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OASAS. Every Step of the Way.

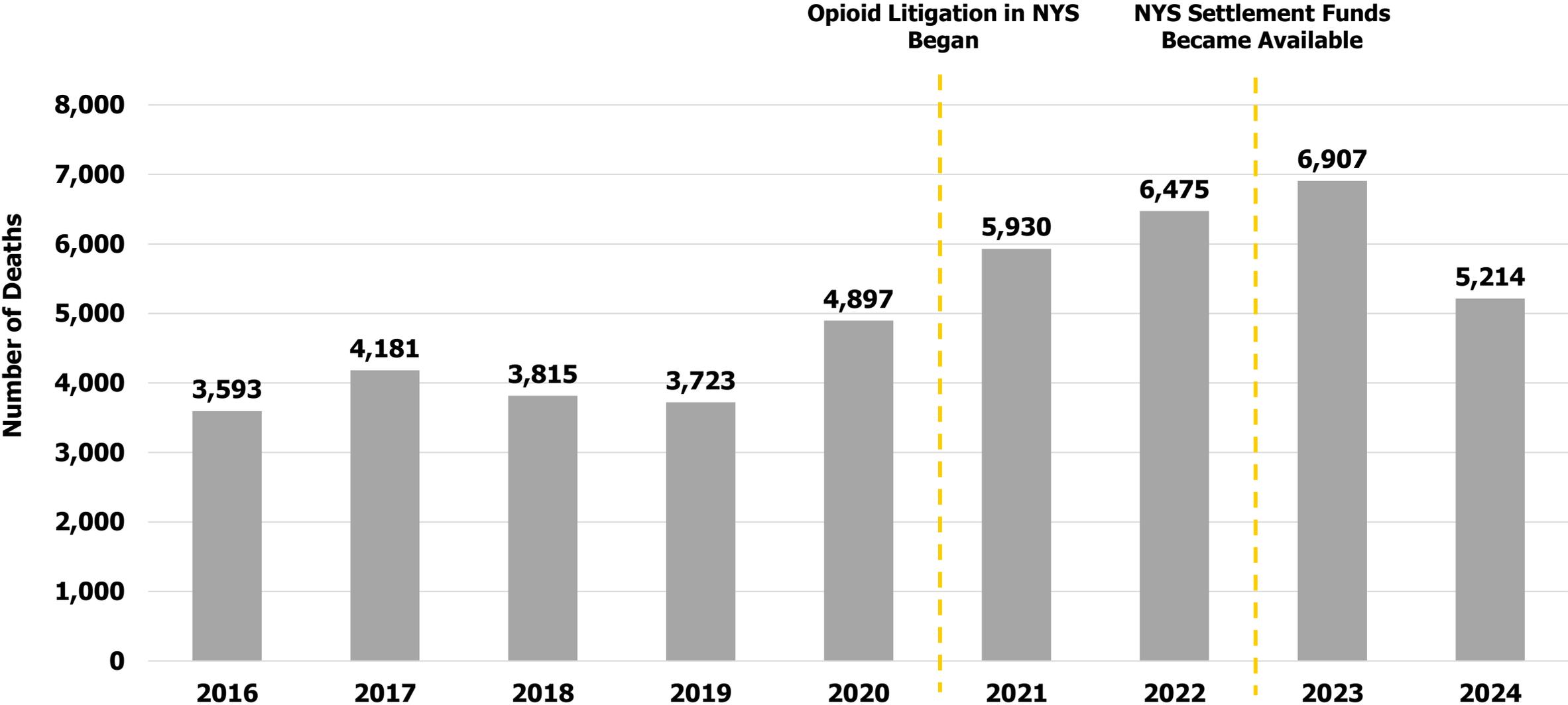# Opioid Settlement Fund Advisory Board

Impact Monitoring and Reporting

Chinazo Cunningham, MD, MS
Commissioner, New York State Office of Addiction Services and Supports (OASAS)
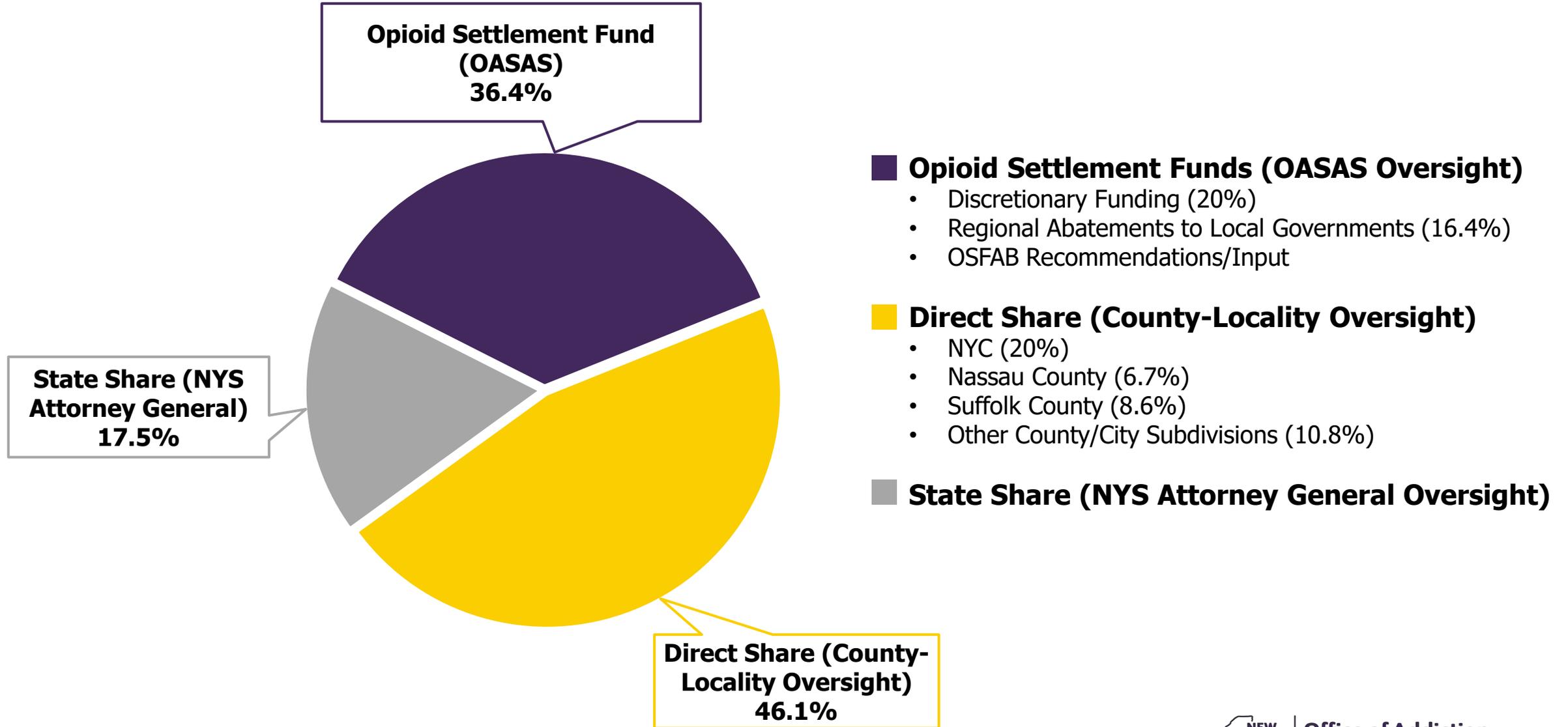
MARCH 5, 2025

NYS Overdose Deaths (2016-24)

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

NYS Opioid Settlements

Opioid Settlement Fund (OASAS) 36.4%

State Share (NYS Attorney General) 17.5%

Direct Share (County-Locality Oversight) 46.1%

■ **Opioid Settlement Funds (OASAS Oversight)**
- Discretionary Funding (20%)
- Regional Abatements to Local Governments (16.4%)
- OSFAB Recommendations/Input

■ **Direct Share (County-Locality Oversight)**
- NYC (20%)
- Nassau County (6.7%)
- Suffolk County (8.6%)
- Other County/City Subdivisions (10.8%)

