

Staten Island Fentanyl and Overdose Task Force Final Report and Recommendations for Action



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Staten Island Fentanyl Task Force
Report and Recommendations for Action

Background

The Centers for Disease Control and Prevention (CDC) reports that over 111,000 people died in the U.S. from opioids between April 2022 to April 2023. While nationally there has been a leveling off of opioid deaths at 111,000 deaths a year, that has not been the case in New York state. Deaths in New York state from opioids have risen at a rate of 10% a year and are now at 7,000 people per year. In recent years, the biggest impact of these deaths has been in communities of color.

On Staten Island, it is anticipated that over 150 people died of overdoses in 2023, adding to the more than 830 people that died of overdoses since 2016 in the borough.

Fentanyl, which is 50-100 times more powerful than morphine, has been the direct cause of the dramatic increase in overdose deaths in New York. In 2022 and 2023, fentanyl was present in approximately 80% of overdose deaths in New York City. Compare that to it being present in just 2% of all overdoses from 2000-2012.

Fentanyl attaches to the brain's opioid receptors and breaks through the blood/brain barrier more quickly than other opioids. Its absorption by the body is so quick that it stops people's breathing before they even realize it, meaning that even just one exposure to fentanyl could prove lethal. However, because fentanyl is processed so quickly by the body, the opportunity of exposure is greater because withdrawal is onset faster and therefore uses typically more frequent.

In response to the escalating loss of life and crisis brought on by fentanyl, the Staten Island Fentanyl Task Force ("Task Force") was formed in September 2023 by Staten Island District Attorney Michael E. McMahon and Borough President Vito J. Fossella. The Task Force is comprised of local leaders in law enforcement, government, health care, treatment and recovery, and importantly also those battling addiction illness and their loved ones.

The Task Force's creation became essential after Governor Hochul inexplicably vetoed legislation last year, sponsored by former Staten Island elected officials Assemblyman Michael Cusick and Senator Diane Savino, to create a statewide Fentanyl Task Force. She then later announced the creation of an interagency task force of members of her own administration without any input from providers, local law enforcement, or families or individuals with lived experience. The Staten Island Task Force was formed shortly thereafter to provide a more comprehensive, diversified, on-the-ground perspective on strategies needed to combat this life and death crisis in our borough.

The goals of the Staten Island Task Force have been to facilitate a meaningful and comprehensive dialogue on the state of the fentanyl and opioid crisis and to produce real policy and legislative and funding recommendations to city, state, and federal lawmakers for urgent implementation.

Members of the Staten Island Fentanyl Task Force include:

Staten Island District Attorney Michael E. McMahon
Staten Island Borough President Vito J. Fossella
Dr. Brahim Ardolic, Executive Director, Staten Island University Hospital (SIUH)
Dan Messina, President and CEO, Richmond University Medical Center (RUMC)
Dr. Joe Conte, Executive Director, Staten Island Performing Provider Systems
Adrienne Abbate, Executive Director, Staten Island Partnership for Community Wellness
Diane Arneth, Executive Director, Community Health Action of Staten Island (CHASI)
Alexandria Presepe, Director of Criminal Justice Initiatives, CHASI
Maria Bautista, Supervisor of Peer Recovery, CHASI
Emilie Tippins, Vice Chair, CHASI
Jackie Filis, Executive Director, YMCA
Alyssa Calandra, Director, Criminal Justice Programs, Center for Justice Innovation
Sonila Kada, Project Director, Center for Justice Innovation
Luke Nasta, Chief Executive Officer, Camelot
Pastor Joe Chevere, Celebrate Recovery Group Leader, Celebrate Hope Recovery Center
Lauren Batthany, Program Director, Samaritan Daytop Village
Gary Butchen, Executive Director, Bridge Back to Life
Kalliope Angelos-Caceres, Corporate Compliance Officer, Bridge Back to Life
Reverend Terry Troia, Executive Director, Project Hospitality
Patricia O'Rourke, Grief Recovery After a Substance Passing (GRASP)
Mary Han, Certified Recovery Peer Advocate, Staten Island Performing Provider Systems
Stacy Bruno, Senior Director of Operations, SIUH
Adam Zaher, Catch Team Director and Supervisor of Behavioral Health, SIUH
Joanne Asparro, Methadone Specialist, SIUH
William Amaniera, Assistant Vice President, Emergency Services and Public Safety, RUMC
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Dr. Ginny Mantello, Director of Health and Wellness, Staten Island Borough President's Office
Paul Schweitzer, YMCA
Adam Routhier, CHASI
Daniel Savino, CHASI
Sal Vanuto, CHASI

