers are going down.

Legislator Sarah Anker also added that while the younger generations appear to be avoiding opioids due to the work of the advocates, they are using other types of drugs like benzos and other recreational drugs.

Steve Chassman asked if it is possible to reach out to Supervisor Romaine or Supervisor Lupinacci to suggest scheduling more NARCAN trainings and virtual community events to target these high risk areas. Steve Chassman also asked if it would be possible to get

health alerts out to active users warning about potential high levels of fentanyl that police are seeing in street drug testing.

John Venza added that youth are using other drugs that have different names that many advocates may not be seeing yet- one being lean (codeine with soft drinks). John Venza added that providers should ask more in depth questions when doing their intake assessment, including using the terms that the youth are using such as lean or marijuana related substances such as wax. John Venza added that kids are getting to opioids through an indirect pathway and that the panel could work better job training for providers.

Deputy Presiding Officer Kara Hahn asked how often the assessment tools are updated. Dr. Kristie Golden responded that most of the evidence based tools ask generic questions and that the OASAS providers will ask more specific questions about types of drugs used and preferred.

John Venza reported that on the provider side, it is usually up to each provider to determine what intake questions they ask, but that there is a need for everyone to evolve with the ever-changing nature of drugs that are being used and train providers and workers accordingly. He added that there are a large number of providers and they all have varying intake questions and forms.

Cari Faith Besserman reintroduced the idea of having someone from the Healing Communities Project present the latest progress of the study to the panel. The study is largely focused on the Town of Brookhaven. Cari Faith Besserman added that the large number of overdose reversals shows that NARCAN is doing its job and that the panel is doing good work by having it readily available. Cari Faith Besserman added that the Healing Communities Study is able to better target and create ad campaigns by having this type of data available. Through the project, there has been a NARCAN education campaign and an effort to make sure the various sheriff's department and law enforcement locations have NARCAN to give to all officers. Cari Faith Besserman said it's important to be data driven and data smart and that sometimes a raw number tells more than a percentage. Cari Faith Besserman added that there was an attempt to unify protocols amongst the agencies and that it was time consuming and didn't ultimately happen.

Legislator Sarah Anker stated that someone from Healing Communities should come present at the next panel meeting in May. Legislator Sarah Anker added that the Healing Communities was a large grant that was received due to the high numbers of drug overdoses in areas like Centereach, Selden and Coram. Cari Faith Besserman confirmed that Healing Communities Study is specific to Brookhaven but that due to knowledge that the movement of people from place to place, the focus is also county-wide. Cari Faith Besserman also added that someone from Healing Communities will be ready and available to do a presentation.

Legislator Sarah Anker stated that the Healing Communities presentation is an action item from the meeting as well as discussing contemporary issues of substance use as per John Venza's sharing of the ever-changing nature of what drugs people are using and

what they are being called. Legislator Sarah Anker asked how an advocate gets information about new drugs and terminology over to the police department, District Attorney's Office or the Health Department. John Venza stated from his experience that there is no established system, but it is relational through sharing with those you have relationships with or through various committees that advocates are a part of. He is preparing to do a training for parents in the Three Village area about contemporary marijuana issues.

Legislator Sarah Anker suggested that if a system isn't already in place, Cari Faith Besserman in collaboration with the Health Department could establish an information sharing system utilizing a website, portal or a form that could be shared with the various providers, Health Department, Law Enforcement and stakeholders getting everyone on the same page in regard to contemporary terms and drugs. Cari Faith Besserman stated that she will share that suggestion to the Health Department and that currently whenever the Suffolk County Division of Community Mental Hygiene Services receives information like this, they share it on the website and disseminate it to their contact lists. She added that communication could always be improved and could utilize the advancements of technology.

Dr. Kristie Golden added that she did a presentation at the Public Safety Committee regarding the increase in violence of patients coming to CPEP, in which she shared that the percentage of people coming from the 7th precinct has been increasing. At CPEP, they have been advocating for a system-wide study of all stakeholders to see if new policies that have been put in place could be having negative consequences. She urged the importance of looking at all the data across all systems- mental health, substance use, police, probation, sheriff, etc.

Legislator Sarah Anker asked what was causing the violent behavior in the particular area. Dr. Kristie Golden said the violent behavior wasn't in one particular area, but at CPEP they are finding that over the last 18 months to 2 years there has been an increase in the level of agitation, legal history and substance use disorders among the individuals that are being brought to CPEP by the police. Dr. Kristie Golden added that of the data they have been collecting, they saw a decrease in the amount of people being brought to CPEP, likely due to the intervening of the DASH center, and an increase in other precincts.

Steve Chassman added that tracking has shown a recent greater presence of methamphetamine on Long Island. Steve Chassman added that unlike opioid users, methamphetamine users are not docile, they get paranoid, are up for many days, and get aggressive. He reported that LICADD has seen an uptick in the amount of methamphetamine related calls in recent years. Steve Chassman asked Dr. Kristie Golden if methamphetamine is tied to the increased aggression in patients brought to CPEP.

Dr. Kristie reported that they did a snapshot of 100 patients that came to CPEP in October and November and when broken down by substance use disorder history, 50% had substance use disorder either recent history or an existing problem. Dr. Kristie Golden added that she didn't do a breakdown of individual drug, but that they could.

Steve Chassman added that the Long Island and the greater New York region healthcare systems are not ready for a methamphetamine crisis and that the behavior of someone on methamphetamine is the opposite of those on alcohol and opioids.

Dr. Kristie Golden added that they have seen an increase in staff injuries and lost days due to workplace violence. She added that other hospitals in the area are seeing the same things and it is unclear at this point what the cause of it is- whether it's a particular drug, policy changes, etc.

Steve Chassman brought up the issue of marijuana legalization and how high levels of THC can exacerbate pre-existing conditions for psychotic and behavioral disorders. John Venza added that there recent literature supporting the idea of CIP (Cannabis Induced Psychosis).

Dr. Kristie Golden suggested the county should look across all systems as the advocates have been asking New York State to do.

Legislator Sarah Anker asked if Inspector Grodski had been seeing the same things the advocates have been seeing. Inspector Grodski reported that they have been seeing an increase in methamphetamine. He added that the department executed some search warrants recently that resulted in finding that one of the targets had a factory where they were making edibles with concentrated THC (hash oil)- which is not quality controlled, hazardous and has issues with sanitation. Inspector Grodski added that the area has resisted methamphetamine for a long time, but that they are starting to see more of it. He shared that as having been an officer in California, he has seen people using methamphetamine and PCP and that it is brutal in relation to levels of violence.

Legislator Sarah Anker asked if it's possible to up the penalty when it comes to that sort of crime to discourage dealers that are out there. Inspector Grodski said that that would be ideal but with bail reform, there's almost no consequence for these crimes. The jail population has gone from 1,700 to as low as 400 and 600 now. Inspector Grodski reported that there was an individual that the department has arrested 3 times in the last 10 months for possession of an illegal loaded handgun and he gets out every time.

Legislator Sarah Anker asked Edward Gialella to comment on what Inspector Grodski had shared. Edward Gialella reported that bail reform has had a tremendous impact on all of the treatment courts and the criminal justice system. Edward Gialella added that the judge has limited discretion due to bail reform. In the treatment courts, there is less incentive for individuals to address their substance use disorder. Edward Gialella reported that while bail reform was well-intentioned, it has affected the ability to keep people in custody and in return, the ability to get people into treatment.

Legislator Sarah Anker stated that she had written a letter to state representatives urging them to revisit bail reform to provide more discretion to judges. Legislator Sarah Anker asked if judges currently have the discretion to keep certain individual in jail custody or

require that they attend any sort of treatment.

Edward Gialella shared that in his experience, the discretion is currently very limited and that individuals that are not remaining in custody end up leaving the court and using again instead of having that time and space to break the cycle and be introduced to treatment options. Edward Gialella added that not only are people not remaining in custody, but that people are also not appearing in court. All courts are being operated virtually with at least one day in-person. People have attested that they can't get on, don't have the capacity or don't show up. This results in a warrant being issued, the person being picked up and then released again. Legislator Sarah Anker acknowledged that she has heard of that issue in parts of the district where a person dealing drugs is arrested, released and continues to deal drugs again.

Legislator Sarah Anker asked if there is a certain amount of times that a person can be arrested before the judge can issue a stronger decision. Edward Gialella shared that the treatment court judge has made notes in the file that if this person should be arrested again that bail should be set.

Legislator Sarah Anker asked if a "red flag file" could be created for people who are repeat offenders. Edward Gialella reported that the courts have a universal case management system of files on cases and that it is well documented and detailed, but during COVID cases were given 2, 3, 4 months out and cases were getting administratively adjourned, resulting in cases and arrests piling up. The courts are trying to catch up and find ways to best serve cases. Legislator Sarah Anker offered that the panel is here to provide guidance and support to the court system if needed.

Steve Chassman added that he, like many others on the call, know Edward Gialella well and have worked closely with him, the court system, and the judges. He added that miracles are performed by Ed's team in the drug courts. Steve Chassman stated that as those who work with people who use drugs know, every consequence comes with opportunity.

V. Introductory Resolutions

Legislator Sarah Anker outlined the current introductory resolutions in the legislature related to the opioid epidemic:

1. [1990](#). Directing the Department of Information Technology and the Department of Health Services to create a website dedicated to mental health, addiction, substance misuse, prevention and recovery services. (Anker)

IR Reso 1990 has been unanimously passed in the legislature. Legislator Sarah Anker reported that the website launch deadline is set for some time in May 2021. Legislator Sarah Anker added that the website will be fluid and can be adjusted and amended as need. The url for the website has not yet been set. The website will include resources from the Suffolk County Health Department, the organizations/providers on the call, state resources, etc.

2. [1047](#). Amending Resolution No. 704-2017 to update the name and operation of the Heroin and Opiate Epidemic Advisory Panel. (Anker)

IR Reso 1047 has been laid on the table and has not been voted on yet. The name will be

updated to Suffolk County Addiction Prevention and Support Advisory Panel to broaden the scope of the panel to include other addictive substance.

3. Another resolution is in the works is to get a comprehensive list of all the Suffolk County physicians and providers that can be utilized to send out mass alerts or information from the Suffolk County Health Department. The Suffolk County Medical Society currently has a list, so Legislator Sarah Anker will work with them to make the list available to the county departments.

Cari Faith Besserman reported that the Suffolk County Division of Community Mental Hygiene Services has worked with the Suffolk County Medical Society for a lot of their outreach. Legislator Sarah Anker would like the Health Department to be able to send out alerts similar to those sent out by the police like the Amber and Silver alerts.

VI. Discussion of Current Topics

1. The Panel's 2020 Final Report

Legislator Sarah Anker reminded everyone that the 2020 final report was released and can be viewed on the Suffolk County Legislature webpage. Cari Faith Besserman and Legislator Sarah Anker discussed the Suffolk County Division of Community Mental Hygiene Services' Behavioral Health Directory, which has various mental health and substance use disorder resources and services. The document is available online. Deputy Presiding Officer Kara Hahn asked if a social media post could be made about the document so the members could share it on their social platforms. Cari Faith Besserman stated that they would work on that and reported that the updated 2021 document would be available by next week.

2. Panel Meeting Schedule for 2021

The Panel meetings for 2021 are as follows:

1. Upcoming meetings:
 - a. Friday, May 7th 2-4 PM
 - b. Friday, July 9th 2-4 PM
 - c. Friday, November 19th 2-4 PM
2. Public Hearing:
 - a. Wednesday, September 22nd 5:30-7:30 PM
 - b. Wednesday, October 21st 5:30-7:30 PM

3. The Panel's 2021 Initiatives

Legislator Sarah Anker read aloud the panel's 2021 initiatives and conversation occurred as follows:

1. Create a comprehensive Suffolk County addiction awareness and resource website;
2. Prioritize childhood trauma intervention;
 - a. Deputy Presiding Officer Kara Hahn reported that she is working on legislation to work Suffolk County towards being a trauma-informed county so all departments have an understanding of trauma, the history of trauma and how to differently approach interactions.
3. Support Addiction Prevention Awareness Campaigns;
4. Monitor the continuing effects of the COVID-19 pandemic on overdose rates;

- a. Legislator Sarah Anker recalled the panel’s work in advocating for the availability and accessibility of telehealth for those in need. Deputy Presiding Officer Kara Hahn emphasized that certain age groups prefer receiving help via telecommunications and the importance of meeting those populations where they are at. Legislator Sarah Anker reported that at the previous meeting, there was a discussion about the telehealth meetings not being followed up by those utilizing them. Advocates had shared that a lack of access to technology could contribute to this. Legislator Sarah Anker added that the panel had written a letter to the state requesting that telehealth options should be included in Medicaid and Medicare receipts’ coverage.
 - b. John Venza asserted that younger individuals are more likely to attend session online and find telehealth less intrusive and easier to accommodate into their lives. John Venza added that post-covid, there may be a hybrid model where people utilize both in-person and remote therapy options. He added that there is a need to be further training providers and clinicians in using telehealth to engage with clients. John Venza added that the concerns have mostly been about the high risk population who have not been as good at following up with telehealth.
 - c. Cari Faith Besserman added that at the start of the pandemic there were a lot of agencies that struggled with the switch to telehealth because they didn’t have the technology, but that the executive orders included telephonic connections which allowed communication to continue. Cari Faith Besserman asserted that there has always been a challenge of getting people to treatment and that that struggle is not unique to covid or telehealth. Cari Faith Besserman agreed with John Venza that more training in these types of services is very important.
 - d. Legislator Sarah Anker asked if there is training available on the county level. Cari Faith Besserman stated that they have been doing trainings with their own staff to get and use the resources and that the Criminal Justice Addiction Work Group is looking to do one or two trainings on zoom on counseling through telehealth, which will be announced shortly. Cari Faith Besserman emphasized the point about individuals not having access to the technology and the idea of having computers or other devices available for people to utilize. Legislator Sarah Anker suggested that perhaps a donor would be able to donate some laptops or old laptops could be refurbished like they are through SeniorNet.
5. Monitor the growing vaping epidemic;
 6. Support early education initiatives;
 7. Monitor potential Marijuana Legislation;
 8. Commence meetings of the Youth Addiction Panel;
 - a. John Venza is working with Elizabeth Alexander to get a few youth together to form the board. John Venza would like to include youth who are in recovery as well as those who aren’t to get multiple perspectives.
 9. Continue discussions with the MTA & LIRR regarding a quality of life task force;
 - a. Legislator Sarah Anker reported that this has been delayed due to covid.

- b. Cari Faith Besserman added that the MTA has been cooperative and at a recent Community Coalition meeting it was discussed that the MTA did a community campaign with the LIRR along with Lindy Cares.
- c. Guy Calla added that in addition to Lindy Cares, Babylon Cares has officially been launched. The Lindy Cares website has a 3-minute PSA available that the youth put together with Lori Novello. Guy Calla urged everyone to watch the video and that Lindy Cares is looking to expand their efforts more throughout the Town of Babylon

4. Follow-ups from last meeting

- 1. Legislator Sarah Anker thanked Legislator Tom Donnelly for having some of the panel members at the last Public Safety Committee meeting. Legislator Sarah Anker extended an invitation to the panel members to present at the various committees such as the Health or the Seniors and Human Services that she is the Chair of.
- 2. Legislator Sarah Anker asked Dr. Kristie Golden and John Venza to keep the panel posted about any additional studies they were able to find about the effects of length of stay on treatment.
- 3. Legislator Sarah Anker revisited the letter the panel is working on that is being addressed to New York State Commissioner of Health Howard Zucker asking for the increased required training related to pain management for physicians and providers and reminded panel members to provide feedback and approve the letter. Legislator Sarah Anker stated that the request for training in telehealth should be included in the letter as well.

VII. Updates from Panel Members:

Legislator Sarah Anker asked Inspector Grodski if there is anything new in regards to law enforcement is seeing. Inspector Grodski stated that gun violence, shootings, and possessions of handguns have increased. Inspector Grodski added the potential downsides of legalizing marijuana and the increase it could have on black market sales of marijuana, which would likely be less expensive without the tax. Inspector Grodski added that confiscated marijuana is coming from Colorado and California through the mail.

Legislator Sarah Anker asked if there was a way to work with the postal service agencies to address this. Inspector Grodski stated that they do but that the quantity of it is high and that they are seeing fentanyl and cocaine coming through the mail as well.

Legislator Sarah Anker asked if there is a way to hold these delivery services accountable for the drugs being sent through the mail. Inspector Grodski reported that they are diligent and work in collaboration with the police with package interception and controlled deliveries, but despite the cooperation, drugs have been getting through. Inspector Grodski added that bail reform has contributed to issues of holding people accountable for selling drugs. Legislator Sarah Anker asked if there is a liaison between the District Attorney's office and the police department. Inspector Grodski reported that there is very good communication between the police department, parole, probation, the Sheriff's Office, the courts and the District Attorney's Office.

VIII. Public Comment Period

There were no speakers to provide public comment at the meeting.

IX. Adjournment

Legislator Sarah Anker thanked everyone for joining the meeting, reminded panel members to review the letter that will be sent out and wished everyone a good weekend.



Suffolk County Addiction Prevention and Support Advisory Panel Agenda

*Friday, May 7th ~ 2:00 – 4:00PM
Via ZOOM*

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: contact-legislatoranker@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**
- 2:10 P.M. Panel Member Introductions/Review & Adopt Minutes 2-5-21**
- 2:15 P.M. Updated Statistics- Police Department & Medical Examiner’s Office**
- 2:25 P.M. Presentations: Alyse Marotta- HEALing Communities Study;**
- Dr. Leslie Marino- “Making the Case: the importance of data-informed policy making for prevention and treatment of substance use disorders in Suffolk County”**
- 3:00 P.M. Discussion: Current Topics: NYS Marijuana Legislation (SC PTA letter):
Signs at pharmacies dispensing opioids;
Spike in Overdose Deaths during COVID (Rockefeller Institute);
Buprenorphine Treatment**
- 3:30 P.M. Updates from Panel Members**
- 3:40 P.M. Public Comment Period**
- 3:50 P.M. Closing Remarks and Follow-Up Items**
- 4:00 P.M. Adjournment**

2020 Report: <https://www.scnylegislature.us/DocumentCenter/View/75095/122020-Suffolk-County-Heroin-and-Opiate-Epidemic-Advisory-Panel-Final-Report-PDF>



Suffolk County Addiction Prevention and Support Advisory Panel-Meeting Minutes 5-7-2021

Meeting Date: May 7, 2021

Location: Virtual Meeting via Zoom

Next Meeting Date: July 9, 2021

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair
Suffolk County Legislator Tom Donnelly
Deputy Presiding Officer Kara Hahn
Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey
Suffolk County Dept. of Health Services Commissioner Gregson Pigott
Suffolk County Medical Examiner Odette Hall
Erin Meunkle, 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
Thomas Branco, Suffolk County Probation
Cari Faith Besserman, Suffolk County Division of Community Mental Hygiene Services
Jeffrey Reynolds, President/CEO Family and Children's Association (FCA)
Steve Chassman, LICADD
Julie Lutz, Suffolk County Superintendents' Association
Richard Rosenthal, Stony Brook University Hospital
Kristie Golden, Stony Brook University Hospital
Pamela Mizzi, Long Island Prevention Resource Center
Pat Ferrendino, Family Service League
David Cohen, Eastern Long Island Hospital
John Venza, Outreach House
Antonette Whyte-Etere, NY OASAS Long Island Regional Office
Robert Woods, North Shore Youth Council
Robert McConville, Former Selden Fire Department Commissioner
Veronica Carrier, Resident

Also in Attendance:

Recorder: Emily Murphy, Legislative Aide for Legislator Sarah Anker
Advisor: Edward Gialella, Suffolk County Drug Court
Dorothy Cavalier, Chief of Staff for Legislator Sarah Anker
Alyssa Turano, Deputy Presiding Officer Kara Hahn's Office
Alyse Marotta, Suffolk County Division of Community Mental Hygiene Services
Evelyn Zamir, NY OASAS Lead Program Manager
Lori-Ann Novello, Lindenhurst Community Cares Coalition Inc

I. Welcoming Remarks- Legislator Sarah Anker

Suffolk County Legislator Sarah Anker welcomed everyone to the meeting and reminded members that the meeting will be recorded and live transcription closed captions will be turned on and available.