■ **State Share (NYS Attorney General Oversight)**

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

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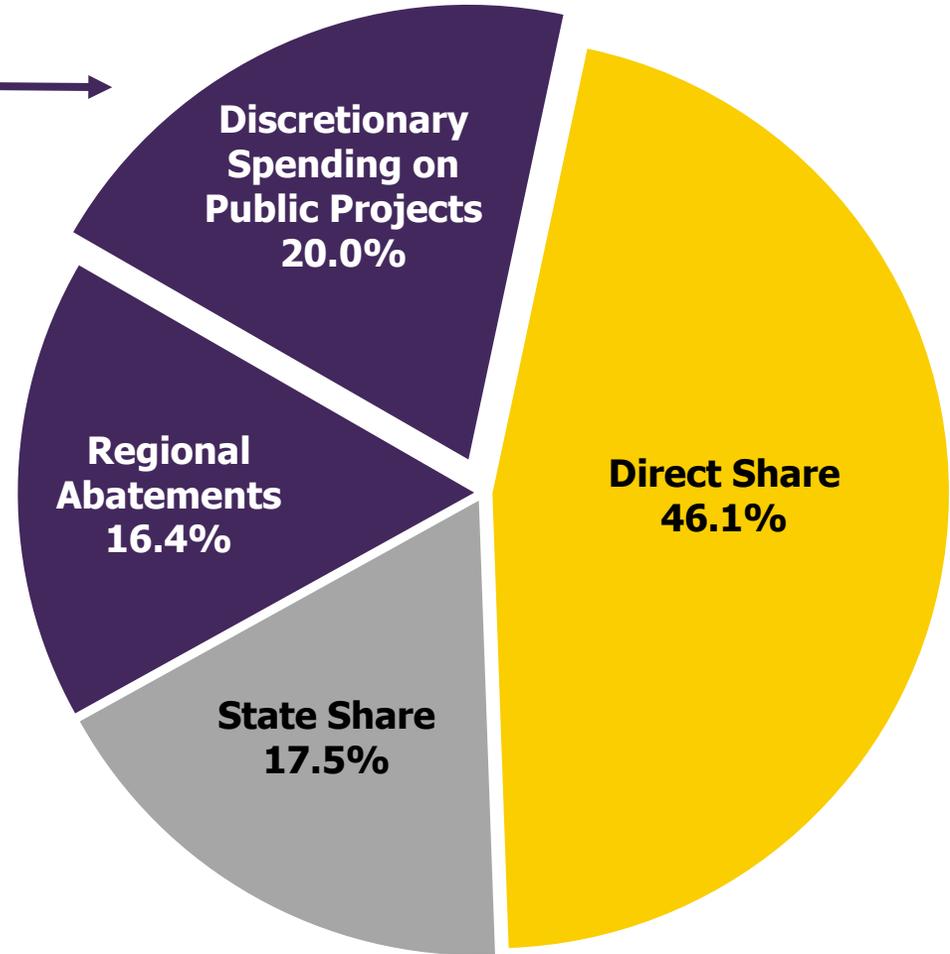
Monitoring and Reporting Leads

OASAS evaluation team

Opioid settlement funding that we are discussing today

OASAS evaluation team
Government-academic partnership
- Established using OSF Research funds
- Three-year initiative (2025-28)

Discretionary Spending on Public Projects
20.0%

Regional Abatements
16.4%

Direct Share
46.1%

State Share
17.5%

Developing Initiatives and Monitoring Impact

Environmental Scan

- OSFAB priorities
- Needs assessments
- Identify opioid burden & service gaps

Reporting and Monitoring Impact

- Use data to sustain implementation
- Use data to understand spending impact
- Provide public data to ensure transparency

Initiative Development

- OSFAB priorities
- Incorporate environmental scan findings
- Match priorities to funding
- Identify collaborations

Implementation

- Release requests for proposals
- Project management/technical assistance
- Data collection

Abbreviations: OSFAB, Opioid Settlement Fund Advisory Board

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Monitoring and Reporting Plan

Developed new data monitoring/reporting for OASAS-funded initiatives

- o Led by experienced OASAS research/evaluation staff

Ongoing evaluation plans:

- o Developed for new initiatives
- o Based on continuous quality improvement

Understand opioid settlement fund impact on:

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

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

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Routine Data Reporting by Initiative

- Evaluation includes initiatives implemented for at least **one year**

- Routine Reporting
  - Initiative aims
  - What the funding provides
  - Measures per initiative include:
    - **Volume:** Service visits to OSF-funded providers/programs
    - **Engagement:** Individuals engaged in OSF-funded services
    - **Key outcomes:** Tailored to specific initiatives

Abbreviations: OSF, Opioid Settlement Fund

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Opioid Settlement Fund Data

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

Online tracker

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

Initiatives with Year One Implementation Data

Low Threshold Buprenorphine

Outreach and **Engagement**

Connections to **Care**

Non-Medical Transportation

Harm Reduction Delivered

Scholarships and Paid Internships

Abbreviations: M, million

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Low Threshold Buprenorphine

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Low Threshold Buprenorphine: Aims and Funding

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

Funding Provides:
- Diagnosing opioid use disorder
- Prescribing buprenorphine
- Care management

Initiative launch date: Sep. 1, 2023

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

Months of funding: 36

Number of providers: 15

Funding: $22M

Priority Area: Harm Reduction

Abbreviations: M, million

Low Threshold Buprenorphine: Provider Locations

Provider Locations for Low Threshold Buprenorphine

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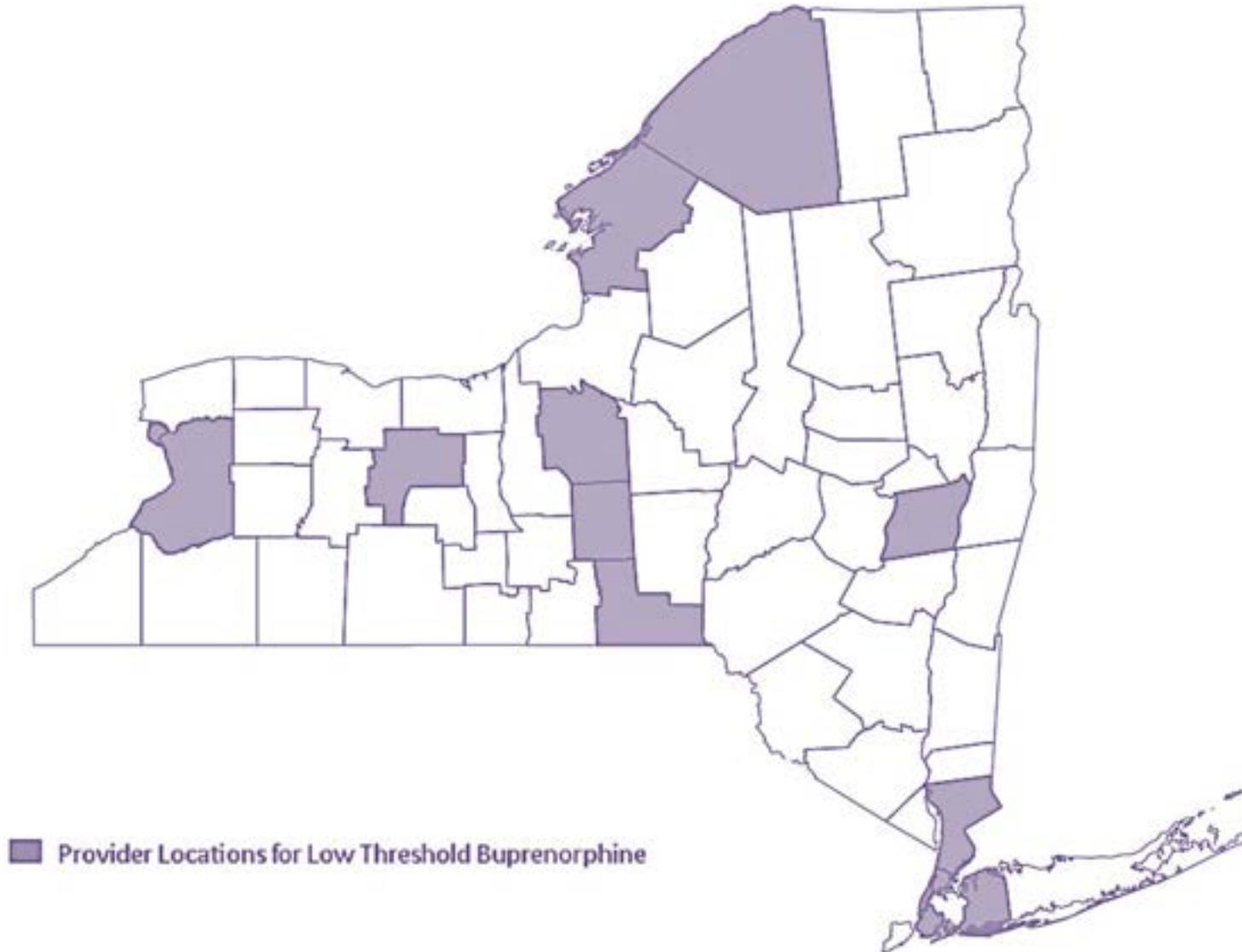
Low Threshold Buprenorphine: Volume and Engagement