Mark and Maura Grunlund
Maria Langan, Samaritan Daytop Village
Sharlene Henry, Project Hospitality
Benny Sostre, Bridge Back to Life
Allison Ameneiros, Camelot
Chaplain Dayna Silvio, Camelot
Troy Schaffer, Camelot
Jennifer Colindres, United Activities Unlimited
Bob Mikos, Youth Prevention Manager, The Lesbian, Gay, Bisexual & Transgender Community Center
Ashley Owen, Behavioral Health Manager, Staten Island Partnership for Community Wellness
Makeda Andargachew, TYSA Behavioral Health Coordinator
Kristine Nuzzela, Director of Prevention & Intervention Services for Staten Island, NYCDOE/Office of School and Youth Development
Timothy J. Koller, Chief Assistant District Attorney, RCDA
Tuesday Muller-Mondi, Executive Assistant DA for Special Victims & Pathways to Justice, RCDA
Ashleigh J. Owens, Chief of Staff, RCDA
Michele Molfetta, Chief, Narcotics Investigation Bureau, RCDA
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Amanda Wexler, Clinical Director of Diversion & Victims' Services, RCDA
Timothy Pezzoli, Deputy Bureau Chief of Appeals and Legislative Coordinator, RCDA
Lauren Kaufman, Alternatives to Incarceration Administrative Coordinator, RCDA
Austin Johnson, Peer Recovery Mentor, RCDA
David Claros, Peer Recovery Mentor, RCDA
Andrew Crawford, Director of Community Partnerships & Intergovernmental Affairs, RCDA
Francesca Gallelli, Community Liaison, RCDA

Special thanks are owed to New York City's Special Narcotics Prosecutor Bridget Brennan and her team, including Susan Lanzatella, Leonard Rizzo, and Kati Cornell, as well as to Rob Kent, former general counsel at the White House's Office of National Drug Control Policy, and members of the New York City Police Department: Assistant Chief Joseph M. Gulotta, Inspector Mark C. Molinari, Sergeant Angel Melendez, and Detective Arthur Truscelli, all who contributed their expertise and provided advice to the Task Force.

The Task Force met six times from October 2023 through January 2024. At each meeting a presentation was made by subject matter experts and a subsequent discussion was facilitated on a particular facet of the fentanyl and opioid crisis. For each presentation to the entire Task Force, smaller subcommittee or preparation meetings were held with groups of task force members in advance. From these meetings, recommendations were made that have been included in this report. The agenda of meetings held is listed below:

Inaugural Meeting of the Staten Island Fentanyl and Overdose Task Force

Wednesday, October 18, 2023, 1-3PM

Agenda Overview

1. Overview of the Opioid Epidemic and Structure of the Task Force presented by the Richmond County District Attorney's Office.
2. Presentation by Bridget Brennan and the Office of the Special Narcotics Prosecutor.

The Opioid Epidemic Through the Lens of Law Enforcement and the Richmond County District Attorney's Office

Wednesday, November 1, 2023, 1-3PM

Agenda Overview

1. Presentation by New York City Police Department and the Richmond County District Attorney's Office on the Overdose Response Initiative, notable cases & narcotics criminal case trends, HOPE and other ATI programs, the "Hotspotting" Program, Overdose and Treatment Trends on Staten Island, and the Challenges Faced in the Legal System when Addressing the Opioid Epidemic on Staten Island.
2. Discussion to Follow with Other Local Law Enforcement Agencies Present and Proposal of Legislative or Policy Recommendations.

The Opioid Epidemic Through the Lens of Education, Prevention & Harm Reduction Providers

Wednesday, November 15, 2023, 1-3PM

Agenda Overview

1. Presentation by Tackling Youth Substance Abuse (TYSA) on Prevention, Education, & Awareness of Substance Use Disorder and Opioid Use Disorder on Staten Island, and the Challenges and Resources needed to effectuate more effective prevention measures.
2. Discussion to Follow with Other Coalition Partners Present and Proposal of Legislative or Policy Recommendations.

The Opioid Epidemic Through the Lens of Staten Island Hospitals, Healthcare & Treatment Providers

Wednesday, November 29, 2023, 1-3PM

Agenda Overview

1. Presentation facilitated by the Staten Island Performer Providing System (SIPPS) with input from Local Staten Island Hospitals, Healthcare, and Treatment Providers on their Findings and Challenges in Treating Overdoses, Substance Use Disorder and Opioid Use Disorder on Staten Island.