II. Pledge of Allegiance and Moment of Silence

III. Panel Member Introductions/Review & Adopt Minutes 2-5-2021

Suffolk County Legislator Sarah Anker took attendance of the panel members present. Antonette Whyte-Etere reported that she will be assuming a new position at NY OASAS and introduced Evelyn Zamir, who will be representing NY OASAS on the panel moving forward.

Legislator Sarah Anker made a motion to approve the meeting minutes from February 5th, 2021. Deputy Presiding Officer Kara Hahn seconded the motion. All panel members voted yes to adopt the minutes. The motion carried to adopt the meeting minutes for the February 5th meeting.

IV. Updates Statistics- Police Department & Medical Examiner's Office

Inspector Stan Grodski from the Suffolk County Police Commissioner's office reported that from the start of the year to date as of May 5th, there were 98 fatal overdoses, 426 non-fatal overdoses, and 298 NARCAN saves. In comparison with 2020, there was 118 fatal overdoses, 410 non-fatal overdoses, and 293 NARCAN saves. Deputy Presiding Officer Kara Hahn asked if the NARCAN saves only represent saves done by Suffolk County Police Officers. Inspector Stan Grodski reported that it's possible that some of the saves counted were done by EMS as well, but that most of the numbers are from the Police Department.

Steve Chassman reported that LICADD distributes naloxone and received a shipment after waiting 2 and a half months. Steve Chassman asked if the Police Departments or other agencies are experiencing the same delay in receiving naloxone and reported that LICADD has to suspend trainings as a result. Inspector Stan Grodski reported that he hadn't heard of any issue receiving naloxone but would check with the department. Deputy Presiding Officer Kara Hahn asked if the Suffolk County Health Department could provide agencies with naloxone. Cari Besserman reported that the Health Department has to ensure that first responders have adequate supply first and that she would let Commissioner Gregson Pigott know about the delay. Deputy Presiding Officer Kara Hahn asked if the Health Department could supply the naloxone or if they could provide the trainings if LICADD does not have the supply. Legislator Sarah Anker asked if other providers were also having issues getting naloxone. Mary Silberstein reported that CN Guidance has not experienced issues. Steve Chassman reported that LICADD received their shipment and were able to reschedule the cancelled trainings.

Guy Calla asked for clarification about the statistics reported by the Police Department and the Medical Examiner's Office. Inspector Grodski reported that the statistics from the Police Department differ from the Medical Examiner's Office because the Medical Examiner's numbers are based on toxicology reports that take longer to process, while the Police Department makes their determination based on observations and preliminary indicators from the situation.

John Venza shared that he has observed two main issues through a group he runs for parents who have lost a child to an overdose. The first issue was that parents go through anguish while they wait to hear back from the Medical Examiner's Office regarding the nature of their child's passing. He asked if a preliminary call can be shared with the parents sooner for them to begin the healing process. The second issue was that parents have reported that their child's causes of death were labeled as "natural causes," which enabled them to remain in denial about the circumstances of their child's passing. Dr. Odette Hall clarified that the Medical Examiner's Office does not label overdose deaths as "natural causes" and instead notes them as "accidental cause of death" with information about what substances were found. Dr. Odette Hall added that the families are welcome to contact the Medical Examiner's Office to get updates and speak to a doctor about the toxicology report that they receive. Inspector Grodski added that the detectives in the Narcotics Division remain in contact with the families following an overdose death and have contacted the Medical Examiner's Office on behalf of the families as well. Legislator Sarah Anker offered support to the Medical Examiner's Office if needed for the purposes of decreasing the pending case numbers.

Dr. Jeffrey Reynolds asserted that while the numbers are important, they don't show the full picture, including the increased use of alcohol throughout the months of the COVID-19 pandemic. He added that resources should be channeled to prevention, access to treatment, and recovery services. Legislator Sarah Anker agreed and added that all aspects are important to address the issue from every possible angle. Steve Chassman echoed Dr. Jeffrey Reynold's comments and added that due to the changing of the Panel's name, the panel should also be tracking alcohol usage, cocaine overdoses, and benzodiazepine overdoses. Legislator Sarah Anker agreed.

Inspector Grodski reported that the police department has been seeing more methamphetamine in the field including 6 pounds seized in the last two weeks. Legislator Sarah Anker asked if it would be possible to add information about alcohol, methamphetamine, and other substances to the numbers reported by the Police Department and the Medical Examiner's Office. Inspector Grodski stated that they can break it down further, but that the numbers are based on situational observations and not toxicology. Dr. Odette Hall reported that through the toxicology reports, the data of any drug or substance can be pulled out into a report.

Presiding Officer Kara Hahn suggested establishing a data-related subcommittee.

The panel members discussed the Medical Examiner's statistics which reported 292 total opioid deaths with 108 cases still pending in 2020 and 31 total opioid deaths with 70

cases still pending so far in 2021. Dr. Odette Hall added that the numbers reported do not include those deaths caused by suicide or homicide that contain substances in the toxicology reports.

Panel members discussed the importance of having clear standardized data and utilizing currently available data to get a clear picture of the state of the addiction crisis in the county.

V. Presentations:

1. HEALing Communities Study presented by Alyse Moratta, Suffolk County Division of Community Mental Hygiene Services and Project Manager of the HEALing Communities Study

Background:

The HEALing Communities Study was launched by the National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration (SAMSHA) to investigate how the tools used for prevention and treatment of opioid misuse and opioid use disorder (OUD) are most effective at the local level. The goal is to reduce opioid-related overdose deaths by 40% over the course of the three year study. Each participating community is charged with developing and implementing programs centered on (1) increasing the distribution of naloxone, (2) increasing the number of individuals receiving medication to treat OUD, and (3) reducing high-risk prescribing. One of the communities that was chosen to be a participant in the study is the Town of Brookhaven due to the area's opioid overdose death rates.

Projects:

Opioid Overdose Education and Naloxone Distribution (OEND):

1. Partner with the Suffolk County Sheriff's Office to offer naloxone to all individuals upon their release from the Suffolk County Correctional Facilities in Yaphank or Riverhead. The Correction Officers received naloxone training and provided training to newly incarcerated individuals. The program went live on May 1st, 2021.
2. Partner with Suffolk County Probation to offer naloxone training and a naloxone kit to all individuals on probation within the Town of Brookhaven.
3. Increase access to naloxone and decrease fatal opioid overdoses through the installation of publically accessible naloxone rescue kits in regions with high opioid overdose rates. The regions focused on in distribution were Coram, Centereach, Medford, Mastic Beach and Shirley.
4. Install semi-publically available naloxone rescue kits in the regions mentioned above. Locations of these kits were determined utilizing Naloxone Administration data and Suffolk County Police Department data. Locations include housing complexes, fast food and restaurants, public transportation, convenience stores and large retailers.

Medications for Opioid Use Disorder (MOUD):

1. Partner with local hospitals to expand buprenorphine inductions from the Emergency Department to include Medical Surgical Units as a new standard of care and providing a linkage to treatment after detox.
2. Engage with providers in the Town of Brookhaven within the identified regions noted above to initiate new MOUD programs within their organizations.
3. Enhance linkages to MOUD treatment from hospital to outpatient settings through the development of a NY MATTERS network. NY MATTERS can provide a 14 day bridge-script and make an appointment for an outpatient provider as someone is released from a hospital.

Safer Prescribing and Dispensing:

1. Provide educational CEU credit opportunities about policies and procedures for providers who prescribe opioids. Webinars are happening now.

Communication Campaigns:

Three out of five campaigns have been launched in the community on topics including naloxone, combating stigma against MOUD, bringing awareness to MOUD, and promoting sustained MOUD treatment. Alyse Moratta provided examples of the three campaigns. Campaigns included a billboard in Bellport, palm cards at Smith Point County Park, palm cards and posters at the YMCA and local retailers, social media, website banner ads, bus shelter ads.

2. **“Making the Case: The importance of data-informed policy making for prevention and treatment of substance use disorders in Suffolk County” Presentation by Dr. Leslie Marino** was **postponed** to the next meeting of the Addiction Prevention and Support Advisory Panel.

VI. Discussion of Current Topics:

1. Chuck Schumer Press Conference Regarding Federal Money to Fight Drug Abuse

Legislator Sarah Anker asked the panel members if anyone attended the press conference and if they could speak on it. Dr. Jeffrey Reynolds reported that he and Mary Silberstein were in attendance. He added that there is federal money totaling five billion dollars available in mental health and substance use disorder funding. Dr. Jeffrey Reynolds added that it's important that the money gets moved through the channels from Washington to reach the providers as quickly as possible to improve treatment and access to care. Legislator Sarah Anker stated that the Legislature will advocate on behalf of the agencies and providers in whatever capacity they need to receive timely funding.

VII. Updates from Panel Members:

Legislator Sarah Anker asked Dr. Julie Lutz to provide an update on how the schools are doing. Dr. Julie Lutz reported that the school districts have received aid from New York State, which will likely be allocated toward filling the gap of learning loss from the last year and efforts to deal with the social emotional stressors that students and staff are struggling with. Legislator Sarah Anker asked if the schools are part of the HEALing Communities Study. Alyse Moratta reported that they are not, as the projects are currently focused on the prevention, treatment and recovery populations. Legislator Sarah Anker acknowledged the opportunity to reach kids while they are young in schools to educate them on the dangers of opioid use and addiction. Cari Faith Besserman added that stakeholders in the work groups for the HEALing Communities Study do have connections and relationships with the school districts in Brookhaven and that prevention services are tapping into school districts across Brookhaven as well. Cari Faith Besserman agreed that educating the youth in the community is a priority in prevention efforts.

Legislator Sarah Anker asked other panel members to provide updates. Antonette Whyte-Etere reported that NY OASAS has State Aid Block Grant opportunities due to 104 million dollars of funding coming to New York State to be distributed. Additional Federal funding is also expected in September. These two funding sources will each be available for two years. Antonette Whyte-Etere added that through the current budget, the withholdings that were put in place during the COVID-19 pandemic were released. Antonette Whyte-Etere also reported that ideas from Long Island such as the Crisis Stabilization Hub (DASH Center) are in conversation to be funded and recreated in other parts of the state. She added that through the 4-2 funding, NY OASAS created the Long Island Regional Network for providers.

Legislator Sarah Anker asked Cari Faith Besserman to provide an update on the comprehensive addiction and mental health resource website that is being created by the Suffolk County Division of Community Mental Hygiene Services and the Suffolk County Department of Technology. Cari Faith Besserman reported that the departments have been working to develop the website and are looking to create a user friendly site to provide information to the public regarding addiction and mental health resources and providers. Cari Faith Besserman added that the target for the website launch is June 2021. Legislator Sarah Anker added that the website will evolve with time and that the URL at this time will be SuffolkCountyAddiction.org. Alyse Moratta added that the department is being mindful not to use any stigmatizing language as well as easily recognizable language.

VIII. Public Comment Period

Lori Ann Novello from Lindy Cares was present to provide public comment. Lori Ann Novello shared that in 2017 there was an attempt to create legislation in Nassau County to require a NY Hope number or a helpline number on prescription bags at pharmacies when an individual picked up a prescription, particularly an opioid prescription. She added that this legislation did not move forward due to the high regulatory-nature of the pharmaceutical industry. Lori Ann Novello provided the original draft legislation to Legislator Sarah Anker's office for review and consideration. She added that the county will be on the verge of making decisions about adult use marijuana and dispensers in the

county and that it will be highly regulated. She added that once it is regulated, it will be difficult to change just as the pharmacies are currently. Lori Ann Novello expressed her concerns and feelings of powerlessness to create preventative policies before an issue arises with marijuana legalization. She suggested that legislation should be discussed to make marijuana products less enticing to youth by banning the sale of products such as gummy bears and baked goods. Lori Ann Novello asserted that providers and advocates can learn from the results of the opioid settlements and try to get ahead of the issue before the regulations are in place for marijuana dispensers and products.

Legislator Sarah Anker reported that there is an opportunity to create legislation regarding marijuana before it becomes a problem like flavored liquid nicotine. She added that the county was able to require every store that sold flavored liquid nicotine to post a warning about its dangers and suggested that the Legislators on the panel discuss proposing similar legislation for marijuana products to prevent potential problems. Dr. Jeffrey Reynolds reported that the legislation to legalize marijuana includes providing warning labels, a prohibition on some forms of advertising and requiring child-proof containers for TCH based products regardless of what form they are in. Dr. Jeffrey Reynolds argued that there is an opportunity for advocates to fight for specifics and have a hand in what the details look like. He also added that the advocates on the call are in agreement that the opioid settlement money should not go into the New York State general fund and instead, need to be allocated to prevention, recovery and treatment efforts and that the panel should consider advocating for that to the state.

Lori Ann Novello added that coalitions such as hers are chipping in money to pay for an attorney to look into the marijuana legalization law to prepare prevention advocacy efforts. She added that she would share the link with any entities that were interested in joining the related seminar that will be hosted in mid-May.

Legislator Sarah Anker asked if there is any way to determine if someone is driving under the influence of marijuana. Dr. Jeffrey Reynolds reported no, there is no technology for that at this point and asserted that the law should not have been passed without that technology or information about how long consumers should wait after using/consuming marijuana before operating a vehicle. Lori Ann Novello added that there is no infrastructure for this change. Legislator Sarah Anker asked the panel to come up with suggestions and goals to work on related to marijuana legalization.

Karen Pike was signed up to provide public comment, but was not present to provide comment.

IX. Adjournment

Legislator Sarah Anker thanked everyone for joining the meeting and wished everyone a Happy Mother's Day



Suffolk County Addiction Prevention and Support Advisory Panel Agenda

Friday, September 17th ~ 2:00 PM – 4:00 P.M.

Public comments can be made via ZOOM by registering at:

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

Public comments related to this Advisory Panel may be made via email to: 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**
- 2:10 P.M. Panel Member Introductions/Review & Adopt Minutes 5-7-21**
- 2:20 P.M. Updated Statistics- Police Department & Medical Examiner’s Office**
- 2:25 P.M. Presentation: Pat Ferrandino- DASH Update
Jennifer Hernandez- Executive Director of ECLI/VIBES-
Services for Addiction Affected Youth**
- 3:00 P.M. Discussion: Current Topics: Opioid Litigation and Settlements;
Merger of NYS OASAS & OMH;
NYS Marijuana Legislation;
NYS “Death by Dealer” Legislation
Spike in Overdose Deaths during COVID;
2021 Recommendations in Report**
- 3:30 P.M. Updates from Panel Members**
- 3:40 P.M. Public Comment Period**
- 3:50 P.M. Closing Remarks and Follow-Up Items**
- 4:00 P.M. Adjournment**

2020 Report: <https://www.scnylegislature.us/DocumentCenter/View/75095/122020-Suffolk-County-Heroin-and-Opiate-Epidemic-Advisory-Panel-Final-Report-PDF>



Suffolk County Addiction Prevention and Support Advisory Panel-Meeting Minutes 9-17-2021

Meeting Date: September 17th, 2021

Location: Virtual Meeting via Zoom

Next Meeting Date: September 22, 2021 – Public Hearing

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair

Deputy Presiding Officer Kara Hahn

Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey

DJ Russo, Office of Suffolk County Legislator Tom Donnelly

Suffolk County Dept. of Health Services Commissioner Gregson Pigott

Suffolk County Medical Examiner Odette Hall

Erin Meunkle, Office of Suffolk County Sheriff Errol Toulon

Kerri Ann Souto, Office of Suffolk County District Attorney Tim Sini

Detective Lieutenant David Teufel, Office of Acting Police Commissioner Stuart Cameron

Cari Faith Besserman, Director of Suffolk County Division of Community Mental Hygiene Services

Lourdes Herrera, New York OASAS Long Island Regional Office

Janine Logan, Nassau Suffolk Hospital Council

Steve Chassman, LICADD

Julie Lutz, Suffolk County Superintendents' Association

Richard Rosenthal, Stony Brook University Hospital

Kristie Golden, Stony Brook University Hospital

Mary Silberstein, Suffolk County Communities of Solution

Pamela Mizzi, Long Island Prevention Resource Center

Pat Ferrendino, Family Service League

John Venza, Outreach House

Robert McConville, Former Selden Fire Department Commissioner

Veronica Carrier, Resident

Also in attendance:

Recorder: Emily Murphy, Legislative Aide for Legislator Sarah Anker

Dorothy Cavalier, Chief of Staff for Legislator Sarah Anker

Town of Brookhaven Councilmember Jonathan Kornreich

Amani Hosein, Office of Brookhaven Town Councilmember Jonathan Kornreich

Jennifer Hernandez, Director of ECLI & VIBS

Heather Parrott, ECLI & VIBS

I. Welcoming Remarks- Legislator Sarah Anker

Suffolk County Legislator Sarah Anker welcomed everyone to the meeting and reminded

members that the meeting will be recorded and live transcription closed captions will be turned on and available.

II. Pledge of Allegiance and Moment of Silence

III. Panel Member Introductions/Review & Adopt Minutes 5-7-2021

Suffolk County Legislator Sarah Anker indicated that Emily Murphy will be taking attendance of the panel members present.

Legislator Sarah Anker made a motion to approve the meeting minutes from May 7th, 2021. Mary Silberstein seconded the motion. All panel members voted yes to adopt the minutes. Motion carried to adopt the meeting minutes for the May 7th meeting.

IV. Updates Statistics- Police Department & Medical Examiner's Office

Detective Lieutenant David Teufel from the Suffolk County Police Commissioner's office reported that from the start of the year to date as of September 8th, there were 219 fatal overdoses, 988 non-fatal overdoses, and 704 NARCAN saves. In comparison with 2020, there was 276 fatal overdoses, 860 non-fatal overdoses, and 632 NARCAN saves. This shows a decrease in fatal overdoses by 21%, an increase in non-fatal overdoses by 15% and an increase in NARCAN saves by 11%.

Emily Murphy shared the Police Department's statistics through screen share.

Legislator Sarah Anker thanked those present on the call for helping increase education and availability of NARCAN and the Police Department for providing the statistics.