Visit Locations
n= 7,881

Other
5.7%

Emergency
Department
6.7%

Telemedicine
23.7%

Mobile
13.3%

Outpatient Clinic
50.6%
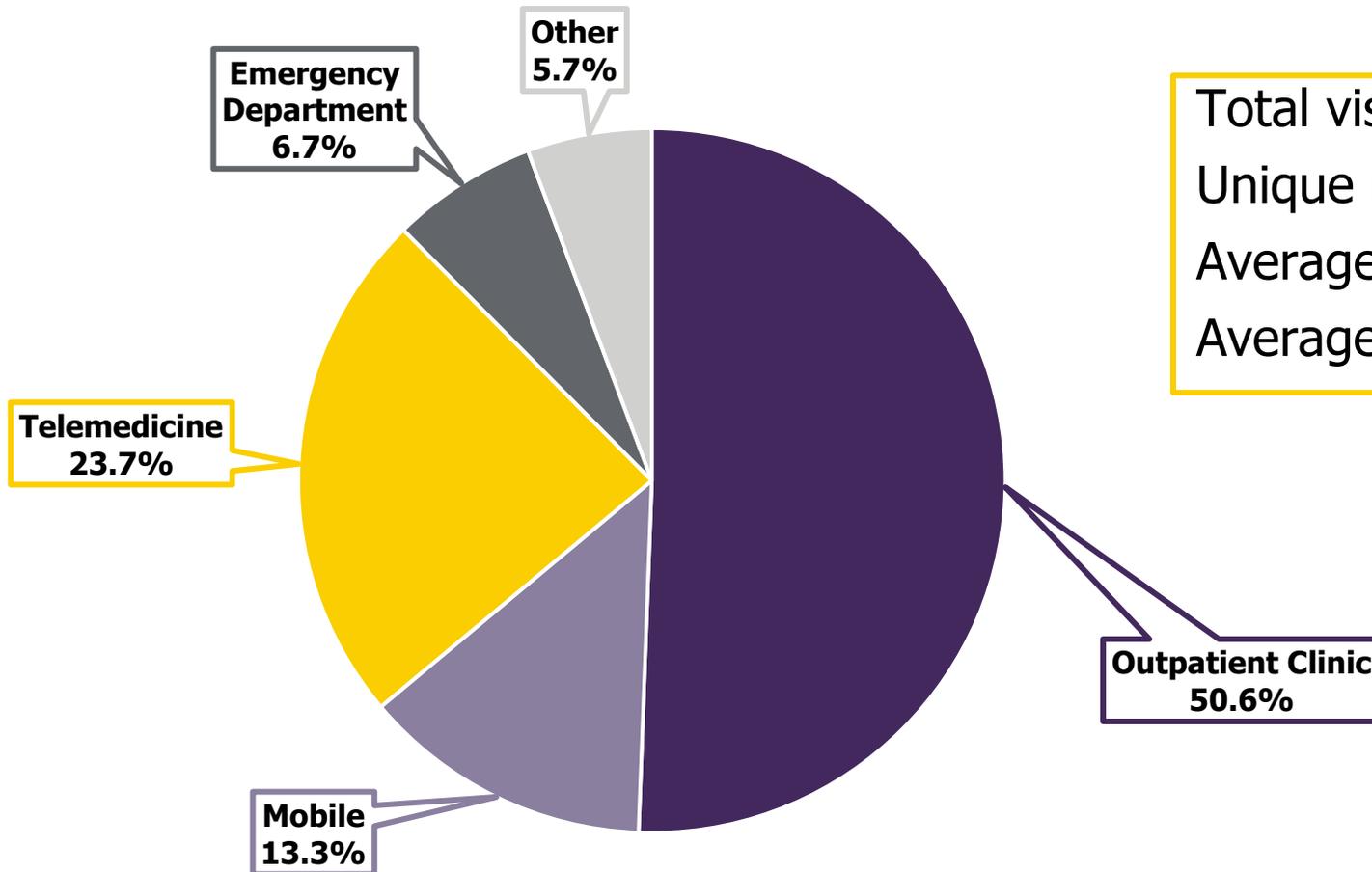
Total visits: **7,881**

Unique individuals: **2,052**

Average visits per individual: **3.9**

Average duration of visit: **30.9 minutes**

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Low Threshold Buprenorphine: Buprenorphine Initiation

Unique individuals (**2,052**):

- Reporting active opioid use: **808**

- Diagnosed with OUD: **403**

- Initiating buprenorphine: **278**

34.4% of those who reported active opioid use initiated buprenorphine

62.6% of those diagnosed with OUD initiated buprenorphine

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Low Threshold Buprenorphine: Activities Conducted
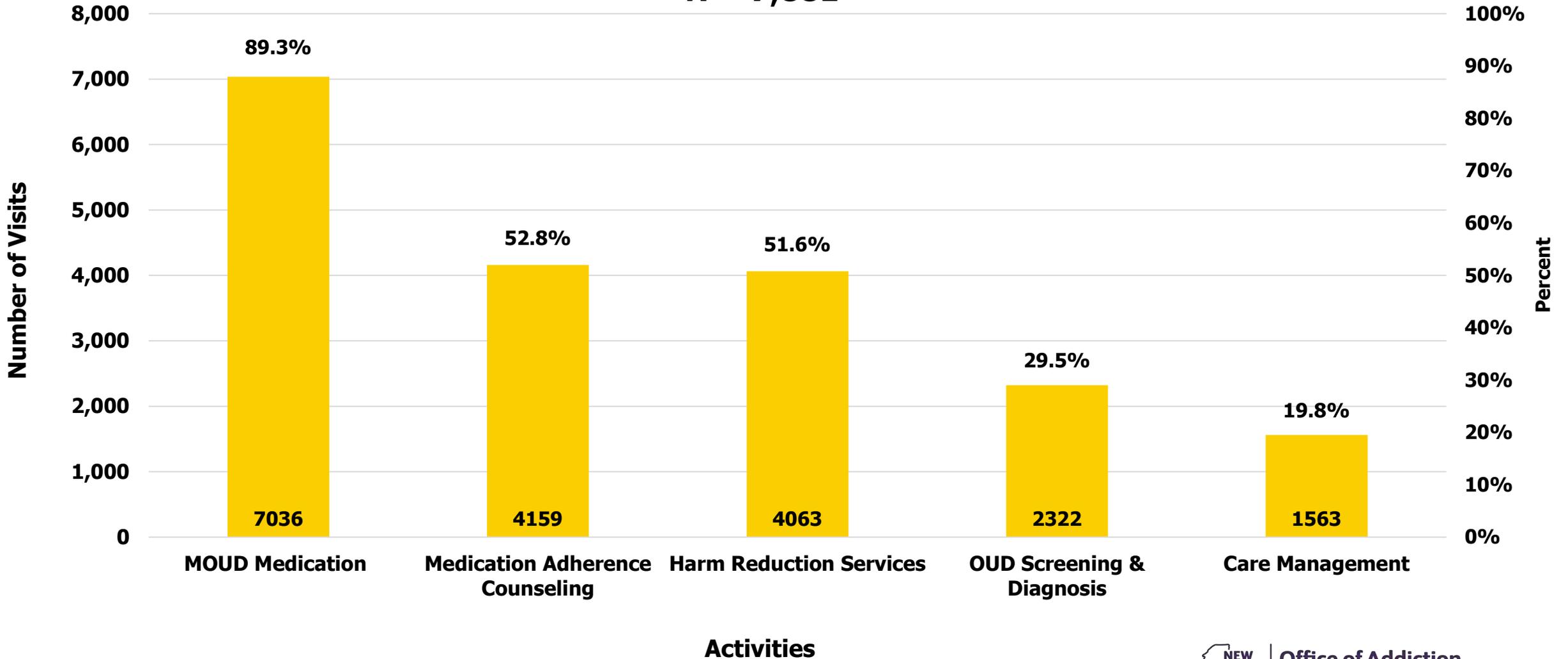
Low Threshold Buprenorphine: Provider Feedback

[A]n individual was unexpectedly released from incarceration at a court appearance and lacked access to MAT or a warm handoff. They heard about our program while incarcerated, showed up for help, and received buprenorphine, Narcan, and Narcan training.