2. Discussion to Follow with Other Healthcare and Treatment Providers Present and Proposal of Legislative or Policy Recommendations.

The Opioid Epidemic Through the Lens of Peers, People in Recovery, and Their Families

Wednesday, December 13, 2023, 1-3PM

Agenda Overview

1. Anecdotes provided by peers, people in recovery, and families who have lost loved ones to overdose on their challenges in recovery and seeking support and what is still needed from treatment providers, healthcare, and law enforcement to combat the opioid epidemic.
2. Discussion to Follow with Legislative or Policy Recommendations.

Presentation of the Policy Recommendations of the Staten Island Fentanyl and Overdose Task Force Report to Legislators and Press Conference

Wednesday, January 10, 2024, 1-3PM

Agenda Overview

1. Final Meeting to review the recommendations of the Staten Island Fentanyl and Overdose Task Force Report and hold press conference announcing recommendations.
2. The Staten Island Fentanyl and Overdose Task Force Report will be sent to all local, city, and state elected officials.

State of the Fentanyl and Drug Crisis on Staten Island

The Human Toll

The Centers for Disease Control and Prevention (CDC) reports that over 111,000 people died in the U.S. from opioids between April 2022 to April 2023. While nationally there has been a leveling off of opioid deaths at 111,000 deaths a year, that has not been the case in New York state. Deaths in New York state from opioids have risen at a rate of 10% a year and are now at 7,000 people per year. In recent years, the biggest impact of these deaths have been in communities of color.

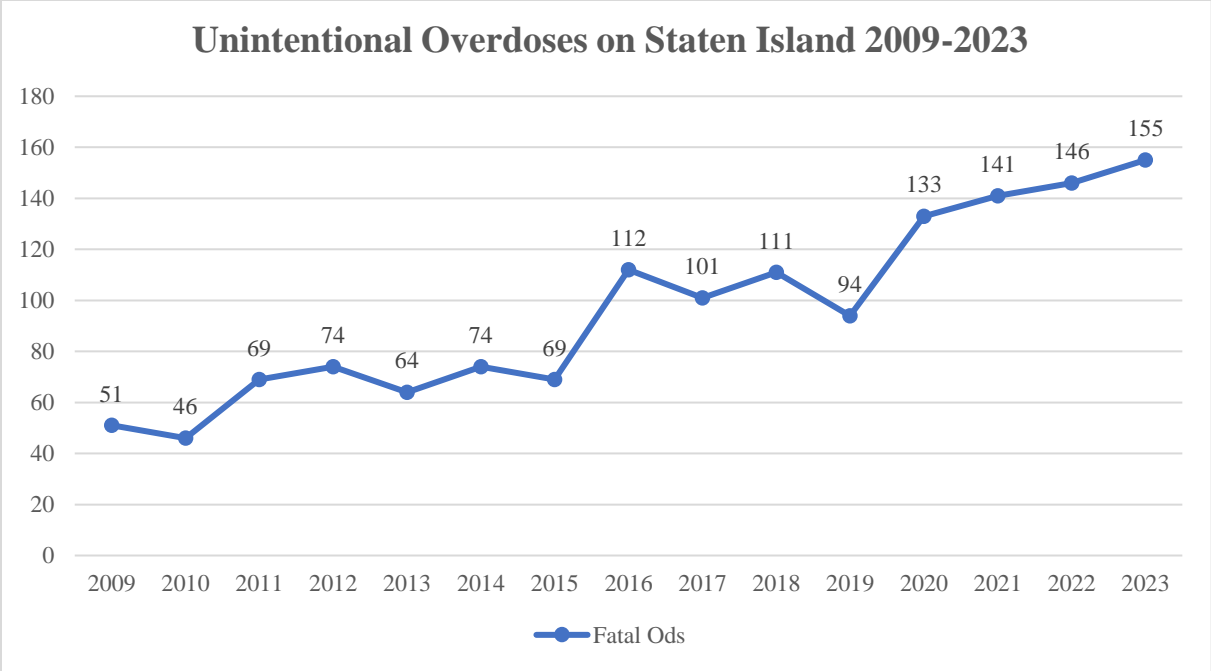
On Staten Island, it is anticipated that over 150 people died of overdoses in 2023, adding to the more than 830 people that died of overdoses since 2016 in the borough.