Steve Chassman asserted that naloxone is key to saving lives and asked if local hospitals have protocols for overdose patients when they are brought in after being saved with naloxone or if any safety nets/follow ups are in place for these individuals.

Mary Silberstein reported that there is a follow up system in place with Northwell hospitals for referrals, SERPA and Project Connect. She added that other hospitals are reaching out and making sure people have referrals, but was not sure about what other hospitals are doing specifically. Project Connect follows up with people for up to 120 days and beyond if they are consenting.

Janine Logan added that Northwell, Catholic Health System and Stony Brook do have programs in place, but a lot of success comes down to the individual's willingness to participate.

Deputy Presiding Officer Kara Hahn discussed the Emergency Room Protocol Task Force and that there has been a delay due to COVID-19, but that it is being restarted now. Drafted protocols were created through the task force and will be reevaluated. The task force will be coming back together to finalize the protocols.

Suffolk County Medical Examiner Dr. Odette Hall provided the most recent overdose statistics from the Medical Examiner's office. As of September 1, 2021, there have been a total of 115 overdose deaths, with 125 cases pending this year. The current numbers for 2020 are 334 overdose deaths with 70 cases still pending. Legislator Sarah Anker asked if

there is any way to expedite the numbers of pending cases. Dr. Odette Hall reported that the data can be there, but the reports need to be finalized by a forensic pathologist and that there was a backlog from previous Medical Examiners. The office has been given the go ahead to fill the final vacancy in the Medical Examiner's office, which should help cut down the backlog of the numbers. Dr. Odette Hall reported that if funding couple allow for a per-diem staff, it would help tremendously with cutting the numbers down.

Steve Chassman added that this year the CDC reported 93,000 opioid deaths in 2020 and 156,000 alcohol related fatalities. He asked if there is a way to have the Medical Examiner's numbers include all drugs to get a clear understanding of the effect mood and mind altering drugs have on Suffolk County families and residents. Dr. Odette Hall reported that alcohol-related deaths are not necessarily reflected in the death certificate, unlike other drugs. For example, if someone with chronic alcoholism passes, their death certificate would likely say "natural causes" instead of acute alcohol toxicity. Additionally, the negative effects chronic alcohol use can have on a person's body, such as siroccos of the liver, may not be noted as alcoholism on the death certificate. Therefore, it is difficult to get an accurate count on how many deaths are caused by alcohol. It is possible to search all toxicology reports by presence of ethanol, so making it accessible to look at is something that can be worked on in the future. Steve Chassman emphasized the importance of investigating the effect that substances like alcohol has on Suffolk County residents.

V. **Presentations:**

1. **Pat Ferrendino Providing an Update on the Diagnostic, Assessment, and Stabilization Hub (DASH) Center:**

Pat Ferrendino from Family Service League provided an update on the DASH Center. She reported that on average, DASH services about 315 people on-site per month. The hotline remains consistent and receives about 1,100 calls per month. There has been a dip in numbers of children utilizing DASH services during the summer months, which is as expected. The Mobile Crisis Unit had 550 engagements this year, which is an increase from previous years. In July, 300 linkages were made, 30% of those were substance use related. For Medication Assisted Treatment, 76 people were induced this year. 115 people were bridged to suboxone and 83 NARCAN kits were provided. Pat Ferrendino added that there are two new programs, one being the 911 Diversion Pilot Program. Through this program, 911 Operators have been trained to identify if a call is a behavioral health concern. The operators then connect the individuals with the DASH hotline while remaining on the line until the individual calling consents.

Legislator Sarah Anker asked if a police officer would still be sent to the scene along with the crisis unit during a behavioral health concern. Pat Ferrendino reported that through the pilot program, the person calling has to consent to DASH involvement instead of the police. If through the assessment it is determined that DASH should go to the scene in person, then an officer would also be dispatched to the scene.

The second program is the High Utilizer Program. Through this program, the police

precinct identifies people who consistently calling, but for reasons that are not police matters, and then refers them to the DASH center. The DASH center then tries to link the individuals to services. Legislator Sarah Anker asked if the program has been able to successfully create those linkages. Pat Ferrendino reported that they tend to be people that don't engage with services, but the center continues to try to connect with them. She added that there is no available data on that at this time.

2. Jennifer Hernandez Executive Director from ECLI/VIBS

Jennifer Hernandez discussed the recent connection of ECLI and VIBS. The two organizations have a \$5 million budget (2021), employ 57 individuals (Crisis Counselors, Attorneys, Mental Health Counselors, Social Workers, Advocates and Childcare Workers), and have 17 university/college interns. Jennifer Hernandez described the services of ECLI/VIBS including crisis helplines, counseling services, advocacy, groups, and service connection. Topics ECLI/VIBS works on includes human trafficking, youth and family court, incarceration and post-incarceration reentry, physical and sexual assault, domestic violence, legal assistance and youth programs. Jennifer Hernandez also described ECLI/VIBS's program, Supporting Suffolk County's Youth Victims: a Multidisciplinary Response to the Opioid Crisis. The program is fully funded until 2023 by the Department of Justice Office of Victims of Crime and provides VIBS with a program coordinator, bilingual counselors and resource advocates to service families and youth affected by addiction. Through the program, VIBS has identified gaps in services and the need to streamline communication with a wide range of community organizations and systems. Jennifer Hernandez reported that ECLI/VIBS has worked on a task force with the Suffolk County Police Department, District Attorney's Office, Social Services, hospitals, faith-based communities, non-profits and advocates to address the inter-disciplinary problems that affect those in recovery.

Legislator Sarah Anker asked if the program is taking additional providers into the task force. Jennifer Hernandez said yes and to contact her if anyone wants to learn more or get involved.

VI. Discussion of Current Topics:

1. Opioid Litigation and Settlements

Suffolk County has established an Opioid Intra-Agency Committee to discuss how to disperse the funds from the opioid settlements. The following settlements were discussed:

1. Riteaid: \$1.5 million
2. CVS: \$3.5 million plus an additional expected \$500,000
3. Walmart: \$3.6 million
4. Walgreens: \$5 million
5. Johnson & Johnson: waiting on the closing but will be \$20 million over the course of 10 years
6. Purdue: waiting on the closing but will be \$20 million over the course of 9 years

Nassau and Suffolk will be splitting \$50 million dollars from New York State according to the Attorney General's office.

Deputy Presiding Officer Kara Hahn reported that she has sponsored two pieces of legislation that would mandate that the money received from the settlements would be used for expanding existing or starting new programs that provide treatment and/or prevention of addiction and substance use disorders. The legislation would also state that the funds cannot be used to reimburse the county for expenses already used to combat the opioid epidemic.

Legislator Sarah Anker added that she and Deputy Presiding Officer Kara Hahn will be strongly advocating that the non-profits and providers on the call be considered for funding and asked the panel members to comment on the settlement money and how they would like to see it being used.

Mary Silberstein stated that it's important to inform the advocates in the field that they need to be advocating that the settlement funds get allocated to treatment, prevention, recovery and education to help combat the opioid epidemic. She suggested that the Communities of Solution group can discuss it at the next meeting. Legislator Sarah Anker and Deputy Presiding Officer Kara Hahn echoed the importance of each non-profit, provider and advocate to write letters and submit comment to the County Executive's office to be considered to receive funding.

Guy Calla from Legislator Kevin McCaffrey's office asked the panel members where they think the money should be allocated to best address the epidemic.

Mary Silberstein asserted that there are a lot of programs and services that are successful, but are not properly funded to continue and that those should be a priority. She added that there is a great need to create a campaign to help reduce the stigma associated with addiction and substance use disorders.

Pamela Mizzi stated that drug education needs to be a priority because prevention is proven to work. She added that drug education needs to be consistent and reinforced throughout K-12 and the addition of community coalition work through community-specific campaigns would be helpful.

Julie Lutz agreed that funds should be allocated to drug prevention and education in the schools. She added that education usually comes too late.

Steve Chassman asserted that from a data perspective, the providers and the advocates are losing the fight against opioids. He added that he thinks it's time to prioritize going after insurance companies for the lack of coverage related to treatment. Steve Chassman argued that long-term treatment works and that insurance companies are only covering 12 day treatments, which is not enough time.

John Venza agreed with Steve Chassman and echoed everyone's comments that prevention, education and treatment are all needed to address the epidemic. He added that treatment beds are needed for those who are uninsured or underinsured. John Venza advocated for the expansion of long-term bed availability. Legislator Sarah Anker asked how many beds are currently available in Suffolk County. John Venza stated that OASAS would know how many funded beds there are and echoed how im-

portant it is to have beds that are available for different levels of insurance/non-insurance and those who do not have commercial insurance to pay for treatment. Legislator Sarah Anker asked all the panel members to email her office with their priorities for where the funding should go. Guy Calla stated that having a uniform number of how many days in treatment is successful could be used as backup to advocate to the insurance companies.

2. Merger of NYS OASAS & OMH

Lourdes Herrera stated that there are no updates about the merger, but will continue to inform the group when updates are available.

3. NYS Marijuana Legislation

Legislator Sarah Anker reported that Resolution 560 passed in the county which bans the smoking of marijuana wherever tobacco smoking is currently banned in the county. Legislator Sarah Anker added that there is no current technology that can assess level of marijuana usage when there is a vehicular accident like there is with alcohol. John Venza reported that since the legalization of marijuana, Colorado has seen a significant increase in vehicle/traffic accidents related to marijuana usage. Pamela Mizzi added that the New York State Office of Cannabis Management has yet to release new regulatory guidance information.

John Venza brought up the issue of townships being able to opt out of the sale of marijuana in the town's jurisdiction. Pamela Mizzi stated that 12/31/2021 is the last date that towns or villages can opt out of marijuana sale. She added that the entities need to decide how retail sales will be regulated through zoning and if there can be on-site consumption. John Venza suggested that the panel reach out to the townships and advocate for them to opt out of marijuana sale in their jurisdictions. Legislator Sarah Anker asked if anyone was aware of where the townships were at with this decision. Steve Chassman advocated to the Northport Town to opt out from a Public Health standpoint. Pamela Mizzi reported that Riverhead Town has opted in and Nissequogue Town and Amityville Town have opted out so far. Councilmember Jonathan Kornreich reported that the Town of Brookhaven has opted in, but has restricted marijuana sale to industrial zoning only. Steve Chassman warned about the advisements that will be coming out that will be geared toward the youth. Legislator Sarah Anker asked Councilmember Jonathan Kornreich to send the Town of Brookhaven's resolution so the members could share it with other towns. Pat Ferredino added that everything is connected- the marijuana legalization and the opioid settlement and how money is spent. John Venza added that marijuana is correlated to adolescence suicidality and that the research about its effects is expanding. Janine Logan asked if the panel could reach out to Newsday and inform them about the issue and the gravity of the situation that could be created on Long Island. Legislator Sarah Anker asked Councilmember Jonathan Kornreich if he could share the background information about the resolution so the panel could write a letter to the Board of Town Supervisors. Councilmember Jonathan Kornreich agreed to send that information.

4. NYS “Death by Dealer” Legislation

Kerri Ann Souto from the District Attorney’s Office stated that the New York State Legislature is not in session so the resolution is still in committee, but that when the Legislature is back in session it will hopefully be passed.

5. 2021 Recommendations in Report

Legislator Sarah Anker reported that from last year’s panel recommendations the comprehensive addiction resource website was launched and the panel member name and membership was updated. Other on-going recommendations include prioritizing childhood trauma intervention, supporting addiction prevention awareness campaigns, monitoring the continued effect the covid pandemic has on overdose rates, increasing prescriber education, monitoring the growing vaping epidemic, supporting early education initiatives, monitoring potential marijuana legislation, commencing meetings of the Youth Addiction Panel and continuing discussions with the MTA/LIRR regarding the Quality of Life Task Force.

Legislator Sarah Anker asked the panel members how things are looking with the MTA/LIRR. Steve Chassman reported that he has clients at LICADD that take the train to get drugs every day. He added that he is unsure what the status is of getting naloxone on the trains is. Legislator Sarah Anker stated that the office will follow up with that question and also about the public service announcement ideas from before COVID. Steve Chassman added that having advertisements on the train with hotline numbers would be effective. Mary Silberstein added that the CNG Guidance’s mobile recovery unit has been going to various train stations and reaching out to individuals that utilize the waiting areas at the train station.

VII. Updates from Panel Members:

John Venza reported that Outreach’s recovery high school at Eastern Suffolk BOCES is all set up and ready to begin. The current target population for the first year is 16 students and 32 students for the second year. A challenge that Outreach is seeing is that districts have not been agreeing to pay for students to attend the school. Due to the recovery high school’s status as an alternative to regular education and not as a special education program, there is not designated aid given to schools to utilize the program. John Venza added that some funds could be allocated to subsidize districts to pay for their students that would qualify and want to attend the high school. Julie Lutz stated that the Suffolk County Superintendents’ Association will send out information to the districts and let them know that the high school is open and has open slots. She added that she thinks it’ll be possible to fill the slots with students that are in need of treatment and sustained recovery.

Steve Chassman stated that naloxone should be on all the MTA/LIRR trains and that LICADD has started handing out fentanyl test strips to users for them to test drugs before

they use. He added that everyone is trying to reduce the overdose rate from every angle possible.

Legislator Sarah Anker reminded the panel members to provide updates on what their group/agency has done through the last year to be included in the 2021 final report.

Cari Faith Besserman reminded everyone that it is Recovery Month and it is thanks to the advocates that the county has come this far in addressing addiction and supporting individuals through their recovery.

VIII. Public Comment Period

No one was present to provide public comment.

IX. Adjournment

Legislator Sarah Anker announced that there will be a public hearing of the panel on September 22nd at 5:30PM via zoom. Legislator Sarah Anker thanked all the panel members for being present at the meeting and the meeting was adjourned.



Suffolk County Addiction Prevention and Support Advisory Panel Agenda

Friday, November 19th ~ 2:00 - 4:00 PM

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 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**
- 2:10 P.M. Panel Member Introductions/Review & Adopt Minutes 9-17-2021**
- 2:15 P.M. Updated Statistics- Police Department & Medical Examiner's Office**
- 2:25 P.M. Presentation: Dr. Leslie Marino- "Making the Case: The importance
of data-informed policy making for prevention and
treatment of substance use disorders in Suffolk County"**
- Officer Casey Berry/Officer Bridget Topping-
SCPD Behavioral Health Unit
Introduction of new unit**
- 3:00 P.M. Discussion: Current Topics: Opioid Litigation and Settlements;
2021 Report;**
- 3:30 P.M. Updates from Panel Members**
- 3:40 P.M. Public Comment Period**
- 3:50 P.M. Closing Remarks and Follow-Up Items**
- 4:00 P.M. Adjournment**

2020 Report: <https://www.scnylegislature.us/DocumentCenter/View/75095/122020-Suffolk-County-Heroin-and-Opiate-Epidemic-Advisory-Panel-Final-Report-PDF>



Suffolk County Addiction Prevention and Support Advisory Panel Meeting Minutes 11-19-2021

Meeting Date: November 19, 2021

Location: Virtual Meeting via Zoom

Next Meeting Date: February 4th, 2021

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair

Deputy Presiding Officer Kara Hahn

Guy Calla, Office of Suffolk County Legislator Kevin McCaffrey

Karen Klafter, Office of Suffolk County Legislator Tom Donnelly

Suffolk County Dept. of Health Services Commissioner Gregson Pigott

Suffolk County Medical Examiner Odette Hall

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 Acting Police Commissioner Stuart Cameron

Cari Faith Besserman, Director of Suffolk County Division of Community Mental Hygiene Services

Jeffrey McGuire, New York OASAS Long Island Regional Office

Janine Logan, Nassau Suffolk Hospital Council

Jeffrey Reynolds, President/CEO Family and Children's Association (FCA)

Julie Lutz, Suffolk County Superintendents' Association

Kristie Golden, Stony Brook University Hospital

Mary Silberstein, Suffolk County Communities of Solution

Pamela Mizzi, Long Island Prevention Resource Center

Pat Ferrendino, Family Service League

Richard Rosenthal, Stony Brook University Hospital

Steve Chassman, LICADD

Veronica Carrier, Resident

Also in attendance:

Recorder: Emily Murphy, Legislative Aide for Legislator Sarah Anker

Advisor: Edward Gialella, Suffolk County Drug Court

Dorothy Cavalier, Chief of Staff for Legislator Sarah Anker

Dr. Leslie Marino

Suffolk County Police Officer Casey Berry

Suffolk County Police Officer Bridget Topping

Alisa Kalegina

I. Welcoming Remarks- Legislator Sarah Anker

Suffolk County Legislator Sarah Anker welcomed everyone to the meeting and reminded members that the meeting will be recorded and live transcription closed captions will be turned on and available.

II. Pledge of Allegiance and Moment of Silence

III. Panel Member Introductions/Review & Adopt Minutes 9-17-2021

Suffolk County Legislator Sarah Anker indicated that Emily Murphy will be taking attendance of the panel members present.

Deputy Presiding Officer Kara Hahn made a motion to approve the meeting minutes from September 17th, 2021, Pamela Mizzi seconded the motion. All panel members voted yes to adopt the minutes. Motion carried to adopt the meeting minutes for the September 17th meeting.

IV. Updates Statistics- Police Department & Medical Examiner's Office

Inspector Stan Grodski from the Suffolk County Police Commissioner's office reported that from the start of the year to date as of November 17th, there were 285 fatal overdoses, 1,221 non-fatal overdoses, and 873 NARCAN saves. In comparison with 2020, there was 328 fatal overdoses, 1,087 non-fatal overdoses, and 801 NARCAN saves. This shows a decrease in fatal overdoses by 13%, an increase in non-fatal overdoses by 12% and an increase in NARCAN saves by 9%. He also shared that it was reported in the Wall Street Journal that for the first time, the United States experienced over 100,000 overdose deaths over a 12-month period. This is a 29% rise in the deaths recorded in the same time period last year. There was discussion that the police department is seeing more fentanyl in the drugs that they are acquiring and that the fentanyl is accounting for a large percentage of overdose deaths.

Deputy Presiding Officer Kara Hahn asked if there has been an effort to put fentanyl test strips into the NARCAN kits that are handed out. Jeffrey Reynolds indicated that using the test strips to locate fentanyl is an off-label usage of the strips and that they are designed to test the drug in a urine specimen and not in a raw sample. He advised that bringing them together could potentially create some difficulty and liability issues. Cari Faith Besserman stated that fentanyl strips are considered harm reduction and the Health Department is looking into finding ways to utilize them safely. She added that an education component about how to use them is necessary. Deputy Presiding Officer Hahn stated that despite the barriers, looking into having them included in the naloxone kits is important. Jeffrey Reynolds clarified that fentanyl test strips are great, but that they need to come with the appropriate education materials on how they can be used. He added that he has concerns that putting test strips and naloxone together might create problems for those who do naloxone distribution. Stan Grodski added that the police department is having problems with the current fentanyl test strips because there are many drugs that are analogs of fentanyl and no longer show up with the original test strips. He added that the department is looking into acquiring portable mass spectrometers that have better capability to detect these fentanyl analogs. He advised that any analogs might not test positive if someone uses the test strips before using.