Abbreviations: MAT, medication for addiction treatment

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Outreach and Engagement

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Outreach and Engagement: Aims and Funding

Initiative Aims:
- Outreach and engagement of underserved priority populations

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

Initiative launch date: Oct. 1, 2023
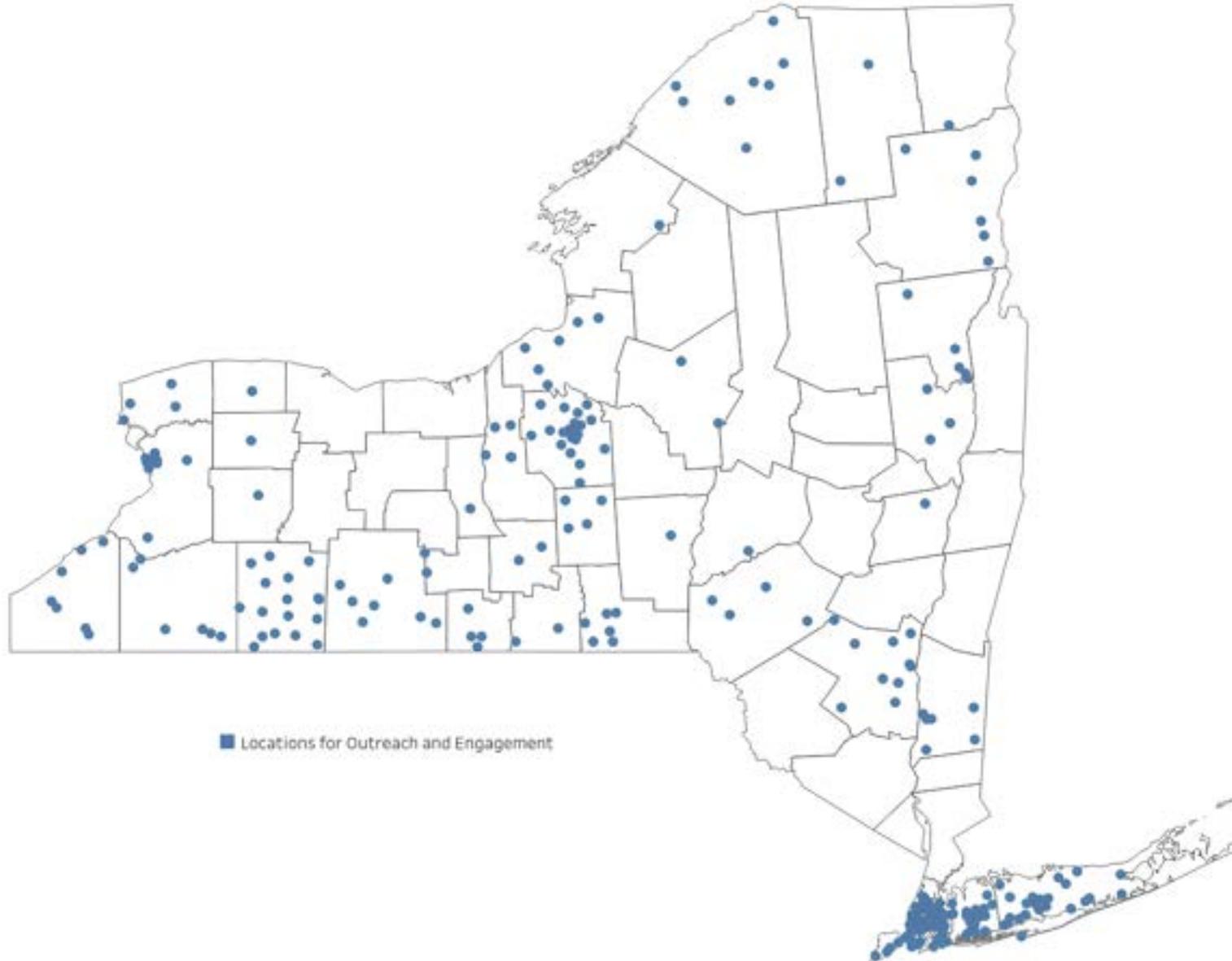
Data collection period: Feb. 1, 2024 – Jan. 1, 2025

Months of funding: 24

Number of providers: 18

Funding: $9M

Priority Area: Harm Reduction

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Outreach and Engagement: Visit Locations

■ Locations for Outreach and Engagement

Outreach and Engagement: Volume and Engagement

**Outreach Visit Locations
n= 3,217 stops**

Public setting, 63%

Criminal legal setting, 2%

Transitional/temporary housing, 12%
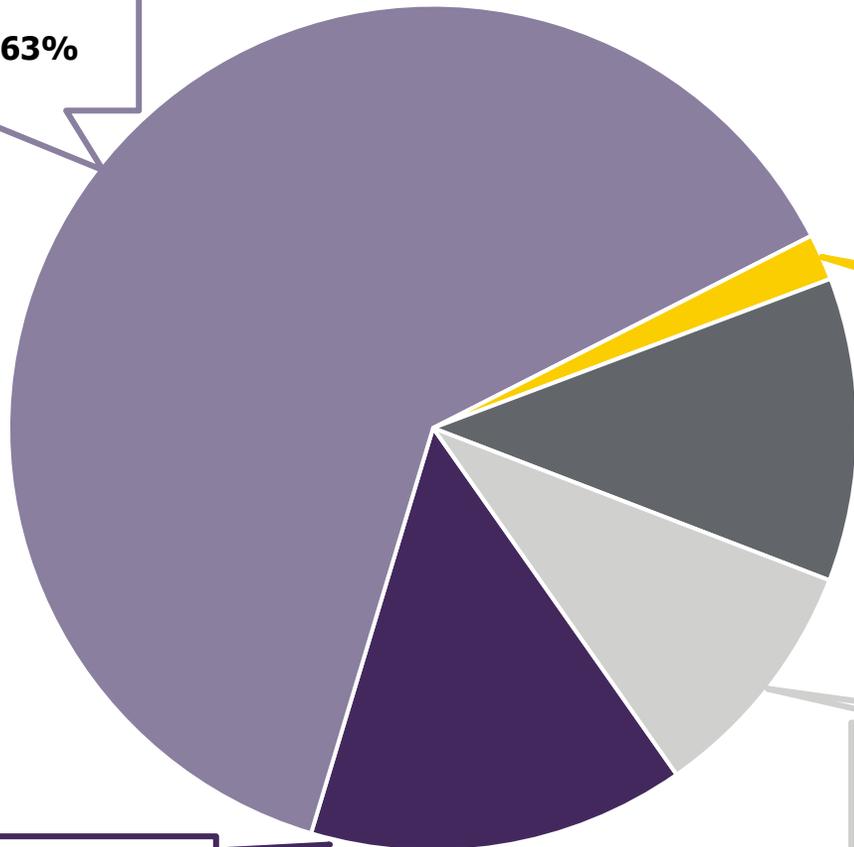
Other, 9%

Clinical or social service settings, 14%

Outreach stops: **3,217**

Counties served: **40**

Individuals provided services: **23,736**

Individuals newly receiving harm reduction supplies: **12,637**

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Outreach and Engagement: Harm Reduction Supplies

Total Supplies Provided
n= 33,298

Chart with Number of Supplies (left axis) and Percent of Total Supplies (right axis):

- **Naloxone Kits**: 25.6% — 8,520
- **Test Strips**: 29.2% — 9,731
- **Wound Prevention and Care Kits**: 9.0% — 2,994
- **Other Harm Reduction Supplies**: 9.1% — 3,037

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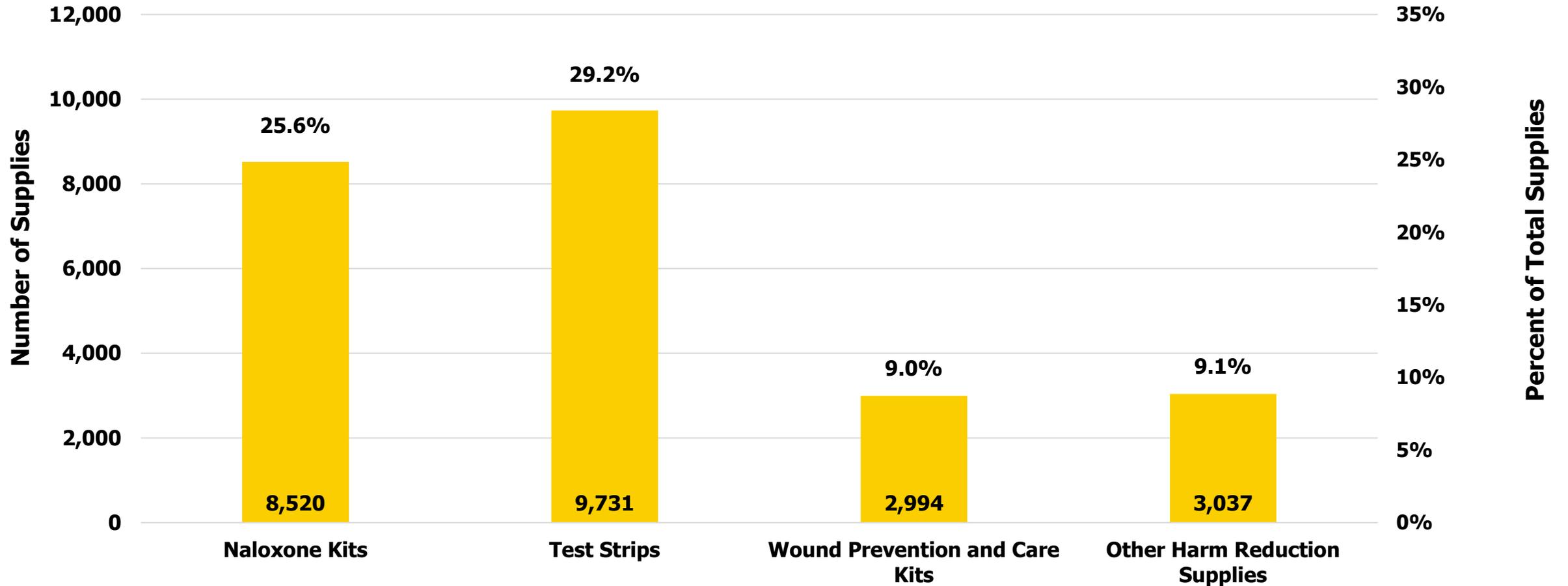
Outreach and Engagement: Provider Feedback

A middle-aged man with substance use disorder had lived in the woods for years, attempted suicide, and returned to homelessness after discharge from a behavioral health unit. With help from the outreach and engagement team, he entered inpatient treatment, found stable housing and medical care, and has maintained his recovery.

