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ASSOCIATION OF COUNTIES



in collaboration with

of Local
Mental Hygiene
Directors, Inc.

Battling the Opioid Crisis in New York State

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Introduction

For more than two decades, New York State's county governments have stood resolute on the frontlines of an opioid crisis that has ravaged families and communities, strained the criminal justice system, and claimed the lives of hundreds of thousands of Americans. This pervasive public health challenge, recognized as one of the most significant of our time, impacts virtually all county-level departments, including public and mental health, law enforcement, district attorneys, social services, and medical examiners.

Fueled by the opioid lawsuit settlements and recent legislative actions, counties are now channeling new resources into reversing the harm inflicted by the opioid scourge and fortifying local treatment, recovery, and prevention initiatives. This report aims to highlight the strategies counties are employing in their relentless battle against opioid abuse and underscore the need for continued investment in county initiatives.

Fentanyl is a synthetic opioid that is up to **50 times stronger** than heroin and **100 times stronger** than morphine.

[cdc.gov/stopoverdose/fentanyl](https://www.cdc.gov/stopoverdose/fentanyl)

Background on the Opioid Crisis

While America's first opioid crisis dates back to the Civil War,¹ the current crisis started in the 1990s with a precipitous rise in the prescription of opioid medications to manage chronic pain. Fueled by aggressive, deceptive marketing from pharmaceutical companies, the surge in opioid prescriptions led to an increase in misuse and overdose deaths.

Prescription opioid-related deaths increased year after year through the late 1990s and early 2000s, which would later be known as the first wave of the epidemic.

In the 2010s, the crisis intensified and evolved to enter its second and third waves. As states and the federal government took action to curb the over-prescription of opioids, individuals suffering from an addiction to prescription medications turned to heroin, which was cheaper and more accessible but also more lethal.

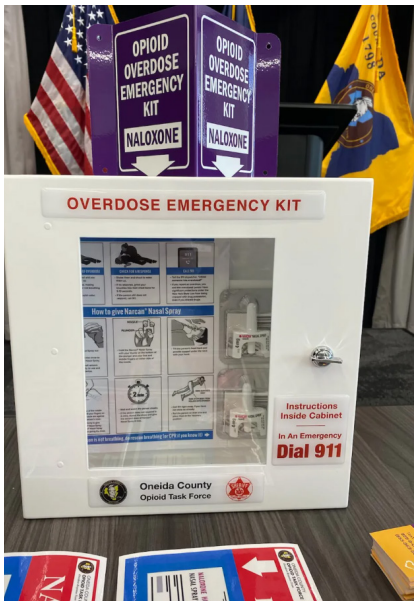
Then illicitly manufactured and even more potent synthetic opioids like fentanyl were introduced to the drug supply, often mixed with heroin, cocaine, and methamphetamine or sold in counterfeit pills.

The increasing prevalence of heroin and fentanyl, respectively, distinguished the second and third waves of the epidemic and resulted in a new surge in overdose fatalities.

Today, even more deadly synthetic opioids like carfentanyl, which is 100 times more potent than fentanyl,² and an animal tranquilizer called xylazine are increasingly being found in the illegal drug supply and driving overdose deaths.³ This seemingly intractable crisis is now the deadliest drug epidemic in American history,⁴ claiming more than 187 lives per day.⁵

The County Role in Combatting the Opioid Epidemic

Counties play a central role on every front of the ongoing battle against the opioid epidemic. When an overdose occurs, 9-1-1 centers are the first point of contact, and emergency personnel are mobilized to respond. Mental health departments are often involved in crisis intervention, assisting families in immediate need due to opioid misuse and connecting individuals with appropriate resources for intervention and treatment.



When these frontline workers are unable to avert tragedy, it is county coroners and medical examiners who perform overdose death investigations and record the devastating toll of opioid-related fatalities.

Sheriff's deputies and district attorneys play a crucial role in law enforcement efforts, combating the illicit drug trade and working to prevent opioid-related crimes. The battle against the opioid epidemic is also fought in county jails, as individuals with substance use disorders often intersect with the criminal justice system and receive treatment during and after incarceration.

Public and mental health officials lead local prevention, education, and treatment efforts. County health and mental health departments, as well as OASAS-certified providers, educate communities about the dangers of opioid misuse, train individuals to administer opioid overdose reversal medications, and facilitate access to treatment resources. They also collect and analyze opioid-related data, including overdose rates, to monitor trends and respond to emerging issues.