Steve Chassman stated that in 2022 the group should look into coordinating an effort to bring naloxone kits to all the towns in the county and distribute as many as possible. Legislator Anker suggested facilitating a conference event in-person or over zoom to let the community know what resources are available to them. She added that a conference could be held for the school districts as well. Julie Lutz stated that a zoom conference would be a good platform for information sharing. Mary Silberstein added that initiatives that expand addiction related education should be prioritized for the disbursement of the upcoming opioid settlement money.

Jeffrey Reynolds stated that he would like to see a public education campaign focused on renewing expired naloxone kits. The panel members discussed adding the idea for a campaign to encourage residents to exchange their expired naloxone kits to the panel's 2022 goals. Legislator Anker suggested designating a day or week in the county to raise awareness of the initiative and asked how the Suffolk County Health Department gets naloxone kits. Cari Faith Besserman stated that the Suffolk County Health Department gets naloxone kits from the New York State Department of Health (NYSDOH) and first distributes them to Suffolk County EMS. She added that other providers get their naloxone kits from the NYSDOH as well. Cari Faith Besserman expressed concerns stating that clear messaging needs to be included in any campaign to inform residents that they should still use an expired kit if they need to administer naloxone. She stated that the Health Department has been advised that expired naloxone is better than no naloxone. She also added that through the HEALing Communities Study, there has been discussions about what local providers can assist in naloxone distribution to increase the community's engagement with their local resources. Steven Chassman stated that there are only 10 townships in Suffolk County and if all the entities came together, they could set up these naloxone exchange events and educational forums in each of the towns. Legislator Anker and Cari Faith Besserman agreed to discuss the idea further. Legislator Anker also suggested having kits distributed to the 18 Legislators' offices for constituents to utilize. Mary Silberstein added that whoever coordinates the events should be sure that there will be adequate naloxone supply. Gregson Pigott added that the Health Department will have to ensure there is adequate supply for these types of large scale events.

Suffolk County Medical Examiner Dr. Odette Hall provided the most recent overdose statistics from the Medical Examiner's office. As of November 3, 2021, there have been a total of 196 overdose deaths, with 138 cases pending this year. The current numbers for 2020 are 343 overdose deaths with 66 cases still pending. Legislator Anker offered the Legislature's help to assist in getting the pending case numbers down. Odette Hall indicated that the Medical Examiner's office only has one vacancy currently, so they are hopeful the numbers of pending cases will continue to go down with more workforce availability. She added that the addition of the new Deputy Chief Medical Examiner has been helpful to reduce administrative backlog. Guy Calla asked if the Medical Examiner's Office was able to get the equipment they were waiting for. Odette Hall reported that yes, the equipment was for the crime lab and that the toxicology lab has all the equipment they need at the moment.

V. **Presentations:**

1. **Officer Casey Berry & Officer Bridget Topping to discuss Suffolk County Police Department's new Behavioral Health Unit**

Officers Casey Berry and Bridget Topping introduced themselves and provided an overview of the Suffolk County Police Department (SCPD)'s new Behavioral Health Unit (BHU). Officer Berry stated that the BHU will serve to assist individuals who are transported to psych-emergency rooms to provide them linkages to services if they don't already have a linkage or reevaluate their current level of care. SCPD is currently partnering with Family Service League (FSL) to create these linkages and avoid repeated interactions with the police department for mental health concerns. Officer Berry added that the BHU will be expanding on the SCPD's current work regarding opioid awareness and crisis intervention to assist in closing the gap between someone overdosing and being connected to services.

Legislator Anker stated that this unit is much needed because the county's police are experiencing a burnout from using naloxone on the same individuals. Deputy Presiding Officer Hahn agreed and added that that is why the county has been funding Compassion Fatigue training for police officers and EMS workers to alleviate burnout and compassion fatigue in first responders. Legislator Anker asked how the new unit changes the way the police respond to a mental health related crisis. Officer Berry reported that the unit works with FSL to engage with the person who is using and/or their family members to link them to treatment services. During an overdose related emergency call, officers on the scene get the contact information for the individual and share it with the BHU to provide follow up and educational materials.

Jeffrey Reynolds stated that there are a few programs where providers are linked directly to individuals who have come into the emergency department with an overdose. He added that he hopes the BHU is working in collaboration with those programs to ensure the individuals are not getting multiple calls that could be seen as intrusive and turn them away from seeking services. He added that outreach to family members should be also be handled in a way that encourages people to continue to reach out to 911 if there is an emergency. Officer Berry stated that part of coming to the panel was to learn about what programs are in place and to collaborate accordingly. She added that she is a Licensed Master Social Worker so this type of work is near and dear to her.

Steve Chassman added that the panel should also look into a public education campaign related to the Good Samaritan Law encouraging people to call 911 to save a life. Cari Faith Besserman reported that there is a footprint for that campaign available from the Partners with Prevention called, "Just Call Campaign." Cari Faith Besserman added that she would connect Officer Berry to a few relevant groups and that the campaign information can be shared with the Legislators and panel members.

2. **Dr. Leslie Marino’s Presentation: “Making the Case: The importance of data-informed policy making for prevention and treatment of substance use disorders in Suffolk County”.**

Leslie Marino shared her visual presentation with the panel members. Leslie Marino indicated that the intention of the presentation is to exemplify how data can be used to inform public policy decisions related to opioid use disorders. She reported that being “data informed” means utilizing data alongside experience, research and other inputs while making decisions. Leslie Marino added that data visualizations help tell a story and represent data in an easily interpretable way. During her presentation Leslie Marino shared various forms of graphic visualizations to express trends of available opioid overdose data, including line graph and bar graphs. Graphs depicted trends related to overall overdose fatalities, usage by age, gender, and race, and type of drug. Leslie Marino asserted that graphics and looking at data helps guide where the focus should be for education, prevention initiatives, and recovery and treatment services. The data can be used to inform which groups or areas are in need of targeted messaging or what prescriptions have resulted in increased addiction rates. Leslie Marino added that data can provide information about what the next steps should be and what further questions should be asked. At the end of her presentation, she argued for a broader public health approach to substance use data, bringing agencies together to share data, identifying additional sources of data, purchasing data visualization software, and having real-time public facing data available.

Deputy Presiding Officer Hahn thanked Leslie Marino for her presentation and asserted that the County Health Department needs to be providing data to this level and she would like to look into getting the proper software to make it possible. She agreed that data helps guide how the panel and the county should respond, educate and coordinate outreach. Legislator Anker also thanked Leslie Marino and asked that the Health Department let the Legislators know what equipment or programs are needed. She also added that she has heard that many senior communities struggle with opioid addiction related to over prescribing medication and acknowledged how important it is to understand what communities are in need of targeted responses.

VI. Discussion of Current Topics:

1. Opioid Litigation and Settlements

The Suffolk County Executive’s established Opioid Intra-agency Committee will be making their guidance document, which outlines how the opioid settlement funds should be prioritized, available by December 6th. Legislator Anker reminded the panel members to submit their information regarding their ask for funding to the County Executive’s office. Deputy Presiding Officer Hahn thanked the panel members for submitting their support of the two pieces of legislation that was recently passed that provides conditions on how the opioid settlement money could be spent and requires that it be invested in education, prevention, recovery and treatment services. The legislation also blocks the money from being used for reimbursement of funds already

spent addressing the opioid epidemic. Kristie Golden asked if providers receiving funding will have to adhere to the parameters outlined in the legislation. Legislator Anker stated that yes they do. She added that the intention of the legislation was to ensure the funding was allocated to services related to addiction and not used to pay off any debt in the county. She added that county agencies such as the Health Department and the Police Department will receive funding as well as agencies and providers that the county has partnered with. Legislator Anker also added that she wants to make sure that the schools have the opportunity to benefit from the funding and encouraged providers who will receive funding to reach out to the schools to coordinate services.

2. 2021 Final Report

Legislator Anker reminded panel members to send any updates or recommendations they would like included in the Addiction Prevention and Support Advisory Panel's 2021 final report that will be published on the Suffolk County Legislature's webpage by December 31st, 2021. Legislator Anker read through the current list of the panel's on going initiatives for next year:

1. Prioritize childhood trauma intervention
2. Support Addiction Prevention Awareness Campaigns
3. Monitor the continuing effects of the COVID-19 pandemic on overdose rates
4. Increase prescriber education
5. Monitor the growing vaping epidemic
6. Support early education initiatives
7. Monitor potential Marijuana Legislation
8. Commence meetings of the Youth Addiction Panel
9. Continue discussions with the MTA & LIRR regarding a quality of life task force
10. Monitor continuing effects of NYS Bail Reform and request a study of policy change outcomes
11. Support education to reduce the stigma of addiction and mental illness.

VII. Updates from Panel Members:

Julie Lutz provided an update for the Recovery High School that was opened in Western Suffolk BOCES. The funding from OASAS is currently supporting the wrap-around services that the high school provides to the students and the school districts cover the cost of the other aspects of their education. Julie Lutz will provide an update for the 2021 final report.

Legislator Anker read the 2022 meeting dates for the Addiction Prevention and Support Advisory Panel: February 4th, May 6th, July 1st, September 21st (Public Hearing), October 20th (Public Hearing), and November 18th

Steve Chassman stated that LICADD's Compassion Fatigue program can extend beyond first responders to not-for-profit staff, school based professionals and anyone who may be experiencing compassion fatigue. He shared that LICADD's Compassion Fatigue pro-

gram is covered by the county and is available for any providers, agencies, and/or organizations that would like to utilize it. Steve Chassman will provide the informational flyer that Legislator Anker requested.

Jeffrey Reynolds shared that he is worried about the ability for providers to raise awareness related to marijuana usage before the commercialization of marijuana is in effect. He added that the United States has crossed the threshold of 100,000 fatal overdose deaths this year and that there were also 95,000 alcohol related fatalities that are not being discussed.

VIII. Public Comment Period

No one was present to provide public comment.

IX. Adjournment

Legislator Sarah Anker thanked all the panel members for being present at the meeting and the meeting was adjourned.



Suffolk County Addiction Prevention and Support Advisory Panel Public Hearing

*Wednesday, September 22nd, 2021 ~ 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**



Suffolk County Addiction Prevention and Support Advisory Panel Public Hearing Summary 9-22-2021

Public Hearing Date: September 22, 2021

Location: Via ZOOM

Next Public Hearing: October 21, 2021

Members in Attendance:

Suffolk County Legislator Sarah Anker

Suffolk County Health Department Commissioner Gregson Pigott

Suffolk County Medical Examiner Odette Hall

Inspector Stan Grodski, Office of Acting Police Commissioner Stuart Cameron

Kerri Ann Souto, Office of Suffolk County District Attorney Tim Sini

Cari Faith Besserman, Director of Suffolk County Division of Community Mental Hygiene Services

Kristie Golden, Stony Brook University Hospital

Jeff Reynolds, Family and Children Services

Mary Silberstein, Suffolk County Communities of Solution/CN Guidance

Pamela Mizzi, Long Island Prevention Resource Center

Richard Rosenthal, Stony Brook University Hospital

Stephanie Ruales, North Shore Youth Council

Veronica Carrier, Resident

Public Speakers:

Teri Kroll

Jennifer Burdish

Mark Epley

Samantha Hassan

Dr. Brian McMahon

Colleen Merlo

Robin Smith

Briana Wong

Melissa Masotto

Brianna Bromley

Samantha Tracey

Yahna Yates

Rimsha Farooq

Also in attendance:

Recorder: Emily Murphy, Legislative Aide for Legislator Sarah Anker

Dorothy Cavalier, Chief of Staff for Legislator Sarah Anker

Nearly 100 participants were present at the meeting

I. Pledge

II. Moment of Silence

III. Introduction of Panel Members

IV. Opening Remarks and Overview of Public Hearing Format

Suffolk County Legislator Sarah Anker thanked panel members for attending and present members of the public for their participation in the public hearing. Legislator Sarah Anker reported that the meeting will be recorded and live transcription closed captions will be turned on and available. The Addiction Prevention and Support 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. Legislator Sarah Anker thanked Dr. Kristie Golden's Issues and Healthcare class attendees for participating and observing the public hearing.

V. Public Comment

Jennifer Burdish, Smithtown, New York

Jennifer Burdish addressed the topic of substance use and hospitalizations. She currently works at Stony Brook Hospital in the Supervised Crisis Intervention unit and provides behavioral health support to patients. She reported that during the pandemic, the hospital has seen an increase in the number of patients experiencing a substance use disorder or chronic substance use. Patients have reported distress in the hospital setting and that they don't believe a 28 or 30 day treatment program will help them. Jennifer Burdish asserted that Stony Brook and other hospitals need more support and services for patients battling substance use including more community support programs. She added that there is also a need for hospital staff to be trained in how to interact with and support patients with substance use disorders.

Teri Kroll, Lindenhurst, New York

Teri Kroll shared her personal experience of losing her son Timothy to an overdose in 2009. She shared that because the stigma associated with addiction and the lack of conversations being had about its effects during that time, she did not know that Timothy was struggling. She reported that Timothy's opioid addiction stemmed from his "drug dealing doctor" that the family thought they could trust. She added that the doctor was arrested by the Nassau County Police Department after Timothy called the police. Teri Kroll shared that advocates like Jeffrey Reynolds and Steve Chassman were in the court room during the trial and asked if she would speak about how addiction has affected her and her family. She reported that she agreed to speak because she believed nothing would get better otherwise. Teri Kroll added that she has spent the last 10 years advocating for change from Albany to Washington DC and that she will continue speaking for Timothy as an advocate to de-stigmatize addiction and raise awareness.

Mark Epley, Southampton, New York

Mark Epley, Co-chair of Southampton Town Addiction Recovery and Behavioral Health Com-

mittee and the CEO of Seafield Center, shared that in Southampton Town the committee is working on education campaigns to eliminate stigma related to substance abuse and mental health issues. Among the committee's initiatives is the development of an informational resource flyer that has been shared with hospitals, EMS personnel, and the local police departments to be provided to individuals and families following an overdose. He added that overdoses and NARCAN saves are increasing in the area. He also reported that the organizations HUGS and Thrive have collaborated to provide pop-up services and place for social engagement for people struggling with addiction or who are in recovery. Mark Epley added concerns about the legalization of marijuana and reported that 80% of people seeking treatment have used marijuana as a gateway drug. He asserted that numbers doubled, driven by the pandemic. Lastly, he added that at Seafield, they are starting to see that insurance companies are denying claims related to treatment, which he expects to be a further barrier to treatment for folks in need.

Samantha Hassan, New York, New York

Samantha Hassan provided public comment regarding the effect of opioid and heroin addiction on a developing fetus. Samantha Hassan reported that when someone who is pregnant is using heroin, it can pass through the placenta and the fetus can experience neo-natal abstinence syndrome (NAS). She added that some symptoms of NAS include fever, slow weight gain, excessive crying, seizures, irritability, tremors, diarrhea and death. She reported that when a fetus experiences NAS, they often need to be treated with morphine upon birth and are slowly tapered off. Samantha Hassan asserted that morphine treatment can have lasting effects on the baby, such as learning disabilities, physical disabilities and issues with the brain's development. She asserted that it is very important to assist those who are pregnant and battling addiction because it can become a generational issue.

Dr. Brian McMahon, Stony Brook, New York

Dr. Brian McMahon, an Emergency Physician at the Department of Emergency (ED) Medicine at Stony Brook, reported on a program that was implemented in the ED at Stony Brook University Hospital (SBU). As a physician in the ED, Dr. McMahon treats people who are intoxicated, experiencing withdrawal or have injuries or illnesses as a result of drug misuse. In response to the addiction epidemic, SBU implemented a new approach ED-based program to screen, counsel and refer people to treatment. Through the program, known as SBIRT (screening, brief intervention, referral to treatment), tens of thousands of patients are screened for substance abuse, harmful uncontrolled use, and risk of developing a substance use disorder. He added that a large number of ED visits are related to drugs and alcohol, so it is an opportune setting to intervene. SBU is also currently organizing a long term study to understand the patients they encounter and their progress. He hopes this will help to identify effective approaches for treating substance use disorder.

Kristie Golden asked if there is anything that connects to the ED and the community and what can be done to follow the success or lack of success of people coming to ED other than looking at readmissions.

Dr. McMahon responded that what he believes is needed is a follow up program with the individuals and programs they have been referred to, to track their progress. He added that more funding and staffing is need to implement such a program.

Colleen Merlo, Ronkonkoma, New York

Colleen Merlo, CEO for Association for Mental Health and Wellness (MHAW), provided comment that opioid use can't be discussed without also discussing mental health. She reported that the pandemic and the restrictions have disproportionately effected marginalized communities of color, those who are risk of developing substance use disorder, living in poverty, and those facing trauma and/or domestic violence. Colleen Merlo added that MHAW operates a mental health helpline and they have been seeing people calling with acute stress, anxiety, depression and substance use. She added that people in sobriety are also calling expressing challenges while others are calling indicating that they have been turning to using substances or that they are worried about their level of usage and lack of coping skills. She added that people are reporting that skills they were relying on before the pandemic aren't working anymore. Colleen Merlo shared that MHAW has been prioritizing helping people identify healthy coping skills. She asserted that there is also a need to look into the healthcare systems, integrated networks and how health plans allow access, because it can be challenging to find providers that are accepting new patients right now. She asserted that also needs to be addressed or there will be more deaths.

Robin Smith, Medford, New York

Robin Smith shared that she is the Director of Operations for Long Island Concern for Independent Living, which provides housing and services across Long Island for supportive and affordable tenants with a recent focus on housing veterans experiencing homelessness. The organization has housed 25 veterans at their new site in Port Jefferson that was opened last year. She stated that Long Island Concern for Independent Living has also seen that substance abuse numbers have increased as a result of COVID-19, there has been a closure of services and programs, providers aren't accepting new patients and the detrimental effect that all has had on individuals in need. Robin Smith asserted that what is also needed is more training and resources for staff. She added that there is also issues with hiring qualified staff.

Briana Wong, Port Washington, New York

Briana Wong shared a statistic that she saw online that stated that in 2017, 42% of fatal opioid overdoses are people between the ages of 15-34. She added that while the statistic is unfortunately not surprising, it is heartbreaking because it is such a young age group. Briana Wong added that this statistic exemplifies that opioids are a big problem with youth and that mental health is intertwined and shows how mentally vulnerable young individuals are. She finished by saying that the most shocking is how many young lives were so easily taken away by addiction.

Melissa Masotto, Center Moriches, New York

Melissa Masotto, a student and EMT in Center Moriches, asked the panel members for guidance on how to get people who are struggling with addiction into treatment. Melissa Masotto reported that through her work as an EMT she sees the same people over and over. She described that they will bring someone to the hospital after an overdose and will then respond to another call from the same individual. She asked if anyone from the panel had recommendations on what she can do or how to start conversation with someone who is struggling. Melissa Masotto added that some patients and people don't have the resources because of where they live in or their socioeconomic status.

Dr. Brian McMahon responded to her question and stated that that exact question is what professionals have been working hard to answer. He added that the reason addiction is so powerful is because you need to convince people they need help. He stated that SBU now has a large staff of full time counselors in the ED to help connect people to help and that that process usually takes multiple connections and asks before someone enters treatment.