Connections to Care

Connections to Care: Aims and Funding

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

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

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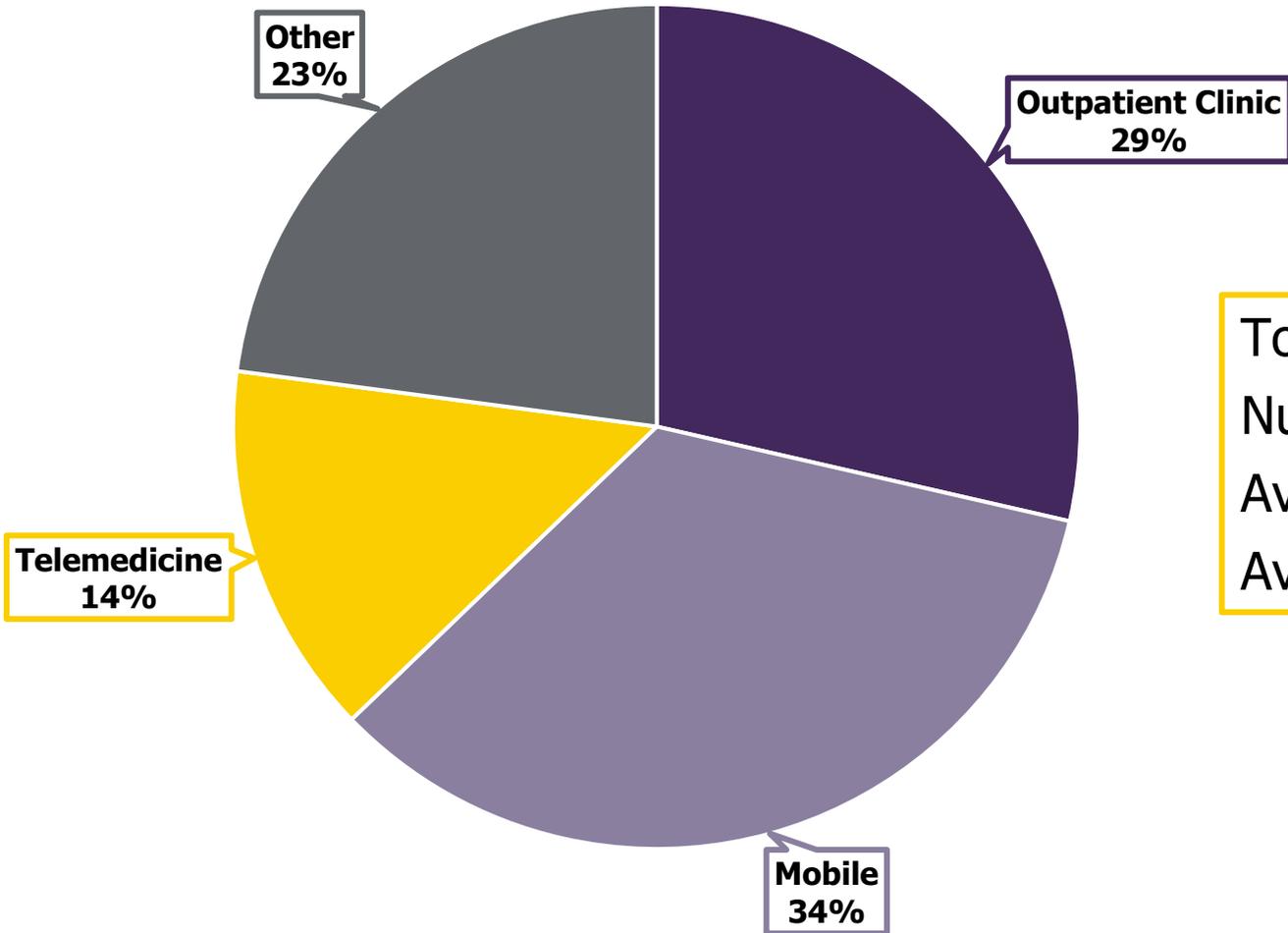**Number of providers**: 11
Months of funding: 36
Funding: $6M
Priority Area: Priority Populations

Abbreviations: M, million

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Connections to Care: Volume and Engagement

Visit Locations
n= 1,823

- Other 23%
- Outpatient Clinic 29%
- Telemedicine 14%
- Mobile 34%

Total visits: **1,823**

Number of unique individuals engaged: **818**

Average visits per individual: **1.7**

Average duration of visit: **31.8 minutes**

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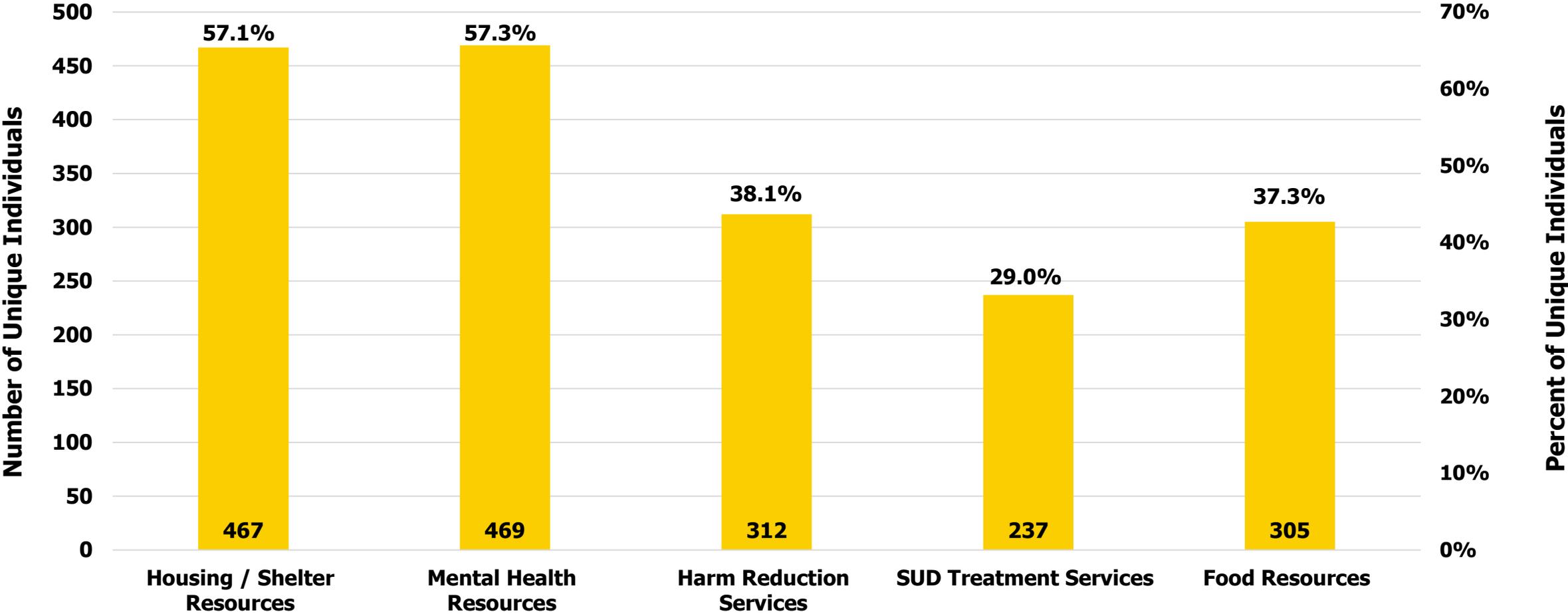# Connections to Care: Population Characteristics

- Transition age adults aged 18-25 years: **12.2%**
- Unstably housed or experiencing homelessness: **75.9%**
- Mental health condition: **77.0%**
- Pregnant or postpartum: **7.6%**

Note: Percentages are of total individuals (n, 818)

# Connections to Care: Health and Social Needs

Unique Individuals
n= 818

Number of Unique Individuals | Health and Social Service Needs | Percent of Unique Individuals

Housing / Shelter Resources	Mental Health Resources	Harm Reduction Services	SUD Treatment Services	Food Resources
57.1%	57.3%	38.1%	29.0%	37.3%
467	469	312	237	305

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

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Connections to Care: Activities Conducted