Staten Island Fatal Overdoses 2016-2023

Year	Fatal Overdoses
2023*	155
2022	146
2021	141
2020	133
2019	94
2018	111
2017	101
2016	112

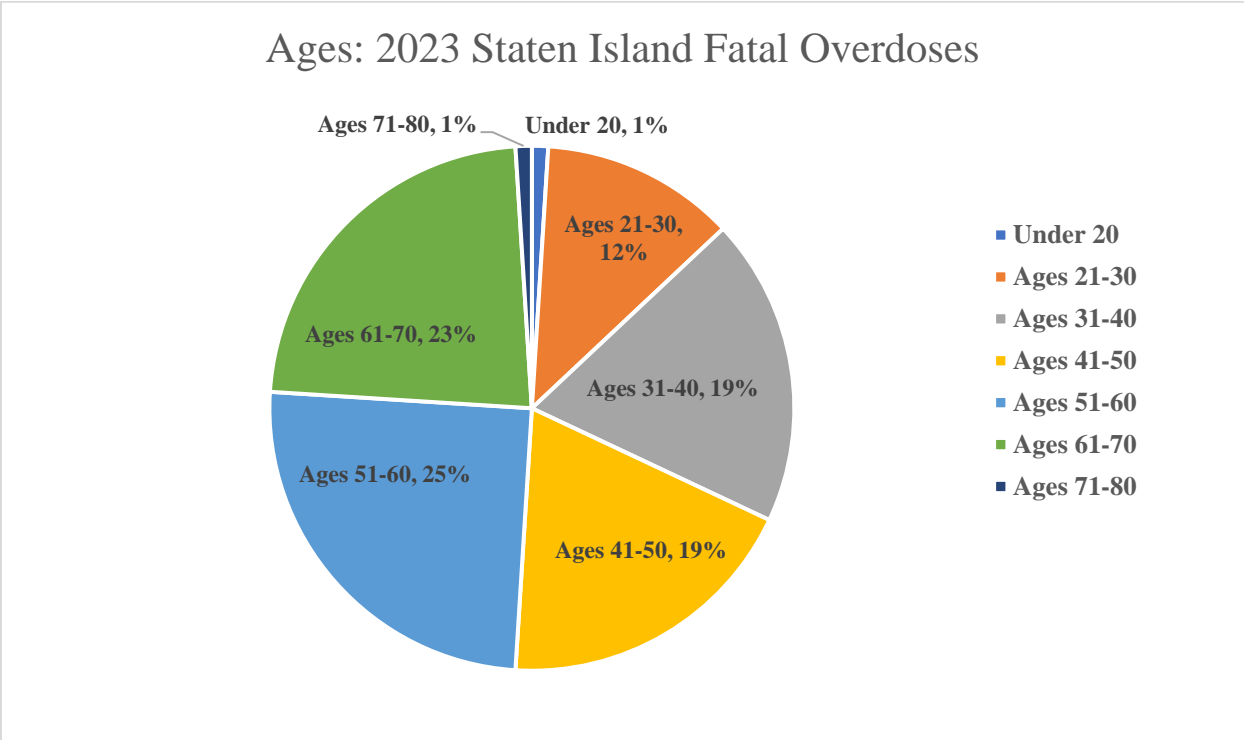
* This represents the current number of suspected fatal overdoses for the year, until final numbers are confirmed by the Office of the Chief Medical Examiner (OCME) these numbers are preliminary.

When he came into office, Staten Island District Attorney Michael E. McMahon sounded the alarm of a deepening crisis. Coordinated efforts started in 2016 to address the prescription pill and heroin overdoses were beginning to see results as evidenced by the dip in 2019, only to have that trend reversed in 2020 by the uptick of fentanyl hitting the market and COVID-19. Around 80% of all overdose fatalities on Staten Island in 2021-2023 had fentanyl present compared to it being 2% of drug overdoses from 2000-2012.