Dr. Jeffrey Reynolds added that there was a pilot program through the Catholic Health Services hospitals that had great success by employing peers into the ED to have those conversations with people revived with NARCAN or other substance use related conditions. Due to the program, the treatment acceptance rate went from 14% to 80%. He added that the lesson learned was that it matters who does the asking and that having someone there with personal experience can make the difference. He also added that treatment is not always the immediate goal for folks so there is also a need to continue harm reduction initiatives in the meantime to ensure safety and that it is important to meet people where they are at.

Mary Silberstein added that CN Guidance operates the Project Connect program with Northwell. Through this program, everyone that comes into the ED is asked about alcohol and drug use and motivational interviewing and other techniques are employed to engage individuals to try to get them into treatment. Through the program, they over referrals and can be connected to a navigator to follow up with them for up to 120 days. Not everyone accepts treatment, but it has been found that the program has a higher success rate of engaging with people than the national average.

Teri Kroll added that Communities of Solutions (COS) has a flyer that has a list of treatment centers and information centers that can be given to the families of those struggling. She added that she would like to see the flyer on every ambulance to be accessible to families when someone has an overdose. Additionally, she asked if it could be printed on neon paper to be easier to find when you are in crisis.

Legislator Anker added that having the flyer in neon and available on ambulances would be helpful. She added that the county has also launched SuffolkStopAddiction.org for resources and that the DASH mobile crisis unit is also available. Mary Silberstein reported that COS has given the flyer to the police departments and EMTs and that she would reach out to the organizations again to get them out. She added that she would look into having it on neon paper. Legislator Anker asked if it could also be given to EDs at the hospitals. Mary Silberstein stated yes but that she would need the contact information.

Cari Besserman reported that the Suffolk County EMS is equipped with palm cards and the COS flyer to hand out. She added that they also do a “leave behind” program, which is when the EMS responders leave information about resources and a NARCAN kit after responding to an overdose.

Legislator Anker asked if the Good Samaritan Law is included in the NARCAN kits. Cari Besserman responded that there is an imitative to have that included on posters and other information, as well as the county addiction webpage, which is provided in the NARCAN kits.

Brianna Bromley, Stony Brook, New York

Brianna Bromley, a student in Dr. Kristie Golden's class and intern for Center of Prevention and Outreach (CPO) on SBU's campus, shared that the CPO focuses on substance use prevention on campus and that there are many prevention programs that students don't know about and don't take advantage of. Some programs include the Red Watch Band, which teaches students how to notice signs of over-drinking or overdosing, and NARCAN trainings. She added that they are doing both virtual and in-person trainings and they can be found on the CPO's website.

Samantha Tracey, Centereach, New York

Samantha Tracey shared a personal story regarding the passing of her cousin from an overdose. She shared that no one knew he was struggling and that he was a present father and attended family functions. He was prescribed medication after a routine procedure and became addicted. Samantha Tracey stated that she wanted to remind everyone that addiction doesn't look like it does in the movies and that it is important to know the signs and check in on your loved ones.

Yahna Yates, Glen Cove, New York

Yahna Yates shared that she is a part of an ambulance team in New Jersey and they see the same problem with getting calls to the same place. She stated that they started carrying pamphlets with information and resources to give to families and hopes that will help make a change.

Rimsha Farooq, Coram, New York

Rimsha Farooq shared about her experience in a Sociology class about drugs and alcohol where she learned how society views addiction and how it's a societal problem and not an individual problem. She provided an example stating that it is socially acceptable to drink alcohol recreationally, but once someone is perceived as over-using it, they are stigmatized and isolated. She noted that someone made a comment that it is known that certain parts of our town and cities have populations that use drugs and alcohol more. She questioned why those certain parts have a higher rate and what can be done to decrease it. Rimsha Farooq also shared that in her class, a guest speaker came to talk about their experience and showed the class a hand bag filled with all the hospital bracelets they had as a representation of how many times they had been admitted to a hospital for addiction. She noted that that presentation stuck with her.

VI. Panel Discussion

Mary Silberstein described Communities of Solutions (COS) and what initiatives the group has worked on since its establishment, including the treatment and referral flyer, connecting to stakeholders and prioritizing increasing accessibility to treatment. Website for more information: <https://cosresources.wordpress.com/>

Dr. Kristie Golden asserted that the spending of the opioid settlement money should be prioritized to fund programs and initiatives like COS and researching the impact of the programs that have been implemented to address addiction in the county. Legislator Anker added that she sits on the committee that will be discussing how the possible 200 million dollars over 10 years from the settlements will be spent in the county and that hearing from the experts in the field helps to guide that decision. Cari Besserman outlined that the priorities of the Suffolk County Health Department is to fund education, prevention, harm reduction, treatment and recovery services. Dr. Jeffrey Reynolds echoed Cari Besserman's comments and added that there is a need to prioritize

family services to assist in protecting the future generation of children. Legislator Anker asked the panel to write up their priorities and ideas and to send that to the office to be shared with the committee.

Stephanie Ruales from North Shore Youth Council (NSYC) shared that NSYC provides services to all the north shore and offers services such as childcare, recreation, counseling, and other mental health services. NSYC has also been seeing that younger children, such as 5, are exhibiting more anxiety and other mental health issues. She added that their counselors have been a resource for children and families as other providers have been unable to service them.

Colleen Merlo from the Association for Mental Health and Wellness (MHAW) shared that MHAW has been seeing that a lot of children are having difficulties adjusting to going back to school in-person or starting school.

Dr. Richard Rosenthal shared that the Stony Brook Eastern Long Island Hospital is conducting a National Institute of Drug Abuse (NIDA) clinical trial of vivitrol, a long-acting medication that can be used to treat addiction, which is given in the form of a shot and is meant to last 30 days. The medication blocks the opioid receptors. There are currently three medication assisted treatments for opioid disorder including methadone (total agonist), buprenorphine (partial agonist) and naltrexone (antagonist). The SWIFT vivitrol trail is intended to find a quicker way to treat folks in the hospital without waiting for them to detox from opioids. The trial is looking for patients who are looking for treatment related to opioid use disorder. The medication is covered and free for patients and individuals are connected to further treatment following the trial.

VII. 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 21st via ZOOM at 5:30pm.

VIII. Public Hearing is Adjourned



Suffolk County Addiction Prevention and Support Advisory Panel Public Hearing

Thursday, October 21st, 2021 ~ 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 19, 2021
2:00PM-4:00PM
VIA ZOOM**



Suffolk County Addiction Prevention and Support Advisory Panel Public Hearing Summary 10-21-2021

Public Hearing Date: October 21, 2021

Location: Via ZOOM

Next Meeting: November 19, 2021

Members in Attendance:

Suffolk County Legislator Sarah Anker

Suffolk County Deputy Presiding Officer Kara Hahn

Suffolk County Legislator Tom Donnelly

Suffolk County Health Department Commissioner Gregson Pigott

Colleen McKenna, Suffolk County Sheriff's Office

Detective Lieutenant David Teufel, Office of Acting Police Commissioner Stuart Cameron

Kerri Ann Souto, Office of Suffolk County District Attorney Tim Sini

David Cohen, Stony Brook Eastern Long Island Hospital

Jeffrey McGuire, NYS OASAS

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

Pat Ferrendino, Quality Consortium & Family Service League of SC

Pamela Mizzi, Long Island Prevention Resource Center

Richard Rosenthal, Stony Brook University Hospital

Also in attendance:

Recorder: Emily Murphy, Legislative Aide for Legislator Sarah Anker

Dorothy Cavalier, Chief of Staff for Legislator Sarah Anker

Brian Zimmerman

Richard Velantine

I. Pledge

II. Moment of Silence

III. Introduction of Panel Members

IV. Opening Remarks and Overview of Public Hearing Format

Suffolk County Legislator Sarah Anker thanked panel members for attending and present members of the public for their participation in the public hearing. Legislator Sarah Anker reported that the meeting will be recorded and live transcription closed captions will be turned on and available. The Addiction Prevention and Support 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

No members of the public in attendance provided public comment.

VI. Panel Discussion

Dr. Kristie Golden thanked the members of the panel for their participation in last month's public hearing that her students attended. She reported that many of her students indicated that the public hearing changed their thinking and impacted them. She added that the students were very impacted by Teri Kroll's personal story. Legislator Anker asked how their thinking changed. Dr. Kristie Golden reported that they had a preconceived notion of what addiction looks like and who it affects. After the public hearing, the students shared that they realized that addiction can look different and can affect anyone regardless of socioeconomic status, race, gender, etc. She added that the students are all going into the healthcare field and after the public hearing they indicated that they now know that they have to be sensitive to the patients and people they interact with in the field and realized how much of an impact a healthcare provider can have on someone's life. Following the meeting, one of the students who was an EMS personnel coordinated having the COS flyers on all of the ambulances. Legislator Anker complimented Dr. Golden and her students on their active and engaging participation.

Legislator Anker reminded the panel members to submit their information about what their organizations/agencies are working on and what priorities they want to work on moving forward to be included in the final report.

Dr. Jeffrey Reynolds emphasized the importance of properly spending the opioid settlement funding. He shared that other funding like SOAR has allowed Family and Children Services to open an additional treatment location. He added that on a recent state-wide treatment call, the DASH center was discussed and will be used as a model for state-wide service delivery. He wanted to remind folks about the progress and good things that are happening in the field.

Legislator Anker shared that she met with Suffolk County Medical Society and the Suffolk Academy of Medicine to discuss the creation of a Suffolk County website dedicated to providing critical information to medical providers. She added that it is important to share the information from the panel about what services are available and how opioids have affected residents with the physicians and medical providers in the county.

Steve Chassman provided an update from LICADD stating that they have been focusing on mental health in schools. LICADD is prioritizing teaching healthy coping skills to help youth self-soothe and not turn to self-medication. LICADD is also focusing on providing family interventions and advocating that the local towns out-out of marijuana sale.

Mary Silberstein shared that the Northport East Northport Community Drug and Alcohol Task-force hosted a color run with 350 participants and many community sponsors. She stated that this was a fun and successful event that helped folks recognize that there are other options out there other than drugs and alcohol.

Pamela Mizzi shared that Community Coalitions have been busy organizing events for Overdose Awareness Day and the upcoming Red Ribbon Week. She asserted that Community Coalitions have the ability to address the issue of stigma and emphasize the understanding that addiction can happen to anyone. She added that statistics show that active prevention coalitions have lower prevalence rates. She also added that the Long Island Prevention Resource Center maintains a calendar of events for Nassau and Suffolk for all events that are happening.

Mary Silberstein added that CN Guidance has been tabling at events and providing NARCAN trainings and kits. Most recently, they provided 31 NARCAN trainings to people at Heckscher Park.

Deputy Presiding Officer Kara Hahn asked if the Health Department reaches out to people who have been trained to get new kits when theirs expire. Pamela Mizzi reported that the Department does not keep a registry of everyone who has been trained in NARCAN. Steve Chassman reported that LICADD exchanges expired kits for new ones at their locations. Legislator Anker suggested that the county should look into establishing a “Renew Your NARCAN Day.” There was a discussion of coordinating to have kits and trainings available. Steve Chassman added that any family that has opiates in the dynamic or anyone who comes in to LICADD for treatment who struggles with opiates is given a NARCAN kit and fentanyl test strips when they leave.

Julie Lutz reported that as of 3 years ago, NARCAN was approved to be a first aid and can be administered by the school nurse in schools. She also provided an update that funding was received to establish Long Island’s first Recovery High School located in Western Suffolk BOCES. The program will act as a bridge from treatment programs to high school. Funding will pay for support and wrap around services for the students. The high school is now ready to receive students. Julie Lutz added that all schools have been brought back to in-person but that there are some social emotional effects on the students from the COVID-19 pandemic. Funding has been allocated from the Federal government for school districts to address the social emotional needs of their students. The ability for the recovery high school to expand to Eastern Suffolk BOCES will depend on the school’s success. Julie Lutz added that the providers and advocates can help by spreading the word to parents that it is an option and that they should ask about it.

Pat Ferrandino shared that Family Service League has money available to help people who are behind on mortgages and/or rent due to COVID related struggles. She added that FSL will assist them with the application if anyone is in need.

Richard Rosenthal provided an update on the SBU vivitrol study. At SBU, they are now able to help someone detox and get on vivitrol in under a week. Injections are provided for free as they are covered for research. The patients that participate have follow ups every 2-4 weeks and receive a total of three shots, finishing at the 3 month mark.

VII. Closing Remarks

Legislator Anker thanked all of the panel members and hearing attendees for attending and participating in the discussion. The next meeting will be held on November 19th, 2021 from 2:00-4:00PM via ZOOM.

VIII. Public Hearing is adjourned

Steven Bellone
Suffolk County Executive



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

2021

(REV 2/2021)

Suffolk County Directory of Behavioral Health Services

Guide to Services and Supports

Cari Faith Besserman, MS, CRC, Master CASAC
Acting Director

Suffolk County Division of Community Mental Hygiene Services
725 William J. Lindsay Complex - Building C016
Hauppauge, New York 11788-0099



COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

GREGSON H. PIGOTT, MD, MPH
Commissioner

February 4, 2021

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 joint efforts put forth by the various subcommittees and workgroups organized through the Suffolk County Division of Community Mental Hygiene Services. Suffolk County possess a vast array of services located throughout our geographical footprint, so we have provided a glossary of terms to assist in understanding the available services.

The past year has been a most challenging one for our County, as our nation has battled the COVID-19 Pandemic. The amount of pivoting from the comfort of “what was known” to the frequently changing “what must be” has been daunting for all and the impact to overall health and wellness cannot be stressed enough. Sadly, the rates of suicides and overdoses increased, and the services that the behavioral health community provide have become more essential than ever. In light of the safety of all, our agencies quickly adapted to the Social Distancing needs by transitioning to Telehealth and Telepsychiatry. Although there was a major shift in methods of service delivery, most programs were able to maintain services and in some cases even expand services to those in need. I am hopeful that this year, as a community, we can assist each other and the individuals that we serve, to overcome the challenges we have faced.

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,

Cari Faith Besserman

Cari Faith Besserman, MS, CRC, Master CASAC
Acting 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 (Comprehensive Psychiatric Emergency Program) at Stony Brook (Psychiatric ER)	(631) 444-6050
Domestic Violence, Sexual Assault 24-hr. Hotline	(631) 360-3606
Rape Crisis/ Victims Hotline	(631) 332-9234
Violent & Hate Crimes Hotline	(631) 626-3156
Community Crisis Action Team – (Family Service League)	(888) 375-2228
Joe’s Project – Family Service League – Post-vention for families affected by suicide	(888) 375-2228
Response Hot Line - https://www.responsecrisiscenter.org/	(631) 751-7500
Suicide Prevention Lifeline	(631) 800-273-TALK (8255)
Talbot House, 24-hr. Substance Abuse Crisis	(631) 589-4144
LICADD Substance Abuse Hotline 24-hr. Hotline	(631) 979-1700
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

MENTAL HEALTH - INPATIENT PROGRAMS				
Location	Program Name	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	STONY BROOK EASTERN LONG ISLAND HOSPITAL	201 Manor Place Greenport, NY 11944	(631) 477-5268	
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	
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MENTAL HEALTH - PARTIAL HOSPITALIZATION & DAY TREATMENT				
Location	Program Name	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)
Dix Hills	SAGAMORE CHILDREN'S PSYCHIATRIC CENTER, DAY TREATMENT PROGRAM	197 Half Hollow Rd Dix Hills, NY 11746	(631) 370-1895	Children

SUBSTANCE USE – DETOXIFICATION (Withdrawal/Stabilization)				
Location	Program Name	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
Calverton	WELLBRIDGE	525 Jan Way, Calverton, NY 11933	(631)508-5523	
Greenport	STONY BROOK, EASTERN LONG ISLAND HOSPITAL	201 Manor Place Greenport, NY 11944	(631) 477-1000	
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	

SUBSTANCE USE – INPATIENT REHABILITATION				
Location	Program Name	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, W Brentwood, NY 11717	(631) 434-7207	
Calverton	WELLBRIDGE	525 Jan Way Calverton, NY 11933	(631) 508-5523	
Greenport	STONY BROOK 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	

SUBSTANCE USE – RESIDENTIAL				
Location	Program Name	Address	Phone	Pop.
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	
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MENTAL HEALTH - OUTPATIENT CLINICS				
Location	Program Name	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 th 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 CHARTIES)	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 Ctr 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 Lane 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, Greenport, NY 11944	(631) 298-8642	Adult & Children
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	Children & Youth to age 21
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) 868-1244	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	PECONIC CENTER Pilgrim Outpatient Center	550 E. Main St. Ste. 103, Riverhead, NY 11901	(631) 369-1277	Adult
Smithtown	NEW HORIZONS COUNSELING CENTER	11 Route 111, 2 nd Flr. Smithtown, NY 11787	(631) 656-9550	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	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 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

MENTAL HEALTH – JAIL BASED BEHAVIORAL HEALTH SERVICES

Suffolk County Division of Community
Mental Hygiene

100 Center Drive, Riverhead, NY

631 852-1851

SUBSTANCE USE – OPIOID TREATMENT PROGRAMS

For more information on Suboxone Providers see Buprenorphine Practitioner Locator:

www.samhsa.gov/medication-assisted-treatment

Location	Program Name	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 – OUTPATIENT CLINICS

Location	Program Name	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 & Adolescent
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
Copiapue	New Horizons Counseling Center	445 Oak Street Copiapue, 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	
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	(631) 456-4646	

Mastic	FAMILY SERVICE LEAGUE	1235 Montauk Hwy. Mastic, NY 11950	(631) 924-3741	Adult & Adolescent
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 North 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	Adult & Adolescent
Riverhead	SEAFIELD SERVICES	212 & 230 W. Main St. Riverhead, NY 11901	(631) 369-7800	
Ronkonkoma	COMMUNITY COUNSELING CENTER	3281 Veterans Mem. 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	
Shirley	VICTORY RECOVERY PARTNERS	2 Coraci Blvd #16 Shirley, NY 11967	631-696-4357	
Smithtown	EMPLOYEE ASSISTANCE RESOURCES SERVICES, INC.	278 E Main St. Smithtown, NY 11787	631-361-6960	
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	

MENTAL HEALTH, PERSONAL RECOVERY ORIENTED SERVICES (PROS)				
Location	Program Name	Address	Phone	Pop.
Copiague	FEDERATION OF ORGANIZATIONS RECOVERY CONCEPTS at COPIAGUE	1375 Akron St. Copiague, 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	

MENTAL HEALTH - PREVENTION, RECOVERY & COMMUNITY BASED SERVICES				
Location	Program Name	Address	Phone	Pop.
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
Rocky Point	NORTH SHORE YOUTH COUNCIL	525 Route 25A Rocky Point, NY 11778	(631) 744-0207	
Ronkonkoma	CRIME VICTIMS CENTER	100 Comac St Ronkonkoma, NY 11779.	(631) 689-2672	Youth, Adoscents & Adults

SUBSTANCE USE - PREVENTION, RECOVERY & COMMUNITY BASED SERVICES				
Location	Program Name	Address	Phone	Pop.
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, Ste 6 Holtsville, NY 11742	(631) 580-7777	
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 CTR	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)

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.