Mental health professionals conduct screenings and assessments to identify individuals with substance abuse issues, provide counseling and peer support services, and run medication-assisted treatment (MAT) programs that combine medication with behavioral therapy to support people in their recovery from opioid addiction.

New York State's county governments, therefore, navigate the entirety of the opioid crisis, responding to, mitigating, and preventing the far-reaching impacts of opioid addiction within their communities. Despite facing staffing shortages and resource constraints, which are particularly acute within public and mental health departments, counties persist in carrying out this work to protect the well-being of their residents and foster healthier, more resilient communities.



Themes and Priorities for Planned Uses of Settlement Funds

County directors of community services (DCS), also known as the local government unit (LGU), have been tasked with developing and overseeing the implementation of spending plans for opioid settlement regional abatement dollars that address the needs of individuals with substance use and co-occurring disorders. Many have issued requests for proposals (RFPs) to community-based organizations, non-for-profit agencies, municipalities, and privately-owned businesses seeking innovative proposals focused on treatment, recovery, harm reduction, prevention, and education efforts. As the spending plans take shape, the New York State Conference of Local Mental Hygiene Directors (CLMHD) has identified the following themes and priorities for county investments.

Harm Reduction

- Distribution of opioid overdose reversal medications (e.g. naloxone)
- Lessening harms associated with substance use and related behaviors that increase the risk of infectious diseases and reducing infectious disease transmission (e.g. fentanyl test strips, safer use kits, syringe exchange programs, “never use alone” initiatives, etc.)
- Reducing stigma associated with substance use and co-occurring substance misuse and mental health needs
- Promoting a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services and connecting those who have expressed interest in treatment, peer support works, and other recovery support services

- Oxford House Model of democratically run, self-supporting, and drug-free homes
- Respite Sober Housing

Recovery

- Creating Dual Recovery Coordinator Positions to focus on co-occurring and complex needs
- Increasing peer support programs
- Recruitment of Certified Recovery Peer Advocates (CRPAs)

Prevention

- Strategies to intervene as early as pre-school to address Adverse Childhood Experiences (ACES) and other risk factors, such as behavior, social, and academic concerns
- Family-based prevention strategies to enhance family connection and include parent empowerment and support
- Early intervention of opioid misuse for the population birth through pre-teen
- Suicide prevention programming in schools
- Prevention programs aimed at reducing over-prescribing of opioids

Treatment

- Integrated co-occurring substance misuse and mental health treatment
- Jail substance use disorder (SUD) programs and law enforcement-assisted diversion programs
- Community-based SUD and mental health program development and expansion
- Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings
- Expanding mobile outreach and methadone services

Transportation

- Direct funding to community-based organizations to add vehicles/transportation services for access to programs and local re-entry needs

Housing

- Development and expansion of transitional and supportive housing units
- Support for Individuals coming through the Adult Protective System
- Recovery housing

Public Awareness

- Social media and family education campaigns aimed at harm reduction, prevention, early intervention birth through pre-teen, community interventions, and home-based services

Notable County Initiatives

As settlement dollars become available, counties are navigating the complex landscape of procurement legalities with a sense of urgency, striving to expedite the disbursement of funds to vital programs and initiatives. This section highlights specific examples of county investments that are making a real difference in the battle against the opioid scourge. It is important to note that the initiatives described below represent only a portion of the comprehensive efforts being undertaken. Furthermore, many counties not specifically mentioned in this report are concurrently implementing similar strategies.

Improving the Delivery of Integrated Services

To address the historic silos within the behavioral health system, counties in the Hudson Valley are pioneering an integrated approach to service delivery. Recognizing that individuals often navigate multiple systems, such as social services, child welfare, criminal justice, education, and health, the Mid-Hudson counties (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester) have joined forces to establish a regionwide Co-Occurring System of Care (COSOC) committee.

Comprised of representatives from each county’s local COSOC team, this collaborative initiative employs the evidence-based Comprehensive Continuous Integrated Systems of Care (CCISC) model. The aim is to develop a system capable of addressing the complex needs of individuals and families facing co-occurring mental health and substance use disorders, irrespective of their initial entry point.

Embracing the “no wrong door” philosophy, each county has successfully implemented this approach by collaborating with local provider systems and embracing change to support a seamless and comprehensive system of care.