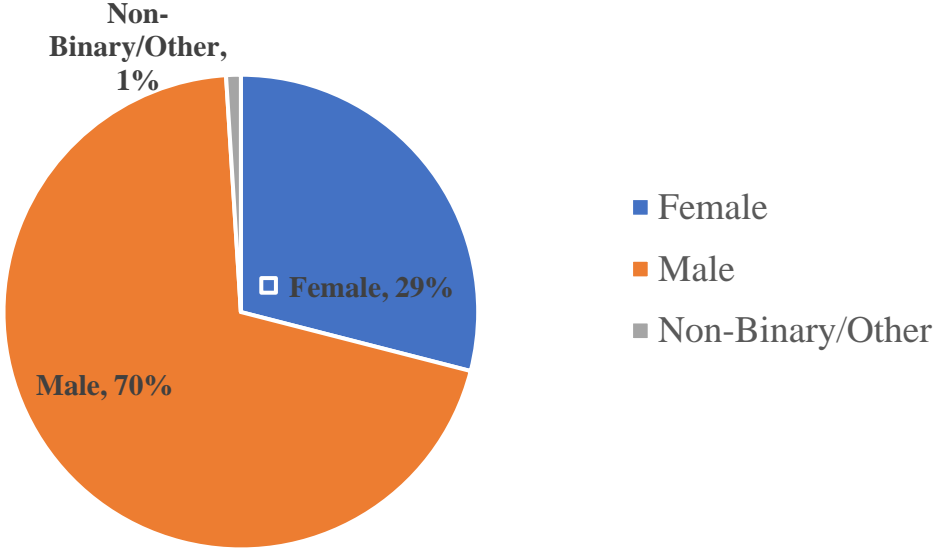


Demographic & Geographic Breakdown of 2023 Overdoses on Staten Island

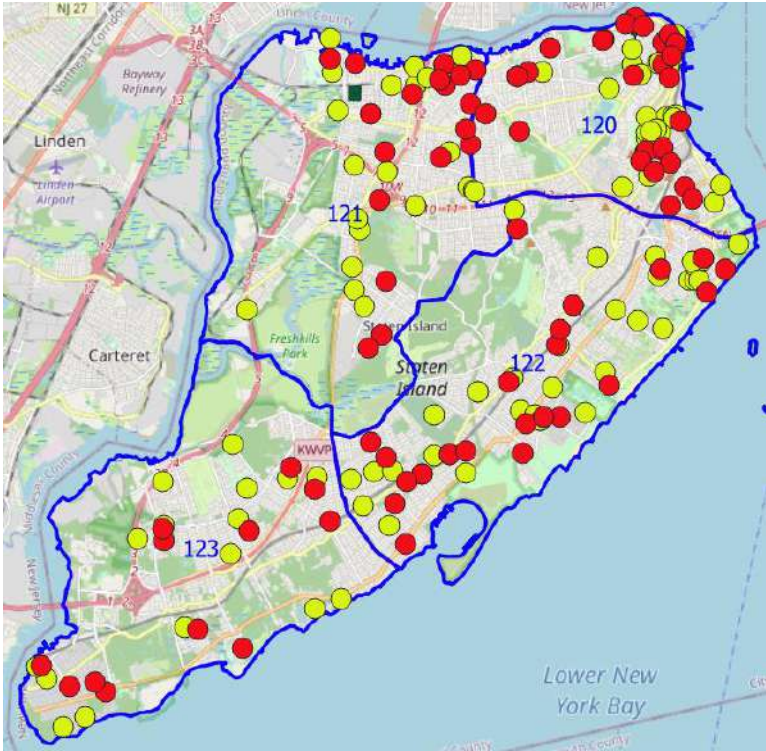
The drug crisis on Staten Island impacts all neighborhoods, zip codes, ages, genders, races, religions, creeds and socioeconomic brackets.