AOT – SINGLE POINT OF ACCESS				
Location	Program Name	Address	Phone	Fax.
Hauppauge	SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES	725 Vets Mem. Hwy. William J. Lindsay Complex, Bldg. C016 Hauppauge, NY 11788	(631) 853-6204	(631) 853-6451

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.suffolkcountynyny.gov/departments/healthservices/mentalhygiene>

ACT – ASSERTIVE COMMUNITY TREATMENT				
Location	Program Name	Address	Phone	Fax.
Central Islip	Family Service League Central ACT	320 Carleton Ave. Central Islip, NY 11722	(631) 663-4350	(631) 439-4067
Central Islip	Family Service League West ACT	320 Carleton Ave. 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	Family Service League 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 (ADULTS)	
Concern for Independent Living Mobile Residential Support Team (MRST) 12 Renaissance Blvd Middle Island, NY 11953	(631) 947-2906 x 1670
Options for Community Living Mobile Residential Support Team (MRST) 600 Albany Avenue Amityville, NY 11701	(631) 361-9020 x 3171
Federation of Organizations Residential Transitional Support Team (RTS)	(631) 299-2530 x 5111
NYS Office of Mental Health Mobile Integration Teams (MIT)	(631) 370-1701 Children & Adolescents (631) 924-4411 x 244 Adults

SINGLE POINT OF ACCESS (ASPOA) 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	
<p>Supervised Community Residence - CR <i>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.</i></p>	
<p>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.</p>	
<p>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</p>	
<p>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.</p>	

MENTAL HEALTH – ADULT CRISIS RESIDENCE/RESPITE HOUSING	
HOUSING SPECIALIST Adult Single Point of Access Unit	(631) 853-3097
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
Crisis Residence (Pilgrim)	(631) 761-2929

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	Program Name	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/ 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>	(631) 447-6460 x 2114
<i>The Respite Plus</i>	(631) 447-6460 x 2188
<i>The Jr. Sr. Companion</i>	(631) 447-6460 x 3130
<i>The Advocacy Program</i>	(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
CN Guidance & Counseling Services Peer Engagement	*Referrals come from the ED
Easter Seals New York, Inc. Peer Engagement	- (516) 451-1479
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) Suffolk Intergroup Association office	(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	(516) 500-2632
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	(855) 222-5542
Narcotics Anonymous	(631) 689-6262
Al-Anon	(631) 669-2827
Co-Dependents Anonymous	(516) 500-2632
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
WELLIFE Network – Huntington	(631) 920-8000

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
Long Island Recovery Association (LIRA)	(631) 552-5472
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
<p>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.</p> <p>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).</p> <p>For a listing of current pharmaceutical companies and the medications they offer visit www.nami.org</p>	

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 ESPAÑOL	
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

GLOSSARY OF TERMS

Adolescent Treatment	The Agency provides specialized services for adolescents.
Ancillary Withdrawal	Ancillary Withdrawal 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.
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 Team services must be made through the Adult SPOA Unit.
Assessment-	The process of gathering a client's personal and family history and any other data necessary for determining client's treatment needs.
Assisted Outpatient Treatment (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. 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. All referrals for Care Coordination, ACT or AOT must be on the Adult SPOA application
Bilingual Services	Treatments services offered in dual language other than English.
CASAC	Credentialed Alcoholism and Substance Abuse Counselor Credentials are issued by The New York State Office of Alcohol & Substance Abuse Services and are intended for individuals who provide COUNSELING services, for individuals with a substance use disorder.
Case Management	Case management 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.
Codependent	Codependent 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.
CPP/CPS	Credentialed Prevention Professional and Credentialed Prevention Specialists Credentials issued by The New York State Office of Alcohol & Substance Abuse Services which are intended for individuals who provide alcohol and substance use PREVENTION services in approved work and community settings.
Criminal Justice Group	Specialized group treatment for those involved in the criminal justice system.

Crisis Intervention	Chemical dependence crisis 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 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.
Day Treatment	Day Treatment 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.
Detoxification (Medically Managed)	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
Domestic Violence	Specialized group treatment for victims of domestic violence
DWI	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 (DUI), driving while intoxicated (DWI), operating under the influence (OUI), and even operating a motor vehicle intoxicated (OMVI).
Family Therapy	Treatment for substance use disorders that involves all members of the nuclear or extended family.
Gambling Treatment	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.
Inpatient Rehabilitation	Chemical dependence inpatient rehabilitation 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.
Inpatient Services – Mental Health	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. 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. 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.

	<ol style="list-style-type: none"> 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. 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. 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.
Intensive Outpatient Services	Intensive Outpatient Services 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.
LCSW	Licensed Clinical Social worker: 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.
LMFT	Licensed Marriage and Family Therapist 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.
LMHC	Licensed Mental Health Counselor 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.
LMSW	Licensed Master Social Worker: 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.
MD	Doctor of Medicine 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.
Medically Monitored Withdrawal Service	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
Medically Supervised Withdrawal Service	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.

Medication Assisted Treatment	Medication Assisted Treatment 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.
Medication Management	Medication Management 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.
Methadone Services	METHADONE TREATMENT 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.
Mobile Integration Team (MIT)	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
Outpatient Services	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.
Par-Other Group	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.
Prevention Counseling	Prevention counseling 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.
Prevention Education	Prevention Education 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.

Prevention Services	The NYS Office of Alcoholism and Substance Abuse Services defines prevention as a proactive, evidenced-based process utilizing effective programs and strategies to prevent or reduce substance use and problem gambling in individuals, families, and communities.
Personalized Recovery Oriented Services (PROS)	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.
Psychiatric Evaluation	The assessment of a person's mental, social, psychological functionality.
Psychologist	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.
Relapse Prevention group-	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.
Residential Services	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.
RN	Many Registered Nurses are eligible to be licensed as therapists. They provide a range of primary mental health care services to individuals, families, and groups.
Sliding Scale	Sliding scale fees 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.
Suboxone® Treatment	Suboxone® 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.
Treatment Planning	Treatment planning 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.
Vocational Services	Vocational services 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.

Women's group	Specialized group treatment for women with substance use disorders.
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A copy of this Directory can be found on the Suffolk County Division of Community Mental Hygiene Services Website, using the below link:

<https://suffolkcountyny.gov/Departments/Health-Services/Mental-Hygiene/Directory-of-Behavioral-Health-Services>

"Don't Stall, Make the Call" - Any number listed below will guide you in the right direction

Location	Detoxification (Withdrawal & Stabilization)	Phone	Age	Legend	Location	Substance Use Disorder - Outpatient (cont)	Phone	Age	Legend
Amityville	South Oaks Hospital/Northwell Health	631-264-4000	18+	* ± @	Brentwood	Outreach Recovery Center	631-521-8400	18+	* ± @ #
Bohemia	Catholic Charities Talbot House	631-569-4144	18+	* ± @	Commack	Catholic Charities	631-543-6200	18+	* ± @ #
Calverton	Wellbridge Addition Treatment & Resrch	631-508-5400	18+	* 0	Copogue	New Horizons Counseling Center	631-257-5173	13+	* ± @ # 0
Greensport	Stony Brook Eastern Long Island Hospital	631-477-8877	18+	* ± @ 0	Coram	Weillife Network	631-920-8324	15+	* # @ # 0
Hampton Bays	Long Island Center For Recovery	631-728-3100	18+	* 0	Deer Park	B.E.S.T.	631-392-4357	18+	* ~ # 0
Hauppauge	Diagnostic, Assessment & Stabilization Hub (DASH)	631-952-3333	5+	~ ± * @ # x 0	East Hampton	The Dunes	631-604-5405	18+	# 0
Port Jefferson	St. Charles Hospital	631-474-6981	18+	~ * ± @ 0	East Hampton	Phoenix House of Long Island Inc.	631-329-0373	15+	± @
Ronkonkoma	Phoenix Houses of L.I. Inc.	631-306-5710	18+	* ± @	Farmingville	Victory Recovery Partners	631-696-4357	16+	* # @ # 0
Westhampton Beach	Seafield Center	631-288-1122	18+	* 0	Hampton Bays	Catholic Charities	631-723-3362	18+	± @ ~ 0
Inpatient					Hauppauge	Recovery	631-273-2221	18+	* # @ # 0
Amityville	South Oaks Hospital/Northwell Health	631-264-4000	13+	* ± @ # x 0	Holtsville	YMCA Family Services	631-580-7777	16+	± ~ @ 0
Brentwood	C.K. Post Addition Treatment Center	631-434-7207	19+	± @ # x	Huntington	Samarian Village @ Daytop	631-351-7112	15+	* ± @ ~ 0 # x
Calverton	Wellbridge Addition Treatment & Resrch	631-508-5400	18+	* 0	Huntington	Mountainside	860-824-1397	15+	* # @ 0
Greensport	Stony Brook Eastern Long Island Hospital	631-477-8877	18+	* ± @ 0	Huntington	Huntington Drug & Alcohol	631-271-3591	13+	± @ ~ 0
Hampton Bays	Long Island Center For Recovery	631-728-3100	18+	* 0	Huntington	Weillife Network	631-920-8324	15+	* ± @ # 0
Pt. Jefferson	St. Charles Hospital	631-474-6233	19+	* ± @ 0	Mastic	Family Service League	631-924-3741	13+	* ± ~ @
Westhampton Beach	Seafield Center	631-288-1122	16+	* 0	Medford	Seafield Services	631-451-6007	13+	# ~ @ 0*
Residential					Medford	Seafield Services	631-946-6060	18+	* ~ # 0
Brentwood	C.K. Post Addition Treatment Center	631-434-7200	18+	± @ # x	Middle Island	B.E.S.T.	631-422-7676	12+	* ± @ ~ # 0
Brentwood	Outreach	631-231-3232	13+	* ± @	North Babylon	Beacon Family Wellness Center	631-362-2001	18+	# @ * 0
Brentwood	Outreach Recovery Center	631-521-8400	18+	* ± @ # 0	Patchogue	Seafield Services	631-331-8200	13+	* ± @ # 0
Calverton	Wellbridge Addition Treatment & Resrch	631-508-5400	18+	* 0	Pt. Jefferson Station	Mather Out Patient Chemical Dependency Unit	631-369-8966	14+	* ± @ # #
Dix Hills	SCO Family of Services Morning Star	631-643-0849	18+	* ± @	Riverhead	Stony Brook Eastern Long Island Hospital	631-369-0104	13+	± ~ @
Dix Hills	SCO Family of Services Morning Star II	631-643-0863	18+	± @ 0	Riverhead	Family Service League	631-369-7800	14+	* # @ 0
East Hampton	The Dunes	631-324-3446	18+	0*	Riverhead	Seafield Services	631-471-4357	16+	* # @ # x
Hauppauge	Phoenix Houses of L.I. Inc.	631-979-0922	18+	*	Riverhead	Victory Recovery Partners	631-574-2580	18+	* ± @ ~ 0 #
Ronkonkoma	Phoenix Houses of L.I. Inc.	631-471-5666	18+	* @	Ronkonkoma	Sun River Health Center	631-471-3122	17+	* # @ # 0
Seiden	Concern for Independent Living, Inc.	631-758-0474	18+	± @	Setauket	Community Counseling Services	631-675-2400	18+	* ~ # 0
					Shirley	B.E.S.T.	631-852-1070	18+	± @ # 0*
					Shirley	Long Island Community Hospital	631-490-3040	18+	* ± @ ~ 0 #
					Shirley	Sun River Health Center	631-696-4357	16+	* # @ #
					Smithtown	Victory Recovery Partners	631-361-6960	18+	* # 0
					Smithtown	Employee Assistance Resources	631-920-8324	15+	* # ~ @ # 0
					Smithtown	Weillife Network	631-360-578	12+	* ± @ # ~ # 0
					Smithtown	Town of Smithtown Horizons	516-214-8020	18+	* ± @ ~ 0 #
					WVandanch	Martin Luther King Jr. Health Center	631-920-8324	15+	* ± # @ # 0
					WVandanch	Weillife Network			
						Information/Intervention Services			
						L.I.C.A.D.D	631-979-1700	13+	0
						National Suicide Prevention Lifeline	1-800-273-TALK (8255)		
						FIST Families in Support of Treatment	858-367-3478		
						LIRA Long Island Recovery Association	631-552-5472		
						Thomas Hope Foundation	631-333-0871		
						T.H.R.I.V.E	631-822-3396		

The full Communities of Solutions referral list can be found the following link, <https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:c6a36141-1350-4a94-aad5-12b9c6cc43d3>

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 (∩) 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, alcamprosate, 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.

∧ **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

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 / suffolkcountysheriffsoffice.com/

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

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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 31st 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 2nd 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 6th **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. 102-2021, AMENDING RESOLUTION NO. 704-2017 TO UPDATE THE NAME AND OPERATION OF THE 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 opioid epidemic through preventative education, enhancement of enforcement efforts, and aiding in the treatment and rehabilitation of those addicted to heroin and opioids; and

WHEREAS, Resolution No. 231-2020 amended the Advisory Panel’s membership and quorum requirements; and

WHEREAS, Resolution No. 704-2017 and Resolution No. 231-2020 both refer to “opiates,” while the preferred term is now “opioids”; and

WHEREAS, there are certain membership changes which will make the Advisory Panel more productive; and

WHEREAS, amendments should also be made to Resolution No. 704-2017, as amended by Resolution No. 231-2020, to clarify the membership and responsibilities of the Advisory Panel; now, therefore be it

1st RESOLVED, that the 1st RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 231-2020, is hereby amended as follows:

1st RESOLVED, that a permanent [Heroin and Opiate Epidemic] Addiction Prevention and Support Advisory Panel (“[the] Advisory Panel”) is hereby established to provide assistance and advice to the County in combating the [opiate] opioid crisis in an interdisciplinary manner; and be it further

; and be it further

2nd RESOLVED, that the 2nd RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 231-2020, is hereby amended as follows:

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

* * * * *

- 17.) A representative of Eastern Long Island Hospital;
- 18.) A representative of [the Quality Consortium of Suffolk County] Family Services League;
- 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] 21.) A representative of New York State Office of Alcoholism and Substance Abuse Services (OASAS);

[23] 22.) A representative of Outreach House;

[24] 23.) A member of the public, to be appointed by the Suffolk County Legislature;

[25] 24.) The Suffolk County District Attorney, or his or her representative;

[26] 25.) The Director of the Department of Probation, or his or her representative;

[27] 26.) The Medical Examiner, or his or her representative;

[28.] 27.) The Commissioner of the Department of Health Services, or his or her representative;

[29] 28.) The President of the Fire Chiefs Council of Suffolk County, or his or her representative; and

[30] 29.) 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

3rd **RESOLVED**, that the 5th RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 231-2020, is hereby amended as follows:

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. Each member of the Advisory Panel shall attend a minimum of three (3) meetings annually; and be it further

; and be it further

4th **RESOLVED**, that the 6th RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 231-2020, is hereby amended as follows:

6th **RESOLVED**, that [~~sixteen (16)~~] 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

5th **RESOLVED**, that the 7th RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 231-2020, is hereby amended as follows:

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. Each member of the Advisory Panel shall attend a minimum of one (1) formal public hearing annually; and be it further

; and be it further

6th RESOLVED, that the 9th RESOLVED clause of Resolution No. 704-2017, as amended by Resolution No. 231-2020, is hereby amended as follows:

9th RESOLVED, that, beginning in 2018, the Advisory Panel shall prepare a written annual report, to be submitted by December 31st 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] opioid addiction crisis and a summary of the previous year's recommendations and the outcomes associated therewith, if any; and be it further

; and be it further

7th RESOLVED, that any reference to the "Heroin and Opiate Epidemic Advisory Panel" in Resolution No. 704-2017 or Resolution No. 231-2020 shall be substituted with the name "Addiction Prevention and Support Advisory Panel" and shall be deemed to reference the "Addiction Prevention and Support Advisory Panel"; and be it further

8th RESOLVED, that any reference to "opiate" or "opiates" in Resolution No. 704-2017 or Resolution No. 231-2020 shall be substituted with "opioid" or "opioids" and shall be deemed to reference the same; and be it further

9th 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) and (33) 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 insofar as these actions constitute 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 2, 2021

APPROVED BY:

/s/ Steven Bellone
County Executive of Suffolk County

Date: March 16, 2021

**RESOLUTION NO. 190 -2013, DIRECTING DRUG TREATMENT
REFERRALS FOR INDIVIDUALS RECEIVING NARCAN**

WHEREAS, Resolution No. 299-2012 expanded the Department of Health Services' Narcan Pilot Program for EMS workers to include qualified officers in the Suffolk County Police Department; and

WHEREAS, since the expansion of this program in May, administration of Narcan to individuals overdosing on opiates by Suffolk County Police Officers has saved at least fifty lives; and

WHEREAS, individuals who overdose on opiates are usually addicts and need professional help to get clean, but may not know where to find such assistance; and

WHEREAS, the County of Suffolk's best interests are served by providing individuals who have been treated with Narcan administered by a Suffolk County police officer with referrals to substance abuse programs, which will provide them with information and assistance to overcome their addiction; and

WHEREAS, such referrals may help individuals find a better, drug-free life; now, therefore be it

1st RESOLVED, that the Suffolk County Police Department ("SCPD") is hereby authorized, empowered and directed to work with the Suffolk County Department of Health Services to establish a protocol whereby the Pre-Hospital Care report ("PCR") for any individual who overdosed on opiates and was treated with Narcan by a police officer ("person treated") will be provided within 24 hours of treatment to the Department of Health Services; and be it further

2nd RESOLVED, that the Department of Health Services, or its designee, shall contact the person treated no later than one business day after it receives the PCR, provided the PCR contains sufficient information to allow it do so, to discuss treatment options and provide any appropriate referrals; and be it further

3rd RESOLVED, that the Department of Health Services will develop a similar system for outreach to persons treated with Narcan by local emergency medical service organizations ("EMS team") using the PCR filed with the Department of Health Services by the EMS team providing treatment; and be it further

4th RESOLVED, that the Department of Health Services will comply with all applicable federal and state patient privacy laws and regulations; and be it further


5th RESOLVED, that a police officer administering Narcan shall, when possible, offer any family member, friend or companion with the person treated at the time of treatment, a referral to a local licensed substance abuse program utilizing a resource list developed and maintained by the Suffolk County Communities of Solutions; and be it further

6th RESOLVED, that all materials developed in association with this protocol shall be issued to qualified officers and kept with the Narcan kits; and be it further

7th **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: March 19, 2013

APPROVED BY:



County Executive of Suffolk County

Date: 3/22/13

SUFFOLK COUNTY
County Legislature
RIVERHEAD, NY



This is to Certify That I, TIM LAUBE, Clerk of the County Legislature of the County of Suffolk, have compared the foregoing copy of resolution with the original resolution now on file in this office, and which was duly adopted by the County Legislature of said County on March 19, 2013 and that the same is a true and correct transcript of said resolution and of the whole thereof.