Law Enforcement Assisted Diversion (LEAD)⁶

Harnessing the transformative power of opioid settlement funds, Dutchess County launched the LEAD initiative —an evidence-based collaboration between law enforcement and mental health designed to reach people with complex, unmet behavioral health needs. Under this initiative, law enforcement officers participate in additional mental health and harm reduction training and have the discretion to divert individuals to the LEAD program rather than arrest or ticket them.

Once enrolled, a dedicated case manager is assigned to create an individualized intervention plan, which could include assistance with identification, transitional and permanent housing, treatment, education, job training and placement, or childcare. Case managers help participants overcome obstacles that may have prevented them from getting help previously – whether it was lack of access, financial constraints, or behavioral health issues – and maintain ongoing contact and follow-up care, helping each person to access support and resources as they are ready.



Establishing and Expanding Wellness Centers⁷

Dutchess County has also invested opioid settlement dollars in its Empowerment Center, a crucial resource supporting individuals combating opioid and substance use disorders. The Center eliminates bureaucratic barriers to recovery like paperwork and insurance requirements by serving as a drop-in space where individuals at any recovery stage can find support and connect with peers.

Relocated to a new, easily accessible venue with the aid of \$107,000 in settlement funds, the Empowerment Center is dedicated to providing individualized support, recovery planning, access to local resources, harm reduction supplies, and community building for those navigating substance use disorder.

Similarly, Columbia County plans to use settlement funds to hire a Coordinator to facilitate the development of a Wellness Hub that would divert those in crisis from the court system, motels, and emergency rooms.⁸ A “one-stop shop,” the Hub would serve county residents in crisis by offering a range of resources, including shelter, therapy, peer counseling, and social services.

Hiring Key Staffing⁹

Erie County has been a trailblazer in combating opioid addiction and was among the first counties in the United States to initiate legal action against pharmaceutical companies and distributors for their role in the opioid epidemic. As part of a strategic investment plan, settlement funds will enable the County to expand key teams in health, social services, and probation.



The Health Department anticipates welcoming a Family Services Coordinator and Peer Navigator, as well as a Data Analyst who will be responsible for generating a real-time dashboard to provide public access to substance use data trends and responses.



The Social Services Department is poised to enhance its capabilities with the addition of a Community Resource Technician, dedicated to cultivating community partnerships and collaborating with employers and nonprofits to improve individuals’ social determinants of health and opportunities for sustained employment. Additionally, the Probation Department will benefit from two new Peer Navigators, committed to delivering outreach and interim services to at-risk probationers and their families.

This multifaceted approach underscores Erie County’s comprehensive strategy to address the opioid crisis and promote community well-being.

Increasing Access to Lifesaving Products¹⁰

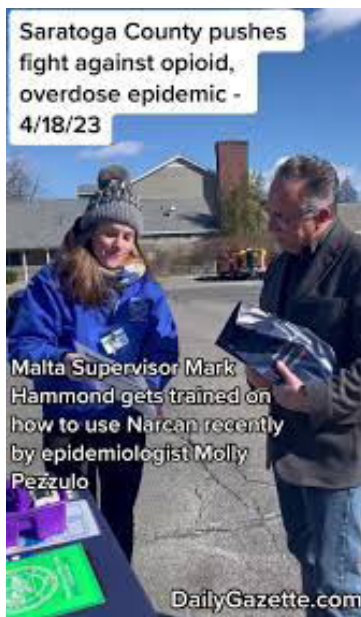
In April 2023, Oneida County unveiled a first-of-its-kind public health kiosk to dispense free harm reduction and wellness supplies to the community.¹¹ The kiosk employs touchscreen technology to provide 24/7 outdoor access to overdose prevention resources.

Stocked with essential items like Narcan, fentanyl test strips, wound care kits, and COVID-19 test kits, it serves as a dynamic resource hub, with the potential for the inclusion of additional wellness supplies in the future.

In a parallel effort fueled by opioid settlement funds, the Saratoga County Department of Health is leveraging its Substance Use Surveillance System to strategically position NaloxBoxes throughout the county.¹² Drawing inspiration from Automated External Defibrillators (AEDs), these NaloxBoxes house prepackaged doses of nasal naloxone spray, offering bystanders a readily accessible means to save the life of someone experiencing an opioid overdose.