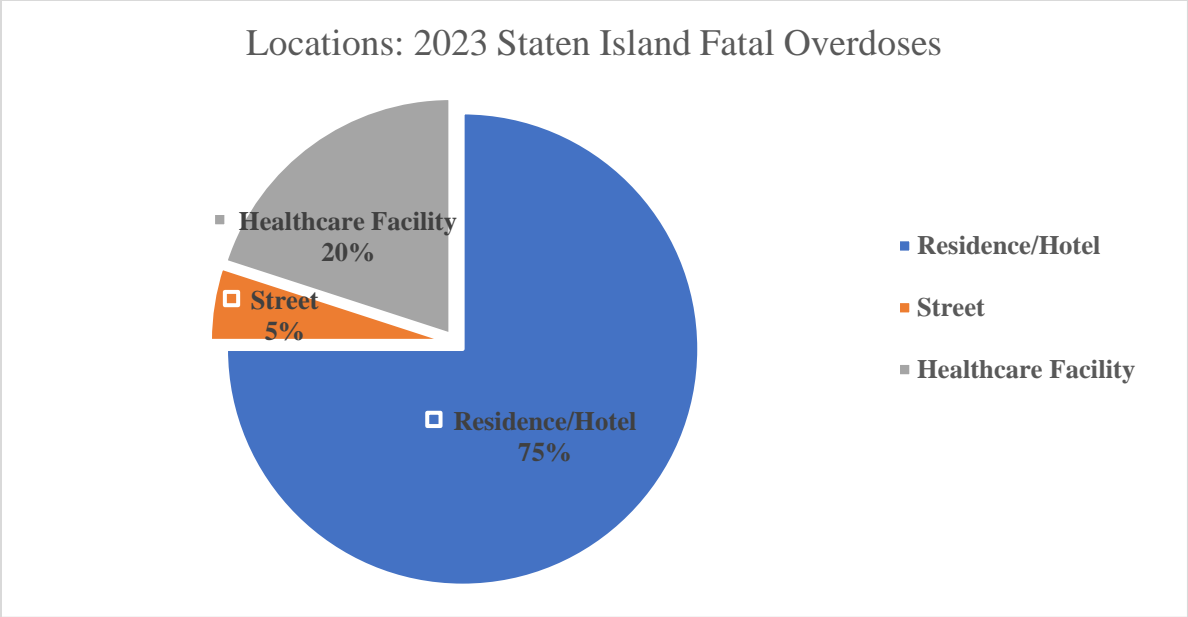


Gender: 2023 Staten Island Fatal Overdoses



Map of known 2023 Staten Island Overdoses (Fatal & Non-Fatal)





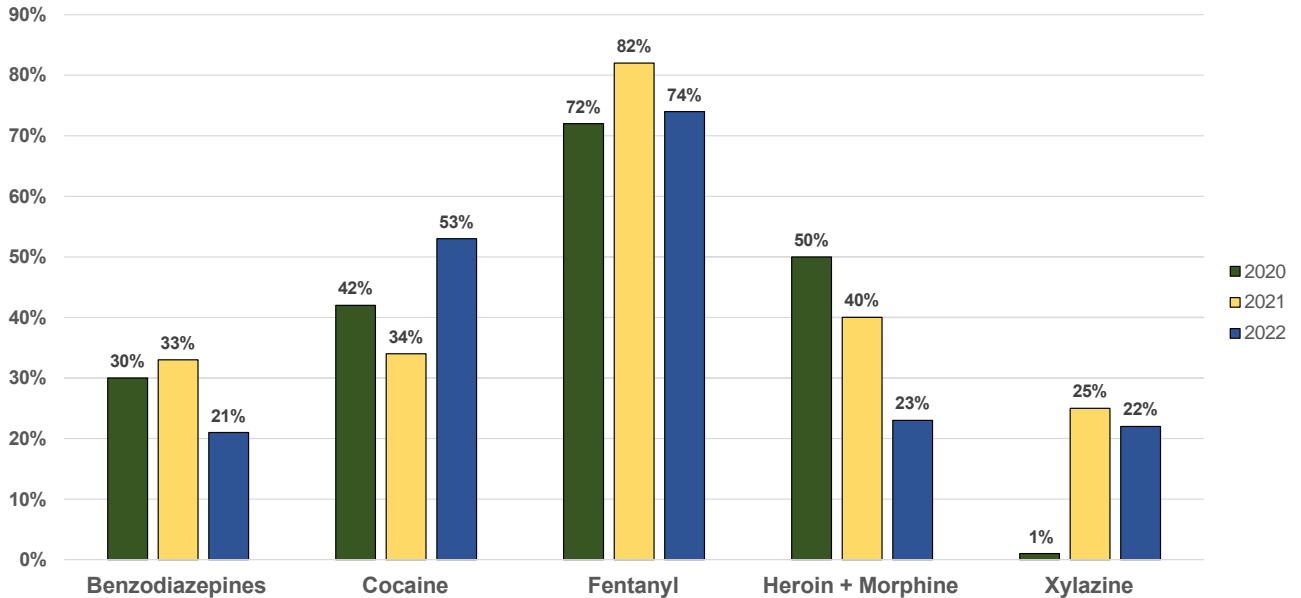
Moreover, compared to other boroughs like Manhattan, Staten Island’s percentage of overdoses in private residences is higher, which limits the opportunity for intervention by first responders or medical personnel.

Drug Trends on Staten Island

Staten Island fatal overdose drug trends have shown that the vast majority are drug mixtures. Fentanyl dominates that landscape, present in around 74% of fatal overdoses on Staten Island in 2022 while 53% of ODs were cocaine-related. In fact, cocaine overdoses were up 20% between 2021 and 2022 on Staten Island, the majority of which were mixtures with fentanyl. Mixing nervous system stimulants (cocaine) with suppressants (fentanyl), is a dangerous combination.

To be sure, in recent years, the majority of narcotics identified on Staten Island were drug mixtures, including the recent presence of xylazine. Since 2021, Staten Island has seen a slightly higher percentage of xylazine present in mixtures than other boroughs. Xylazine, also known as “Tranq,” is a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use. Xylazine and fentanyl drug mixtures place users at a higher risk of suffering a fatal drug poisoning. Because xylazine is not an opioid, naloxone (Narcan) does not reverse its effects. People who inject drug mixtures containing xylazine also can develop severe wounds, including necrosis—the rotting of human tissue—that may lead to amputation.