In Witness Whereof, I have hereunto set my hand and the official seal of the County Legislature of the County of Suffolk.



Clerk of the Legislature

RESOLUTION NO. 209 -2013, DIRECTING THE DEPARTMENT OF HEALTH SERVICES TO BECOME A CERTIFIED TRAINING CENTER FOR NARCAN OVERDOSE RESPONDERS

WHEREAS, opioid addiction is a growing problem in the County of Suffolk; and

WHEREAS, the County has established a number of programs to stem the tide of opiate addiction, including a heroin overdose tracking website and an opiate addiction task force; and

WHEREAS, the County has successfully implemented the Police Narcan Pilot Program, which has thus far saved at least 50 lives from opiate overdoses; and

WHEREAS, the New York State Department of Health established a program that allows municipalities to develop and maintain a program to train individuals as overdose responders authorized to administer Narcan; and

WHEREAS, trained overdose responders can help additional opiate users who overdose and would complement the County's Narcan Pilot Program; and

WHEREAS, the Department of Health Services should become a certified Narcan training center to increase the number of responders capable of administering Narcan safely and legally; now, therefore be it

1st RESOLVED, that the Department of Health Services is hereby authorized, empowered and directed to develop and submit to the New York Department of Health an Opioid Overdose Prevention Program to train individuals to administer Narcan; and be it further

2nd RESOLVED, that the Department of Health Services shall begin administering this program once it receives a certification of approval from the State; and be it further

3rd RESOLVED, that the Department of Health Services shall evaluate the program after its first year of operation and prepare a written program evaluation report detailing the number of people trained, location of trainings and any additional information necessary to determine the success of the program; and be it further

4th RESOLVED, that the Department of Health Services shall provide a copy of the report with its findings and determinations to the County Executive, each member of the County Legislature and the Clerk of the Legislature within 90 days of the program's first anniversary; and be it further

5th 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: March 19, 2013

APPROVED BY:

**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 31st 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

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

1st 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

2nd **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

3rd **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. -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

1st 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

2nd **RESOLVED**, that the County Executive be and hereby is authorized to execute related agreements; and be it further

3rd **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

RESOLUTION NO. 34-2021, DIRECTING THE DEPARTMENT OF INFORMATION TECHNOLOGY AND THE DEPARTMENT OF HEALTH SERVICES TO CREATE A WEBSITE DEDICATED TO MENTAL HEALTH, ADDICTION, SUBSTANCE MISUSE, PREVENTION AND RECOVERY SERVICES

WHEREAS, Suffolk County has a duty to protect the health and safety of its residents; and

WHEREAS, many residents of Suffolk County have or know of someone trying to manage mental health, addiction, substance misuse or who is seeking prevention and/or recovery services but need additional guidance in locating resources; and

WHEREAS, currently, information relating to mental health, addiction, substance misuse treatment resources and/or prevention and recovery resources are located across multiple sections of the Suffolk County Department of Health Services' website; and

WHEREAS, it would be beneficial for the Department of Health Services to work with the Department of Information Technology to create a separate website dedicated to mental health, addiction, substance misuse, prevention and recovery treatment and resource information so that individuals in need may readily access this vital information in a centralized location; and

WHEREAS, a separate website that gives residents easy access to information and resources for individuals suffering from mental illness, addiction, substance misuse or in search of prevention and/or recovery supports should be developed and maintained by the Department of Information Technology and the Department of Health Services; now, therefore be it

1st RESOLVED, that the Department of Information Technology, in conjunction with the Department of Health Services, is hereby authorized, empowered, and directed to create and publish a website dedicated to providing information and resources on mental illness, addiction, substance misuse, prevention and recovery resources; and be it further

2nd RESOLVED, that the Department of Health Services shall develop for inclusion on the website clearly labeled information regarding the signs of mental illness, addiction, and substance misuse; provide information on residential and out-patient treatment centers, programs, hotlines, and other pertinent preventative and/or treatment information regarding mental health, addiction, substance misuse, prevention and recovery; and be it further

3rd RESOLVED, that the link to the mental health, addiction, substance misuse, prevention and recovery information website shall be prominently displayed at the top of the Department of Health Services' website; and be it further

4th RESOLVED, that the mental health, addiction, substance misuse, prevention and recovery information website shall be created and published no later than May 1, 2021; and be it further

5th **RESOLVED**, that the Department of Health Services shall review and update the information on the mental health, addiction, substance misuse, prevention and recovery information website for accuracy and completeness no less than annually; and be it further

6th **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) and (33) 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 insofar as these actions constitute 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: February 2, 2021

APPROVED BY:

/s/ Steven Bellone
County Executive of Suffolk County

Date: February 16, 2021

RESOLUTION NO. 961-2021, ENSURING NEW PROGRAM FUNDING FOR SUBSTANCE ABUSE SERVICES IN ASSOCIATION WITH THE COUNTY'S SETTLEMENT OF OPIOID LITIGATION

WHEREAS, the County of Suffolk served as a national leader by commencing litigation to hold pharmaceutical manufacturers, distributors and pharmacy operators responsible for their varied roles in the creation and perpetuation of the opioid addiction epidemic; and

WHEREAS, on July 12, 2021, the County Legislature approved settlements with four pharmacy operators and two pharmaceutical manufacturers, while other defendants remain as parties to the litigation; and

WHEREAS, New York State established a specific fund for monies obtained in global settlements associated with opioid litigation involving the State for itself and the various counties to ensure that the settlement monies are used to address the substance use crisis; and

WHEREAS, the State fund authorizes the use of monies as reimbursement for expenses already incurred by the County in relation to the approved uses; and

WHEREAS, while reimbursement for monies already spent may be appropriate, this Legislature asserts that these monies should be used specifically to expand existing programming and related services and for municipal operations targeting and/or impacting opioid prevention, treatment, or recovery and to establish new programs and related services and for municipal operations targeting and/or impacting opioid prevention, treatment, or recovery to combat the continuing and recently surging opioid addiction crisis that generated this litigation; and

WHEREAS, recent data shows drug overdose deaths soared nearly 30% in 2020, propelled by isolation and stress associated with the COVID-19 pandemic, and therefore the County should set a policy limiting itself to using monies for the establishment of new Substance Use Disorder ("SUD") prevention, treatment and recovery support programs and related services and for municipal operations targeting and/or impacting opioid prevention, treatment, or recovery and expansion of existing SUD prevention, treatment and recovery support programs and related services and for municipal operations targeting and/or impacting opioid prevention, treatment, or recovery; now, therefore be it

1st RESOLVED, it shall be the policy of the County of Suffolk that all monies from New York State's dedicated fund for settlement of opioid litigation shall be used by the County to either expand existing SUD prevention, treatment and recovery support programs and related services and for municipal operations, including equipment, technologies and enforcement efforts, targeting and/or impacting opioid prevention, treatment, or recovery or for the establishment of new SUD prevention, treatment and recovery support programs and related services and for municipal operations, including equipment, technologies and enforcement efforts, targeting and/or impacting opioid prevention, treatment, or recovery which conform with

the approved uses ~~terms~~ of the State's opioid settlement fund and statutes implementing same; and be it further

2nd **RESOLVED**, that no monies received from New York State's dedicated fund for opioid settlements shall be used to pay for debt service associated with or serve as reimbursement for prior expenditures made by the County in relation to the enumerated purposes authorized by the statute establishing the State fund; 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)(26) and (33) 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 insofar as these actions constitute 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: November 16, 2021

APPROVED BY:

/s/ Steven Bellone
County Executive of Suffolk County

Date: November 19, 2021

RESOLUTION NO. 962-2021, ESTABLISHING REQUIREMENTS FOR THE USE OF FUNDS ASSOCIATED WITH THE SETTLEMENT OF OPIOID LITIGATION WITH CERTAIN DEFENDANTS

WHEREAS, the County of Suffolk served as a national leader by commencing litigation to hold pharmaceutical manufacturers, distributors and pharmacy operators responsible for their varied roles in the creation and perpetuation of the opioid addiction epidemic; and

WHEREAS, on July 12, 2021, the County Legislature approved settlements with four pharmacy operators and two pharmaceutical manufacturers, while other defendants remain as parties to the litigation; and

WHEREAS, New York State established a specific fund for monies obtained in global settlements associated with opioid litigation involving the State for itself and the various counties to ensure that the settlement monies are used to address the substance use crisis, but only settlements involving the state are subject to its restrictions; and

WHEREAS, the County's settlements with respect to the pharmacy operators are not included in the State opioid settlement fund, as they are not part of a global settlement agreement, and the monies therefrom are currently unrestricted and may be utilized for any purpose; and

WHEREAS, in order to ensure that the funds received from these more tailored settlements are utilized to address the County's costs associated with the opioid epidemic, the County should impose restrictions on their use which are in conformance with New York State's limitations on global opioid litigation settlements; now, therefore be it

1st RESOLVED, that all settlement monies of opioid-related litigation in the matter of County of Suffolk v. Purdue Pharma, et al. which are not connected with global settlement agreements involving New York State shall be expended by the County for the following purposes:

- A. Treatment;
 - i. Treat opioid use disorder,
 - ii. Support people in treatment or recovery,
 - iii. Connect people who need help to the appropriate care, including development of emergency department protocols for overdose victims, screening brief intervention and referral to treatment ("SBIRT") systems and individual and family support services (i.e. recovery coaches, SHERPAS, CRPAs or CRPA-Ps, family support services)
 - iv. Address the needs of criminal justice involved persons and expanded services for criminal justice diversion and support programming, and
 - v. Address the needs of pregnant or parenting individuals and their families, including infants with neonatal abstinence syndrome,

- B. Prevention;
 - i. Prevent overprescribing and ensure proper prescribing and dispensing of opioids, including professional training and intervention protocols for physicians and relevant medical staff,
 - ii. Prevent misuse of opioids,
 - iii. Prevent overdose deaths and other harms (harm reduction-including wide distribution of naloxone, fentanyl test strips and risk reduction materials),
 - iv. Wide reaching Suffolk County community educational campaigns to raise awareness addressing opioid crisis, navigation to treatment and available support resources,
 - v. Evidence based prevention (“EBP”) programming in schools; introducing healthy coping strategies, communication skills, wellness practices and substance use education, and
 - vi. Training for educational professionals and community human service workers including risk reduction and engagement strategies;
- C. Law enforcement expenditures related to the opioid epidemic, including expanded substance abuse education and treatment and diversion programming for Suffolk County Police and within Suffolk County Correctional Facilities;
- D. Support efforts to provide leadership, planning and coordination to abate the opioid epidemic;
- E. Training to abate the opioid epidemic;
- F. Support for abatement research; and
- G. Support for post-mortem services.
- H. Municipal operations targeting the prevention, treatment and/or recovery relating to opioid abuse.

and be it further

2nd RESOLVED, that all funds from settlements governed by this Resolution shall be used by the County to either expand existing SUD prevention, treatment and recovery support programs and related services and for municipal operations, including equipment, technologies and enforcement efforts, targeting and/or impacting opioid prevention, treatment, or recovery or for the establishment of new SUD prevention, treatment and recovery support programs and related services and for municipal operations, including equipment, technologies and enforcement efforts, targeting and/or impacting opioid prevention, treatment, or recovery which conform with the approved uses of the State’s opioid settlement fund and statutes implementing same which conform with the terms set forth in the 1st RESOLVED clause; and be it further

3rd RESOLVED, that no monies received in accordance with this Resolution shall be used to pay for debt service associated with or serve as reimbursement for prior expenditures made by the County in relation to the enumerated purposes set forth herein; 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) and (33) 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 insofar as these actions constitute 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: November 16, 2021

APPROVED BY:

/s/ Steven Bellone
County Executive of Suffolk County

Date: November 19, 2021



THE OFFICE OF SUFFOLK COUNTY LEGISLATOR

Sarah S. Anker

Suffolk County Legislator, 6th District

*Chairwoman of the Seniors & Human Services Committee • Chairwoman of the Health Committee
Chairwoman of the Suffolk County Addiction Prevention and Support Advisory Panel • Chairwoman of the School Traffic Safety Commission
Vice Chairwoman of the Veterans and Consumer Affairs Committee • Budget and Finance Committee • Environment, Parks and Agriculture
Committee Suffolk County Board of Health • BNL Legislative Roundtable • Suffolk County Cancer Prevention and Health Promotion Coalition
Suffolk County Welfare to Work Commission • Suffolk County Child Care Commission • Suffolk County Public Transportation Working Group*

June 29, 2021

The Honorable Andrew M. Cuomo
Governor of New York State
New York State Capitol Building
Albany, NY 12224
Re: S7194 and A6395B Opioid Settlement Fund

Dear Governor Cuomo,

As the Chairwomen of the Suffolk County Addiction Prevention and Support Advisory Panel (formally known as the Heroin and Opiate Epidemic Advisory Panel), I am writing to express my immediate and ongoing concern for our citizens and mutual constituents who have been deeply and negatively affected by drug addiction, especially opioid addiction. With the passage of the Opioid Settlement Fund bills S7194 and A6395B, NYS now has a powerful tool that will provide tremendous support and funding for addiction prevention, education and treatment programs.

The funds that are acquired through opioid settlements and judgments in litigation, including those against opioid manufacturers, distributors, dispensers, consultants and resellers, must be lock boxed in an opioid settlement fund specifically. I implore you to sign the NYS Senate bill S7194 and the NYS Assembly bill A6395B to guarantee these funds go to addiction treatment, education and prevention solely and not “supplant or replace existing state funding”.

I thank you for your consideration in this important matter and I look forward to your response and partnership in ensuring the safety and well-being of our mutual constituents.

Sincerely,

SSA/jss

Panel Members

Panel Chair Legislator Sarah S. Anker
Chair of the Suffolk County Public Safety Committee Legislator Tom Donnelly
Chair of the Suffolk County Education and Labor Committee Legislator Kevin McCaffrey
Suffolk County Sheriff Errol D. Toulon, Jr.
Suffolk County Police Commissioner Geraldine Hart
Director of the Suffolk County Dept. of Probation Thomas Branco
Suffolk County Dept. of Health Services Commissioner Dr. Gregson Pigott
Suffolk County Medical Examiner Dr. Odette Hall
President/CEO of Family and Children's Association Dr. Jeffrey Reynolds
NYS OASAS Regional Coordinator Antonette Whyte-Etere
Suffolk County Division of Community Mental Hygiene Acting Director Cari Faith Besserman
Suffolk County District Attorney Tim Sini
COO of Eastern Suffolk BOCES and Suffolk County Superintendent's Association Representative Dr. Julie Lutz
Stony Brook University Hospital Associate Director for Neurosciences Dr. Kristie Golden
Stony Brook University Director of Addiction Psychiatry Dr. Richard Rosenthal
Eastern Long Island Hospital Director of Outpatient Addiction Services Dr. David Cohen
Executive Director of Long Island Council on Alcoholism and Drug Dependence Steve Chassman
Suffolk County Communities of Solution Chair Mary Silberstein
Executive Director and Founder of Families in Support of Treatment Anthony Rizzuto
President of the Quality Consortium of Suffolk County Patricia Ferrandino
Nassau-Suffolk Hospital Council Vice President of Communications and Population Health Janine Logan
Long Island Prevention Resource Center Director of Prevention Pamela Mizzi
Vice President of Outreach NYC and Long Island John Venza
Executive Director of the North Shore Youth Council Robert Woods
President of the Suffolk County Fire Chiefs Council Robert McConville
Public Representative Veronica Carrier

SUFFOLK COUNTY ADDICTION PREVENTION AND SUPPORT ADVISORY PANEL



Panel Chairwomen Legislator Sarah S. Anker
620 Rt. 25A – Suite B, Mt. Sinai, New York 11766

March 30, 2021
Commissioner Howard Zucker, M.D., J.D.
New York State Department of Health
Corning Tower Bldg, Rm 2531
Empire State Plaza
Albany, NY 12237

Dear Commissioner Zucker:

As chairwoman of the Suffolk County Addiction Prevention and Support Advisory Panel, I am writing to express my concern, and that of the Advisory Panel members, regarding the lack of training for medical school students as well as practicing physicians in the area of pain management practice.

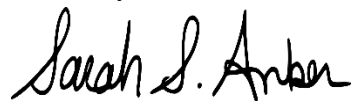
Suffolk County continues to battle the war on addiction and through proactive measures including providing preventative education, enhancement of law enforcement efforts, and aiding in treatment and rehabilitation, we continue to deal with the opioid epidemic. However, at a recent panel meeting the issue of the lack of training in the area of pain management and safe prescribing practice was expressed.

My fellow panel members and I are extremely concerned about this lack of training, which continues the practice of graduating physicians who are not equipped to appropriately prescribe and monitor pain medications. We are particularly concerned that the patients who require prescription opioids are not receiving the best possible treatment. At this time, we are requesting that you consider working with senior administration to set mandates that require pain management and safe prescribing practice training in all state university medical schools. It is our sincerest hope that once this mandatory training is implemented in state university medical schools, that private universities will follow suit. Further, we request that continuing education requirements for medical personnel include mandatory training in the practice of pain management, or at least booster sessions to follow up on the 3 hour, July 2017, mandated physician training you sponsored.

In addition, the panel has also been advised by addiction and mental health service providers that training related to utilizing telehealth options for patients would positively impact practicing physicians, medical students and their current and future patients. In an effort to mitigate the spread of COVID-19 and to comply with precautions and social distancing guidelines recommended by the Centers for Disease Control and Prevention, many health related services needed to be provided remotely. While many providers were able to navigate utilizing telehealth, there were many others who were not prepared for this change or were not comfortable with providing their services using current technology and thus resulted in a disruption of care for patients. By incorporating telehealth into medical provider education curriculum, we can better prepare our medical professionals to continue coordinating care throughout unprecedented challenges such as the pandemic we are all still experiencing. There is a great risk to the continuum of care for patients with substance use or mental health disorders without this important addition to the medical education curriculum.

These small steps can go a long way to alleviate the trauma that pain management patients experience when seeking assistance, while reducing the risk of nonmedical use of prescription opioids, as well as improve the experience of patients that utilize telehealth service options. Thank you for your attention to these matters and please feel free to contact my office to discuss these issues further.

Sincerely,

A handwritten signature in black ink that reads "Sarah S. Anker". The signature is written in a cursive, flowing style.

Sarah S. Anker
Suffolk County Legislator
Suffolk County Addiction Prevention and Support Advisory Panel Chair



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

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

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>



Aspire ACADEMY



WESTERN
SUFFOLK BOCES
RECOVERY HIGH SCHOOL

Chandra Rivera,
Principal
Mark Brunza,
Assistant Principal

WESTERN SUFFOLK BOCES

Michael Flynn,
Chief Operating Officer
Angelique Johnson-Dingle,
District Superintendent
Nancy Wilson,
Executive Director of
Special Education

Board of Education

Jeannette Santos, President
Ilene Herz, Esq., Vice President
Mary Ellen Cunningham
James Kaden
Brian J. Sales
Peter Wunsch
Maryann Zumpano

550 Mount Avenue ■ North Babylon, NY 11704 ■ 631-491-8830



IN PARTNERSHIP WITH **OUTREACH**

WESTERN SUFFOLK BOCES RECOVERY HIGH SCHOOL

IN PARTNERSHIP WITH **OUTREACH**

Aspire ACADEMY

ANOTHER DAY, ANOTHER OPPORTUNITY

At Aspire Academy, students in grades 9-12 who have the diagnosis of Substance Use Disorder are supported in their transition to recovery and sustained sobriety as they work toward academic achievement.