Visits
n= 1,823
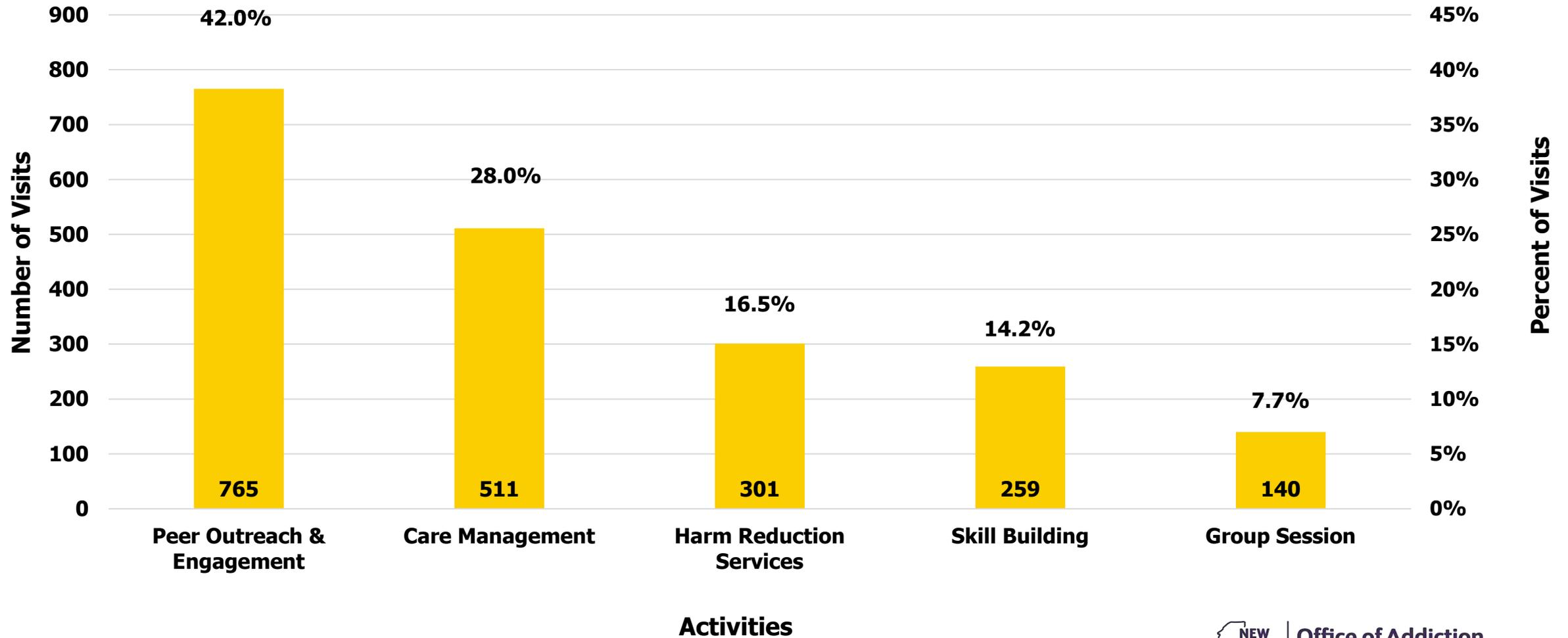
Note: A single individual could be seen for multiple visits and so, the number of visits is greater than the number of individuals

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Non-Medical Transportation

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Non-Medical Transportation: Aims and Funding

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

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

Initiative launch date: Jan. 1, 2024
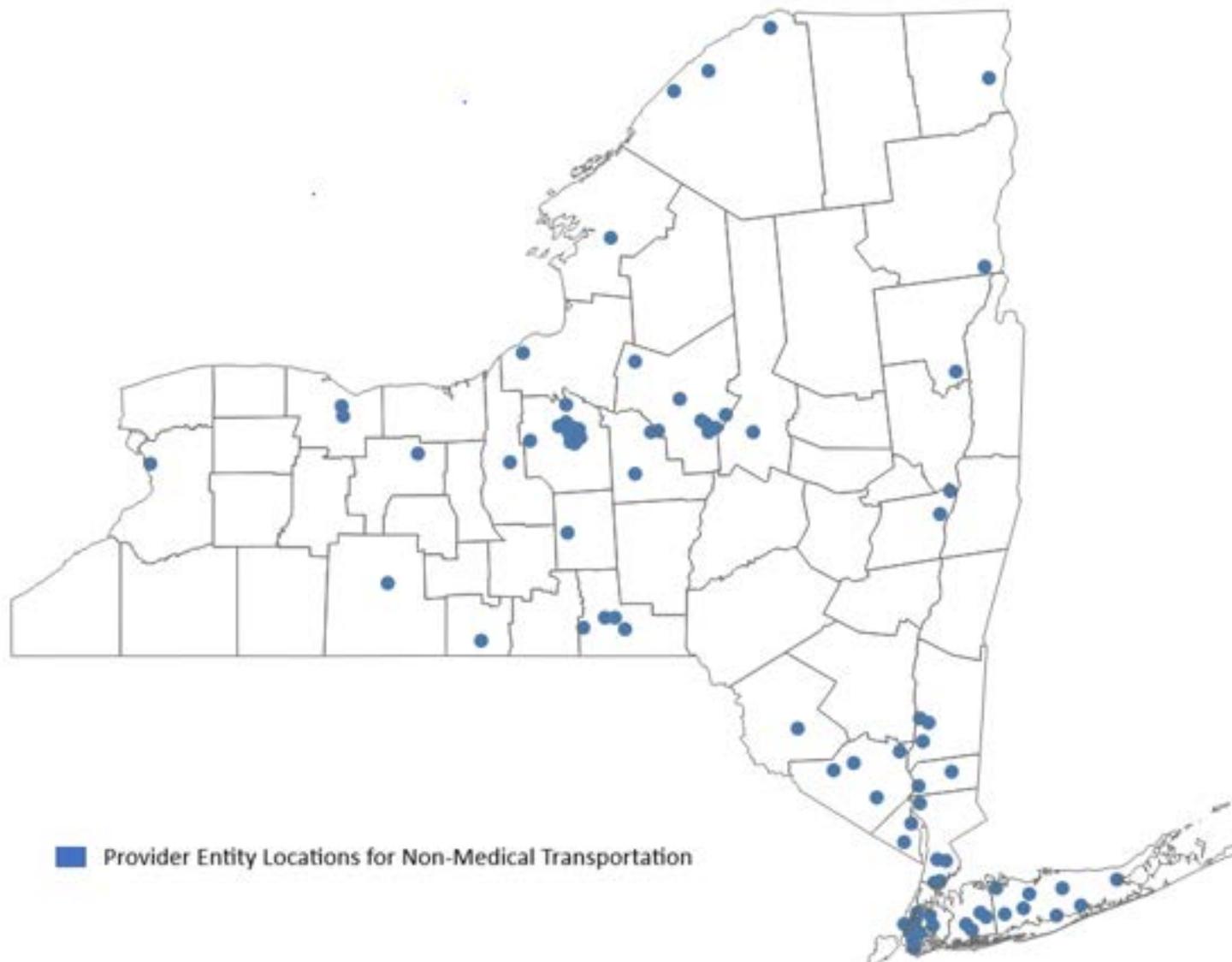**Reporting Period**: Jan. 1, 2024 – Nov 30, 2024
Number of providers: 14
Months of funding: 60 months
Funding: $16M
Priority Area: Transportation

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

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Non-Medical Transportation: Funded Provider Locations

Provider Entity Locations for Non-Medical Transportation

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

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Non-Medical Transportation: Volume & Engagement