Staten Island Fatal Overdose Drug Trends Year over Year



Data is approximate and unofficial, based on analysis of death certificate data from NYC OCME. For official NYC overdose data, consult the NYC Department of Health and Mental Hygiene <http://www.nyc.gov/health>

Narcotics Criminal Case Trends

In search warrants and criminal case seizures there are a number of notable recent trends:

- Fentanyl is everywhere. Seizures are up and seizures of pure fentanyl are up.
- There are typically many mixtures of drugs, including fentanyl and cocaine.
- Rare to see heroin alone.
- Fentanyl is being smuggled in multiple forms into correctional facilities.
- Counterfeit pills are not being sold on the street, but they are being seized during search warrants, which suggests proliferation of online purchases and delivery services.
- A lot of drugs and users are traveling to open air markets in Newark to make purchases.
- There are very few open air drug markets on Staten Island (2: St. George and Tappen Park/Stapleton) compared to other boroughs. The drug markets that exist on Staten Island are very local, as opposed to other markets in New York City. In 90% of drug arrests on Staten Island, the individual is from Staten Island. The midtown precinct in Times Square has shown that in 70% of drug arrests the individual is from out of state.

Where is the Fentanyl Coming From?

Fentanyl used on Staten Island is not manufactured or produced here or even in the United States. The component chemicals for fentanyl are largely manufactured in China with some also starting to occur in India. Once manufactured, the component chemicals for fentanyl are being sent from China to Mexico for production.

Fentanyl production in Mexico is crude and unsupervised. In terms of product on the street, there is no quality control. Once produced, the narcotics are then concealed for cross-border transport, and large loads are trafficked through commercial vehicles across the country. Most of New York's supply is brought through the Bronx and then distributed throughout the city. As mentioned above, we have also seen evidence of users traveling to markets in New Jersey to purchase drugs and in search warrants have seen evidence of online distribution of counterfeit pills.

Legislative & Policy Recommendations

With 111,000 Americans, including 7,000 New Yorkers and 150 Staten Islanders, dying of an overdose every year, the drug epidemic is the crisis of our generation. It is past time for all levels of government to treat this epidemic as the large-scale emergency it is. Every level of government should be acting with a sense of urgency and obligation to do everything in their power to stop the tremendous loss of life and to prevent future generations of Americans from heading down a path of addiction to fentanyl and opiates.

Below is a compilation of policy and legislative strategies that the Task Force has discussed and is recommending to our city, state, and federal legislators as our top priorities in combatting the fentanyl and opioid crisis as it exists today. We urge our elected officials to use their legislative and political power to act on these items or encourage their implementation.

1. Governor Hochul Must Declare an Opioid Public Health Emergency.

The Task Force recommends that Governor Hochul and all legislative representatives align behind declaring an Opioid Public Health Emergency. Such a declaration would allow New York state to take immediate actions such as:

- waiving insurance copays and deductibles for New Yorkers attempting to access addiction treatment;
- creating a procurement process that speeds up the distribution of opioid settlement funds;
- waiving application fees for counselors who want to work in the addiction service system;
- adjusting staffing requirements for addiction service providers that protect patient safety while acknowledging that they cannot recruit and retain a workforce that allows for more services to be provided; and
- mobilizing and sharing data between and across agencies, among other changes.

At least eight other states have already declared a state of emergency over the opioid crisis; New York is behind the curve. Massachusetts became the first state to make such a declaration in 2014, and Alaska, Arizona, Florida, Maryland, Pennsylvania, South Carolina, and Virginia have all followed suit. The federal government declared a national state of emergency in 2017 that is still in effect.

The declaration of a public health emergency gives state leaders expanded authority to boost a variety of public health measures. New York has previously used such executive orders to declare emergencies to deal with everything from COVID-19 to gun violence to the migrant crisis to a water main break in Jefferson County. In 2021, the year that former Governor Andrew Cuomo declared a public health emergency on guns, opioids killed nearly five times

as many people. Governor Hochul has renewed the public health declaration on guns at least eleven times, but still has yet to declare one on opioids.