Using the recovery-based educational model, Western Suffolk BOCES partners with OUTREACH, a leading regional counseling agency, to provide Regents-level academic instruction in a comprehensive program with embedded clinical supports.

Aspire Academy aims to help students grow through their recovery as they work toward graduation along with their peers. The holistic approach of Aspire Academy asks students to be accountable to themselves, to set goals and to find effective, healthy ways

to meet those goals. As part of a community of commonality and understanding, students in recovery recognize that they are not alone in their journey and take comfort, strength and inspiration for those who are traveling alongside them.

To provide additional support, an extended school day is provided four days a week through a state grant, which focuses on healthy, pro-social lifestyle choices and activities in conjunction with ongoing therapeutic supports.

For teens who are in recovery, traditional high schools present challenges that can often impede their recovery process. For some, returning to their home high school immediately after a relapse threatens recovery because the same patterns and the same people can invite the same behavior.

A Vanderbilt University study found that students in recovery schools were much less likely to relapse than those in regular high schools. The recovery high school students also reported less frequent absences for the recovery student cohort.

Active recovery is mandatory for students in this program. Relapsing Aspire Academy students are provided with the referrals and support they need to return to their recovery, but they are not permitted to attend school if substance use is discovered.



ABOUT THE PROGRAM

Eligibility and Enrollment: Students are referred to Aspire Academy by their home school district. To be eligible, students must have a Substance Use Disorder diagnosis and/or Co-Occurring Disorder, have achieved pre-established sobriety, be willing to maintain recovery and remain drug and alcohol free while enrolled; and be committed to attend school daily and participate in recovery support services. Once a referral is made, Aspire Academy will review the application and evaluate the placement. Final decisions regarding student enrollment are made by Aspire Academy.

Instructional Program: The full-day secondary program offers a New York State High School curriculum with Regents Diploma. Differentiated instruction will be provided to meet the needs of all students, including students with an IEP.

The instructional model is similar to a traditional high school, with a daily schedule of the courses required for a Regents Diploma.

Therapeutic Services: Through the state grant, clinical supports will be embedded in the secondary high school schedule. Those supports include: immersive individual and group therapy provided by Out-reach clinicians, individualized recovery plans, parent/family support and training, collaboration/coordination with outside providers, and on-site consulting child and adolescent psychiatrist.

At the end of the academic day, there are supports that focus on recovery.

Extended School Year: Through the state grant, Aspire Academy also offers a six-week, non-academic Extended School Year component that provides students with clinical supports to sustain their recovery, although no academic programs are offered within it.

Tuition: Tuition for educational services is the responsibility of the sending school district.

Transportation: Transportation to Aspire Academy is provided from the student's home district. ★

RECOVERY HOUSING:

BEST PRACTICES AND SUGGESTED GUIDELINES

On October 24, 2018 the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities was signed into law by President Trump. Subtitle D, Ensuring Access to Quality Sober Living (SEC. 7031), of this law mandates that the Secretary of Health and Human Services, in consultation with other specified individual stakeholders and entities, shall identify or facilitate the development of best practices for operating recovery housing. These best practices may include model laws for the implementation of suggested minimum standards that:

- (1) consider how recovery housing is able to support recovery and prevent relapse, recidivism, and overdose, including by improving access to medication assisted treatment
- (2) identify or facilitate the development of common indicators that could be used to pinpoint potentially fraudulent recovery housing operators

The SUPPORT legislation seeks to improve resident care for individuals suffering from a substance use disorder who are in need of supportive recovery-oriented transitional housing. The Administration has dedicated time, attention, and resources to ensuring that individuals with substance use disorders have access to lifesaving medications, treatments, and services in settings throughout the continuum of care, including recovery housing. This document is intended to serve as a guidance tool for states, governing bodies, treatment providers, recovery house operators, and other interested stakeholders to improve the health of their citizens related to substance use issues.

This report identifies ten specific areas, or guiding principles, that will assist states and federal policy makers in defining and understanding what comprises safe, effective, and legal recovery housing. National organizations have contributed significant and valuable work in developing policies, practices, and guidance to improve recovery housing as an integral model of care. The guiding principles in this document are meant to provide an overarching framework that builds upon and extends the foundational policy and practice work that had guided the development of recovery housing to date. SAMHSA recommends following these Ten Guiding Principles to guide recovery house operators, stakeholders and states in enacting laws designed to provide the greatest level of resident care and safety possible.

Recovery housing is an intervention that is specifically designed to address the recovering person's need for a safe and healthy living environment while supplying the requisite recovery and peer supports. The ten best practices and minimum standards are further described below in the following principles.

Ten Guiding Principles

1. Have a clear operational definition

All recovery housing should have a clear operational definition that accurately delineates the type of services offered and to what degree or intensity these services are provided. The SUPPORT legislation defined the term ‘recovery housing’ to describe a shared living environment free from alcohol and illicit drug use and centered upon peer supports and connection to services that promote sustained recovery from substance use disorders.

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) official definition of recovery housing is described below:

Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders.

For purposes of this document, SAMHSA’s official definition will serve as the benchmark from which to ascribe best practices and suggested minimum standards. The utilization of this definition is because it encompasses the basic tenets as set forth in the statute and it stipulates the inclusion of FDA approved pharmacological interventions for substance use disorders and other co-occurring conditions.

To deliver the best care possible, recovery house operators should include to which level of care their facility delivers services to their residents. SAMHSA supports the levels of care, as identified by the National Alliance of Recovery Residences (NARR) and other stakeholder agencies depicted below, as these levels accurately reflect the basic structural blueprint of quality recovery housing and highlights the continuum of support ranging from nonclinical recovery housing to clinical and usually licensed treatment and highlights the continuum of support ranging from nonclinical recovery housing (Level I and II) to clinical and usually licensed treatment (Level III & IV).

NARR Level	Typical Resident	On-site Staffing	Governance	On-site Supports
Level 1 (e.g., Oxford Houses)	Self-identifies as in recovery, some long-term, with peer-community accountability	No on-site paid staff, peer to peer support	Democratically run	On-site peer support and off-site mutual support groups and, as needed, outside clinical services
Level 2 (e.g., sober living homes)	Stable recovery but wish to have a more structured, peer-accountable and supportive living environment	Resident house manager(s) often compensated by free or reduced fees	Residents participate in governance in concert with staff/recovery residence operator	Community/house meetings, peer recovery supports including "buddy systems", outside mutual support groups and clinical services are available and encouraged
Level 3	Those who wish to have a moderately structured daily schedule and life skills supports	Paid house manager, administrative support, certified peer recovery support service provider	Resident participation varies; senior residents participate in residence management decisions; depending on the state, may be licensed; peer recovery support staff are supervised	Community/house meetings, peer recovery supports including "buddy systems". Linked with mutual support groups and clinical services in the community, peer or professional life skills training on-site, peer recovery support services
Level 4 (e.g., therapeutic community)	Require clinical oversight or monitoring, stays in these settings are typically briefer than in other levels	Paid, licensed/credentialed staff and administrative support	Resident participation varies, organization authority hierarchy, clinical supervision	On-site clinical services, on-site mutual support group meetings, life skills training, peer recovery support services

Source: The National Alliance for Recovery Residences

2. Recognize that a substance use disorder is a chronic condition requiring a range of recovery supports:

The transition from active addiction into lasting recovery is often a difficult and emotionally trying journey for many people with a substance-use disorder. NIDA (2018) indicated that the relapse rates for substance-use disorders is approximately 40-60%, and that relapses could signify the necessity to reexamine a person's course of treatment, as relapses can be very dangerous and in many instances deadly. The first 12 months of this transitional period prior to the onset of sustained full remission, sometimes referred to as early recovery, is a crucial period during which people contend with raw core clinical issues such as family history, unresolved trauma, grief and loss, emotional immaturity, low frustration tolerance, and other factors that make them susceptible to relapse. However, Moos & Moos (2006) determined that individuals with more 'social capital' are more likely to show improved outcomes for short term remission. Therefore, recovery houses are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports.

Communities support is a critical aspect of achieving and maintaining recovery. A support network comprising friends and family who are not abusing substances, peers with lived experience, trained recovery housing staff, clinical support, and access to community resources is essential to helping people maintain recovery. Community, camaraderie, empathy and guidance are necessary ingredients in helping somebody

remain on track as they navigate their way into a healthy lifestyle of recovery. This is true for individuals recently discharged from inpatient treatment, criminal justice custody, or people seeking a safe, drug free living environment conducive to recovery.

3. Recognize that co-occurring mental disorders often accompany substance-use disorders:

SAMHSA recommends that all recovery house operators and their designated staff should be informed about co-occurring disorders and the close association these ailments have with substance-use disorders. The 2018 National Survey on Drug Use and Health (NSDUH) produced by SAMHSA determined that 9.2 million adults live with a co-occurring mental and substance use disorder. The NSDUH also demonstrates that those with mental disorders, including serious mental illness, are more likely to engage in substance use; conversely, those with substance use disorders are also more likely to have a mental illness.

It is critical that recovery house operators, staff, and certified peers need to be informed as to how co-occurring disorders and resulting symptomology can contribute to increase a person's susceptibility for relapse. Furthermore, SAMHSA believes that all residents and staff should be instructed to treat each other with compassion and understanding regardless of mental health status.

4. Assess applicant (potential resident) needs and the appropriateness of the residence to meet these needs:

SAMHSA recommends that all resident referrals and placement decisions be predicated upon what gives the resident the best chance for obtaining lasting recovery. To help guide placement decisions, SAMHSA strongly encourages all clinically oriented recovery house programs to accurately assess each prospective resident according to their unique needs, strengths, challenges and current recovery capital. SAMHSA maintains that proper resident placement where an individual's needs and goals are appropriately matched to the facility including therapeutic services, recovery supports and the surrounding environment will help to ensure resident safety. To best achieve these ends, the assessment should include the prospective residence and important information about the person.

Resident assessment is an integral part of the comprehensive assessment that should be performed prior to referral and placement into a recovery house system of care. Whether the referent is a licensed clinician, concerned family member, criminal justice professional, or other stakeholder it is important to know and consider the relevant and pertinent information about a person before making impactful decisions regarding their chances for a successful recovery. Usually a licensed clinician obtains intimate knowledge of the resident throughout the therapeutic process.

State governing agencies, including law enforcement, are often important referral sources to recovery housing, it is necessary for these entities to be well versed about the

prospective program prior to referring a potential resident. Relevant information to be considered in determining the most appropriate setting includes:

- House Culture: such as permissiveness of unhealthy behaviors, degree of adherence to outside meeting attendance, general living environment including other peer's investment in recovery, etc.
- Level of Care: the type, nature and intensity of therapeutic services and recovery supports provided, ability to address specific needs.
- Utilization of certified or appropriately trained peers with relevant lived experience
- Geographic area, neighborhood or external surrounding environment of the recovery house
- Physical living environment
- Current residents: welcoming, committed to sobriety, are they mostly employed, supportive of one another
- Medication Assisted Treatment: does the operator or other house staff support the use of medication assisted treatment, is the use of this medication properly monitored, are the other residents in the house also supportive of MAT, are peers with MAT experience available for residents with severe opioid use disorder (OUD)
- Level of training and professionalism of house staff (e.g., co-occurring disorder, crisis interventions, etc.)
- Reputation regarding ethical business practices, including fraud and abuse of residents
- Relapse policy
- Availability of opioid-overdose reversal drugs

5. Promote and use evidence-based practices:

Given the critical importance of stable housing and community supports to attaining recovery, it is important to ensure that residents in recovery housing are afforded high-quality, evidence-based care. It is important to recognize that many in recovery housing will also need access to outpatient treatment. Polcin (2009) found significant improvements in abstinence and employment rates, as well as a reduction in the number of arrest rates for those residents who also participated in outpatient treatment for substance use disorder(s). Additionally, 76% of the residents that participated in this study remained domiciled in a recovery house for at least five months. For many, the combination of recovery housing with evidenced-based outpatient treatment is an efficacious model of care.

Medication Assisted Treatment (MAT) is a lifesaving evidence-based practice. MAT includes the use of FDA-approved medications for the treatment of opioid use disorders. Medication therapy in conjunction with counseling, behavioral therapies, and community recovery supports provide a whole-individual approach to the treatment of substance-use disorders. The National Academies of Science, Engineering, and Medicine (NASEM)

notes that medications for opioid use disorders save lives and cite the use of these medications as an integral strategy in addressing opioid misuse.

Peers and recovery coaches are other essential components that model the societal and fellowship aspects of recovery, and are fully endorsed by SAMHSA as integral components of recovery houses. Peer Support Recovery Services (PRSS) and recovery coaches have emerged as an efficacious intervention to help utilize lived experience to assist others in achieving and maintaining recovery. (Smelson et al, 2013; Tracey et al, 2011).

6. Written policies, procedures, and resident expectations

Recovery house operators should have clearly written and easy to read documentation for all standard operating procedures and policies. To avoid ambiguity, SAMHSA recommends that the standard operating procedures are clearly explained to each new resident by a house staff member or designated senior peer. It is also advisable for programs to establish a resident handbook to help ease transition and ensure compliance with house rules.

Each resident should sign the documents to verify comprehension; residents should be given a copy for future reference. The house should store the signed documents. The communication of these procedures should also be accompanied by an orientation process.

7. Ensures quality, integrity and resident safety:

SAMHSA is strongly recommending that all recovery houses adhere to ethical principles that place resident safety as the chief priority. SAMHSA believes that unethical practices must be acted upon very quickly. One emerging unethical issue is patient brokering. Patient brokering is a potentially life threatening form of healthcare /treatment fraud that involves using vulnerable people with a substance use disorder as a pawn or commodity to be traded.

In patient-brokering type practices, a broker or agent refers a person, who is either in active use or has relapsed after treatment, to an unethical treatment center for a financial fee or some other valuable kickback. In many instances, the brokered individual, who is already in sobriety after completing treatment, is enticed through financial inducements and/or free drugs to resume use by the brokering agent, who then refers this person back to treatment for a kickback. The unethical treatment center is then able to bill a third party payer for services rendered, which far exceed the kickback paid making this fraudulent business very lucrative. In other brokering type scenarios, people with an active substance use disorder are lured by inducements such as free travel, rent or drugs from around the country to seek treatment in another state or location. Once these individuals arrive at treatment they are then recruited to engage in the brokering process.

Recovery house operators should be well aware of the existence of these types of practices and should understand that these are unacceptable and unethical practices.

Program Certification

Program or recovery house certification or accreditation is one noted remedy to some of the problems stated above. States are advised to adopt a process of certification to assure program quality.

In July 2017 the city of Delray Beach Florida required certification for all recovery residences housing 4 or more unrelated individuals. A year later after this rule was implemented the city of Delray Beach witnessed a significant 60% decline in overdoses from 635 to 245. The city of Delray Beach also saw another 48% decrease in overdoses for the most recent year since this ordinance became law.

In regards to the Fair Housing Act, it should be noted that in *Bangarter v. Orem City Corp* (1995) the court stated that the Fair Housing Amendments Act should not be viewed to preclude special restrictions on disabled or vulnerable people if the benefit of such restrictions for these populations clearly outweighs the burden of these restrictions. Therefore, certification of recovery residences should not be prohibited as a discriminatory practice if the certification is narrowly tailored to benefit the needs of vulnerable populations, and these benefits clearly outweigh whatever burdens are imposed by these rules.

It is standard clinical protocol for all treatment centers and recovery houses to require clients submit to random urine analyses and breathalyzers. In other situations clients or residents may be required to submit an additional sample if they are suspected of using or after returning to the treatment center after time spent in a potentially using type of environment. This protocol is designed to ensure safety by confirming people are sober, on track in their recovery and not in need of additional therapeutic interventions. Fair Health examined claims data based on Current Procedural Terminology (CPT) codes and determined that costs associated with laboratory testing have increased more than 900 percent between 2011 and 2014. This large increase is an indication that a standard clinical practice has been exploited for financial gain. SAMHSA panelists identified 3 key areas of concern for this unethical practice:

- Testing for quantitative amounts on negative samples
- Charging exorbitant fees over and above the standard costs for lab tests
- Excessive drug screenings during residential treatments (testing can also become excessive in some outpatient treatments)

Medication Policy:

According to the NSDUH (2018) buprenorphine was the opioid with the highest rate of misuse by those with a prescription for it. The misuse of any medication in a sober living environment can have detrimental effects not just for the individual misusing but also for other members of the house. As such, the following strategies are recommended:

- Locking medication up and house staff providing medication at specified time to clients
- Medication counts with staff and resident
- Increase drug testing (if suspected of diversion)
- Communication between stakeholders, providers & staff (releases of information)
- Maintain proper documentation
- Monitor specific residents as needed
- Open discussion of medications (e.g., group topic, potential triggers, etc.)
- Daily dosing within a licensed facility

8. Learn and Practice Cultural Competence:

The concept of cultural competency is of extreme importance, as the disease of addiction does not discriminate along racial, cultural or socioeconomic lines.

The staff and peers who operate and work in recovery houses should treat all individuals with respect regardless of their personal backgrounds and beliefs. Staff should be trained to deal with individuals on a personal basis and respect different beliefs and backgrounds.

9. Maintain ongoing communication with interested parties and care specialists

Ongoing communication is another important aspect of clinical practice that recovery houses should implement as part of their operating procedures. Provided there is a signed release of confidential information, ongoing communication between the resident's referent, concerned loved one, treatment provider, former treatment provider, certified peer recovery coach and criminal justice professional, is essential to helping the resident stay on track with recovery. In certain vocational programs, it could also be advantageous to maintain contact with the person's place of employment. Listed below are some topics areas that could be covered during communication between stakeholders to improve the quality of resident care.

- Level of program adherence
- Resident behavior – potential relapse indicators
- Attendance concerns at treatment
- MAT dosage changes, take home doses
- Progress reports
- Psychotropic medication changes

- Employment status
- Referral decisions (especially following a relapse to help alleviate any brokering type activities)
- Drug testing
- Discharge planning
- Any social network concerns
- Relapse history

10. Evaluate program effectiveness and resident success:

As recovery houses become recognized as vital components in the continuum of care, it is important to properly assess how each house is ultimately performing in delivering quality resident care. SAMHSA recognizes that program evaluation may occur at varying levels depending on the size and scope of the recovery house; however, collecting data on measures such as abstinence from use; employment; criminal justice involvement; and social connectedness would greatly assist the home in gauging the effectiveness of services provided and would also enable these entities to utilize data to justify requests for state and federal funding.

CONCLUSION

SAMHSA strongly believes in the use of recovery housing as a key strategy to assist individuals living with substance use disorder in achieving and maintaining recovery. Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime of recovery. It is critical that these houses function with sound operating procedures which center on a safe, sober living environment in which individuals can gain access to community supports and therapeutic services to advance their recovery.

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