- Total rides:
  45,750

- Total ride milage:
  716,595 miles

- Average mileage per ride:
  5.7 miles

Total Rides
n = 45,750

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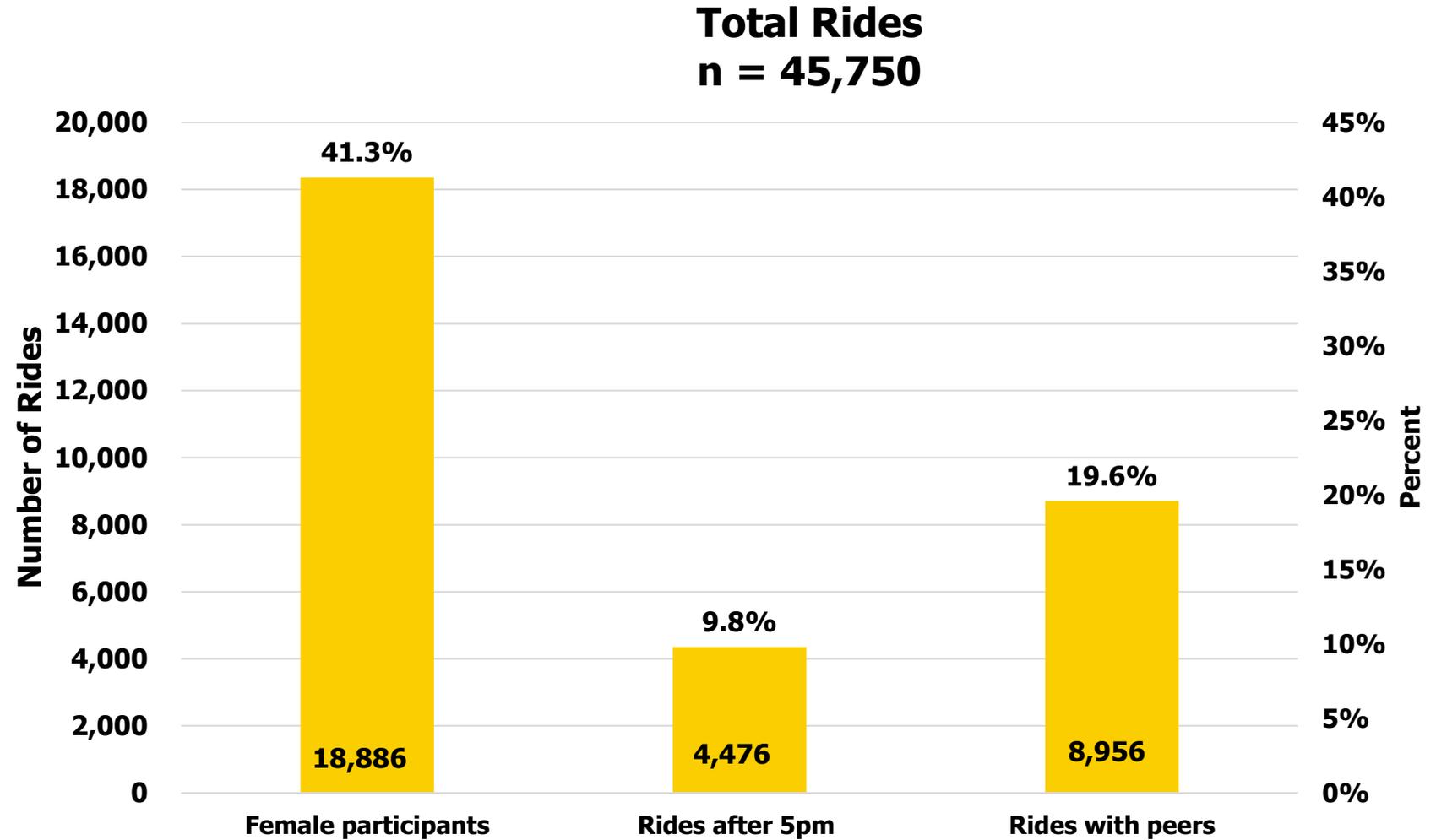
Non-Medical Transportation: Participant Feedback

- *"I would have never got to court…helped me so much I'm going back to getting peer services now."*

- *"This service is awesome!"*

- *"Saved my life, and nerves, getting to my appointment—thank you so very much!"*

- *"Thank you for the encouragement on my way to getting healthy again!"*

- *"This was essential in getting to my treatment. Thank you so much for this service."*

Harm Reduction Delivered

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Harm Reduction Delivered: Aims and Funding

Initiative Aims:
- Provide free, online, on-demand harm reduction supplies

What Funding Provides:
- Fentanyl test strips
- Xylazine test strips
- Naloxone
- Shipping and packaging

Initiative launch date: May 1, 2023

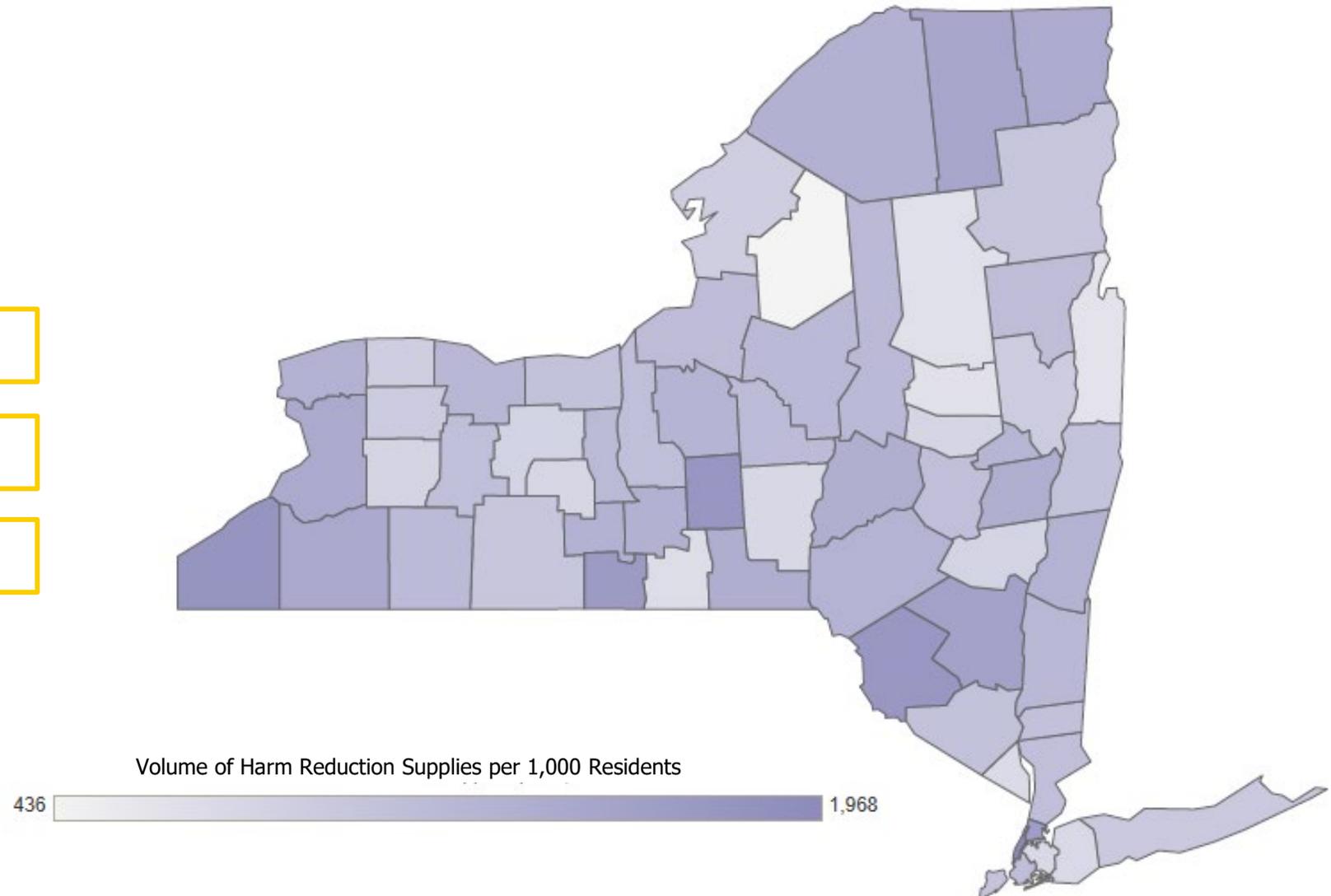**Data collection period**: May 1, 2023 – Jan. 31, 2025

Funding: $25.7M

Priority Area: Harm Reduction

Abbreviations: M, million

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Harm Reduction Delivered: Volume by County

Naloxone: **258,412**

Fentanyl test strips: **12,732,795**

Xylazine test strips: **9,588,710**

Volume of Harm Reduction Supplies per 1,000 Residents

436   1,968

Note: Rates were calculated using 2023 NYS county population data

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Feedback from Naloxone Recipient