Saratoga County plans to distribute 35 NaloxBoxes to community organizations, businesses, and towns, strategically placing them in public spaces countywide. Additionally, the County is utilizing settlement dollars to acquire 10,000 drug disposal bags, empowering individuals to safely deactivate and dispose of unused medications.

This initiative not only reduces the risk of misuse, accidental ingestion, and overdose but also contributes to environmental preservation by preventing the contamination of drinking water and soil.



Investing in Technology Upgrades¹³

Saratoga County has also positioned itself as a pioneer among local health departments in New York State by becoming one of the first to purchase a Fourier Transform Infrared Spectrometer (FTIR), marking a significant technological advancement in the County's efforts to combat the opioid scourge.

This drug analysis tool plays a crucial role in shaping targeted interventions and keeping residents informed about evolving trends in the drug supply. The data obtained guides the development of timely and relevant public health messaging, including alerts for potential overdose spikes and advisories to the community.

It also facilitates the strategic planning of Narcan distribution events, ensuring that resources are deployed precisely where they are needed most.

Establishing Detox Programs¹⁴

Ulster County is earmarking \$410,400 in opioid settlement funds to create the region’s first Outpatient Detox Program. Forged in collaboration with the Samadhi Recovery Community Outreach Center, the medically supervised program will reduce the need for out-of-county detox and inpatient care. Samadhi has also received funding from the County to expand its licensed outpatient clinic and emergency housing facility. These strategic investments, supported by settlement dollars, address crucial gaps in Ulster County’s behavioral health continuum of care, ensuring a more comprehensive and responsive approach to the needs of individuals with substance use disorders on their road to recovery.



Mobile Crisis Services¹⁵

The Livingston County Department of Health conducted community roundtables to gather community input on how to use opioid settlement funds to expand and improve the service system in Livingston County. Mobile crisis services emerged as a priority for investment, leading to the allocation of funds to CASA-Trinity for the launch of a new mobile crisis program.

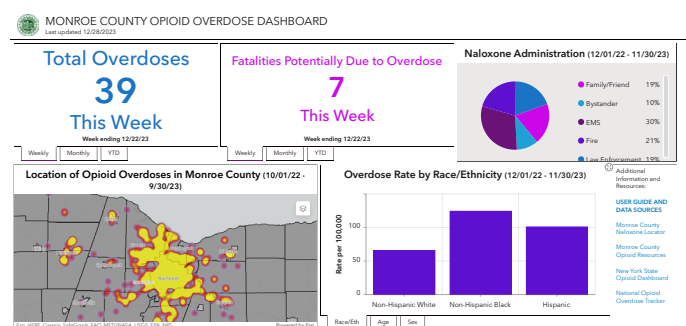
Staff will be accessible by phone to offer assistance, safety planning, and referrals. They will also be available to

provide in-person visits and hospital referrals as necessary. The program recognizes the need for after-hours care by behavioral health professionals and is expected to reduce unnecessary police transports, emergency room visits, and hospitalizations. CASA-Trinity was also awarded funds to build a lifesaving methadone program—another priority identified by the community.

Enhanced Data Sharing¹⁶

In January 2023, Monroe County unveiled a new community-wide opioid and fentanyl data dashboard that aggregates real-time information from law enforcement, emergency medical providers, and other sources into a single platform. Prior to its development, various agencies employed different data collection measures and timelines, making it difficult to fully comprehend and less useful for government agencies and other stakeholders.

The establishment of this innovative dashboard will bolster the County’s ability to combat the opioid crisis by giving policymakers, healthcare providers, law enforcement, academics, and community-based organizations a common database to build and measure their efforts.



Conclusion

This report shows examples of the tireless efforts of counties to combat the seemingly intractable opioid crisis and their unique ability to determine the best uses of settlement dollars for their communities. From emergency response and law enforcement initiatives to public health outreach and mental health support, counties play a central role in the battle against opioid abuse and weave a comprehensive safety net that encompasses the entirety of the crisis.

Through strategic planning, collaborative initiatives, and data-driven interventions, counties are using opioid settlement dollars not only to mitigate the impacts of the epidemic but also to foster hope, healing, and resilience within their communities. As the state and federal government develop plans for investing future settlement dollars and other funds, sustaining support for county initiatives will be essential to tackling this pervasive public health challenge and protecting the well-being of our communities.

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