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

Scholarships

Scholarships: Aims and Funding

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

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

Initiative launch date: Mar. 1, 2023
Reporting Period: Jan. 26, 2024 – Dec. 31, 2024
Number of Education Partners: 28
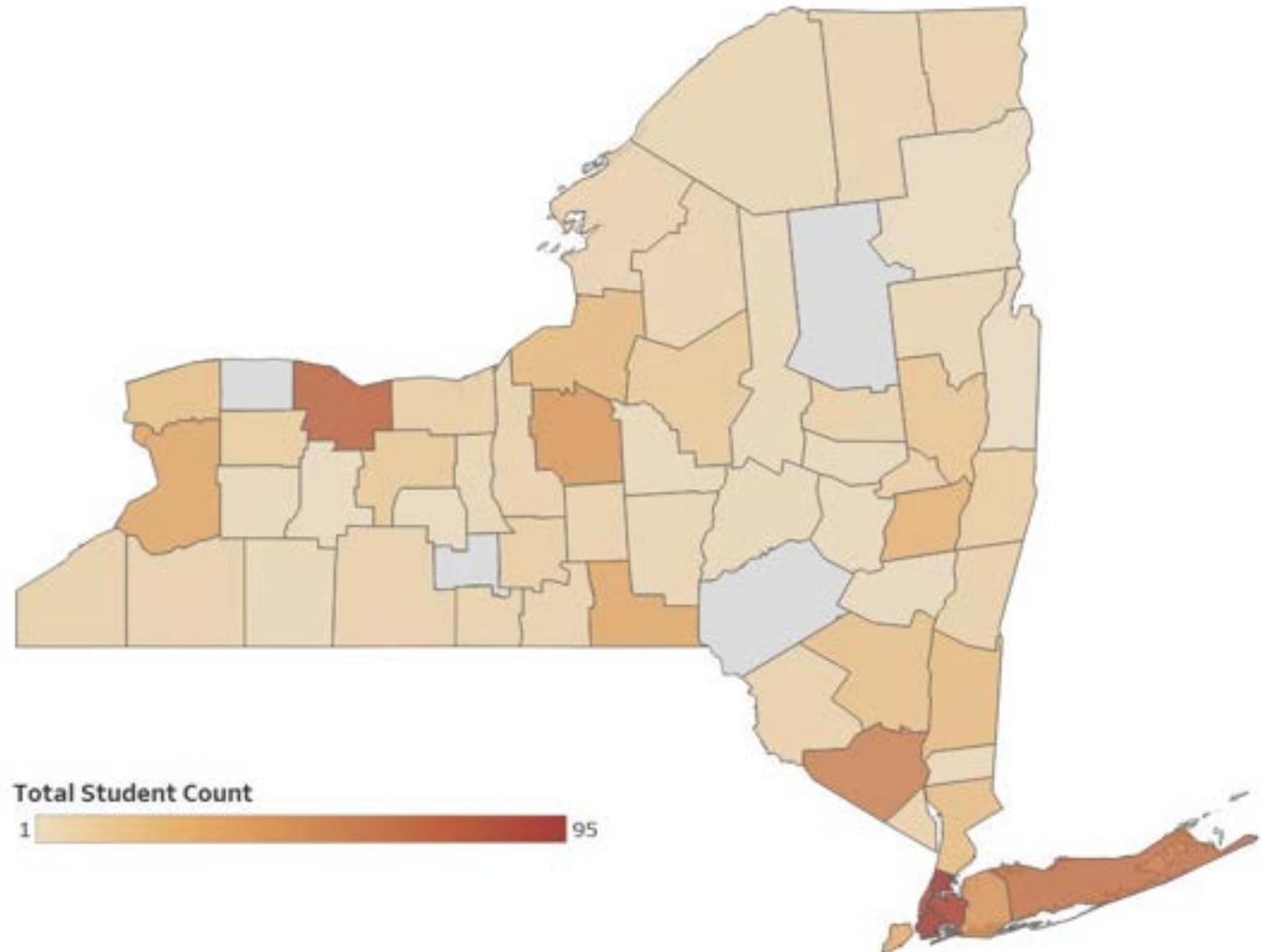**Months of funding**: 28 – 63, depending on program
Funding: $25M
Priority Area: Investments Across the Continuum

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Scholarships: Recipient County of Residence
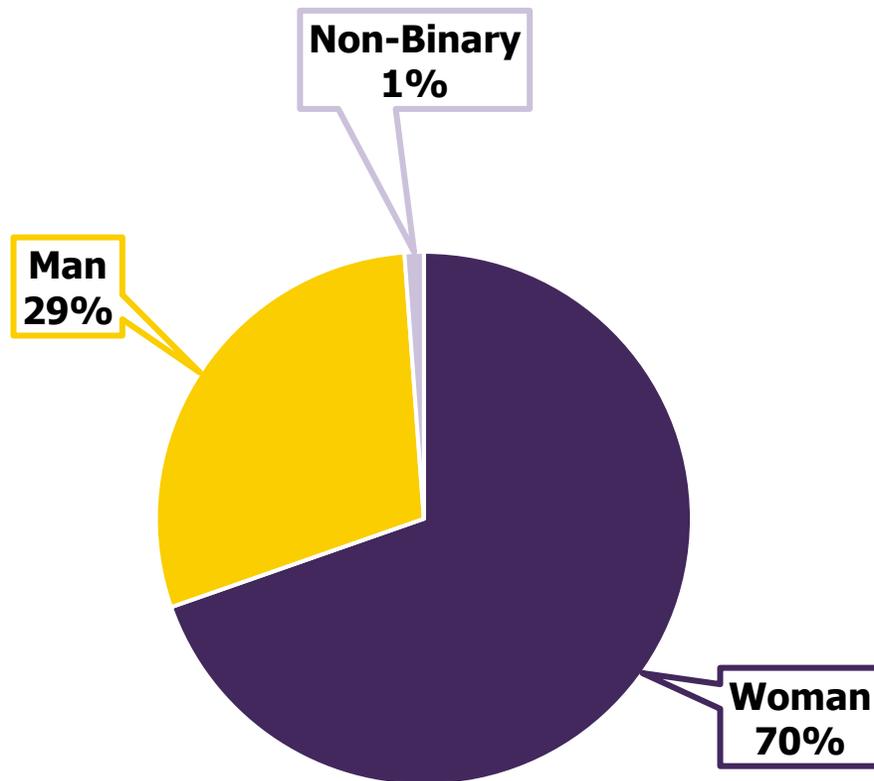
Top 10 Counties with Greatest Number of Recipients:

- Bronx   95
- Kings   93
- Queens   87
- New York   80
- Monroe   70
- Suffolk   62
- Orange   53
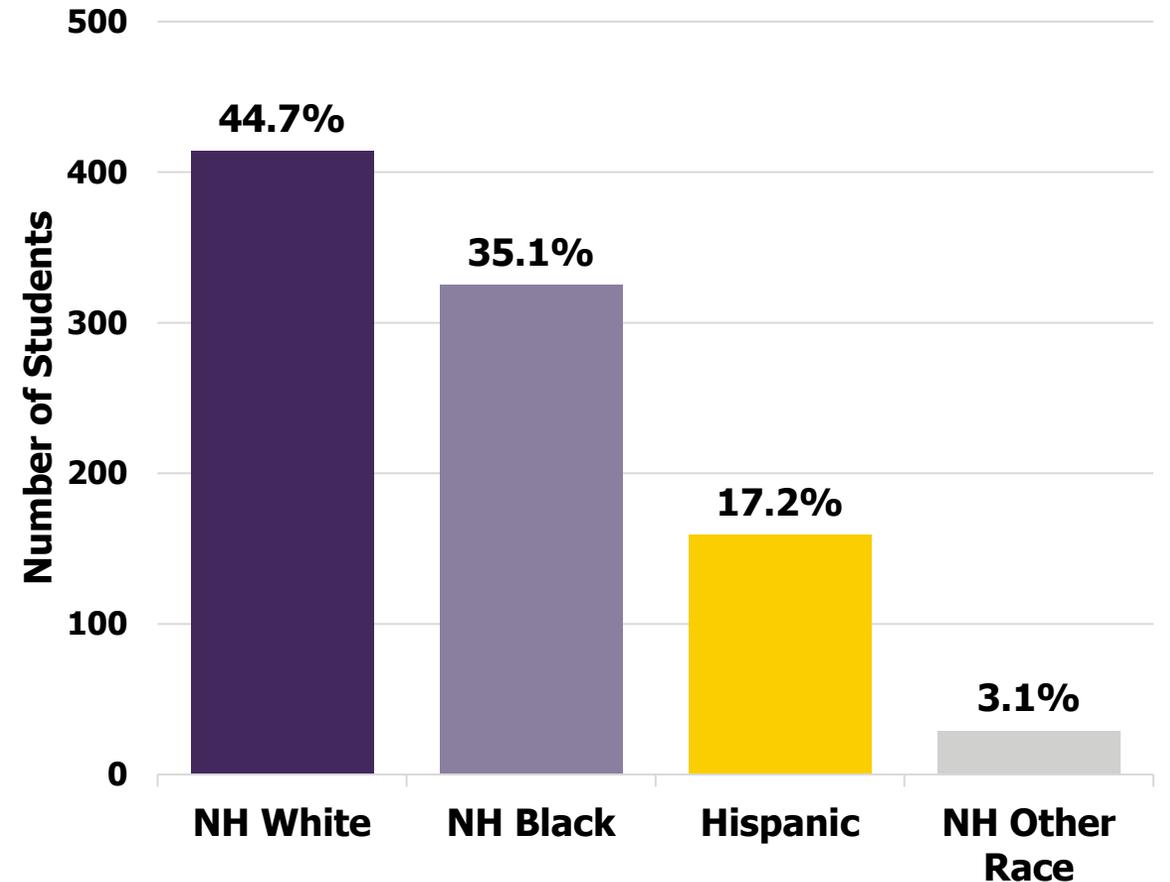- Nassau   42
- Onondaga   40
- Erie   31

Total Student Count

1 ————————————— 95

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Scholarships: Population Characteristics

Gender Identity

Non-Binary
1%

Man
29%

Woman
70%

Race/Ethnicity

Number of Students

500
400
300
200
100
0

44.7%
35.1%
17.2%
3.1%

NH White | NH Black | Hispanic | NH Other Race

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Feedback from Scholarship Recipient

Being just a few years sober, working 7 days a week, and not having a stable living situation makes things difficult for me. The opportunity to go to school for free and to take classes...is not something I take lightly...Because of OASAS I will be the first in my family to graduate college and...take the next step of fulfilling my life's purpose which is to spread the message of recovery to as many people as I can.

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