Public declarations are an important mechanism to allow states to mobilize and share data across agencies and to get more up to date information in a crisis. In Arizona, for example, officials used emergency powers to get daily overdose reports, similar to the COVID reports utilized during the pandemic. In contrast, New York remains in the dark and constantly behind the eight ball – an example highlighted by the growing presence of Xylazine. Xylazine was involved in approximately 20% of opioid-related deaths in New York in 2021 and 2022, but the New York Department of Health’s first warning was not issued until December 2022, and its first report on the topic in 2023. To date, testing is still not being done for xylazine limiting our ability to adequately respond and address its presence in our communities.

2. Stop the Production & Influx of Fentanyl to the United States

The Task Force urges the federal government to use every legal, diplomatic, military/law enforcement, and economic tool available to prevent the influx of fentanyl coming through our southern border by commercial vehicles and address fentanyl manufacturers in China and India and production in Mexico.

3. Heighten Regional Law Enforcement Coordination and Develop New Enforcement Strategies to Disrupt the Fentanyl and Opioid Markets

The Task Force recognizes that Staten Island’s geographic position and status as an island poses unique challenges for enforcement agencies working to halt the flow of illegal narcotics into the borough. Moreover, the relatively private and inconspicuous manner that drugs are purchased and delivered necessitates new investigative strategies and partnerships. The following strategies are recommendations from the Task Force to local law enforcement and legislators to address these challenges:

- Engage regularly with regional partners in neighboring states and counties (and through the High Intensity Drug Trafficking Area (HIDTA) program) to emphasize the importance and priority of narcotics investigations, especially those that are linked to overdose victims;
- Support increased funding for and require better screening of mail and packages shipped through USPS, UPS, FedEx and similar organizations;
- Law enforcement should meet regularly with USPS, UPS, Fedex, etc. to coordinate communication and investigative efforts to prevent shipment of drugs cross-country;
- Support law enforcement training and tools to investigate drug sales over social media and dark web; and

- Support a state-wide focus on enforcement of unscrupulous providers through the DEA.

4. Improve legal frameworks for criminal accountability

The Task Force recommends that our representatives support the following legislative and policy changes:

- Include Analogs in the State Public Health Law. The Federal Analog Act (21 U.S.C. §813) allows scheduling and enforcement against drugs that are substantially structurally similar to those in schedule I or II. State drug and law enforcement agencies need as many tools as possible to combat the quickly moving world of fentanyl-related drugs. Thus, we urge re-introduction and enactment by the State Legislature of S.6636 of 2019 so that all substances designated pursuant to the Federal Analog Act and Controlled Substances Act are incorporated into the Public Health Law.
- Update bail reform to include A2 and B level felony drug cases as bail eligible offenses. When bail reform took effect in 2020 it stripped prosecutor’s ability to request bail in all felony drug cases except those where an A-1 charge was included. We urge the legislature to reconsider allowing bail in A2 and B level felony drug cases;
- Add Xylazine to the Controlled Substance Schedule and allow the New York City Police Department (NYPD) to test for it. Xylazine, also known as “Tranq,” is a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use. Xylazine and fentanyl drug mixtures place users at a higher risk of suffering fatal drug poisoning. Because xylazine is not an opioid, naloxone (Narcan) does not reverse its effects. People who inject drug mixtures containing xylazine also can develop severe wounds, including necrosis—the rotting of human tissue—that may lead to amputation. In recent years, the majority of narcotics identified on Staten Island were drug mixtures, including the presence of xylazine. Since 2021, Staten Island has seen a slightly higher percentage of xylazine present in mixtures than other boroughs with over 20% appearing in all fatal overdoses. NYPD currently does not test for xylazine in drugs seized in search warrants so despite its dangerousness, its prevalence is underreported in the City.
- Improve Discovery Laws by Relaxing Impossible Timelines. New York’s 2019 discovery reforms created a substantial workload for District Attorneys across the state with impossibly tight deadlines regardless of the information’s materiality to the charges a defendant faces. Discoverable information is often voluminous or duplicative and difficulty in obtaining materials from agencies in actual possession of the information can result in a delay in disclosure. This is particularly problematic with respect to underlying documents relating to law enforcement disciplinary records or civil proceedings. When these tight timelines and difficulties in obtaining voluminous information are combined with the inability to answer ready for trial results, cases are

often dismissed pursuant to CPL 30.30 despite People's best efforts to comply and lack of prejudice to defense. This has had a significant effect on our ability to hold drug dealers accountable and we urge the state legislature to reexamine this law and make improvements to allow for more reasonable time frames to provide discovery, while still ensuring the constitutional rights of the defendant.

- Add A1 methamphetamine charge to the Penal Law. Currently, there is no A-1 felony charge for the sale or possession of methamphetamines. However, we have seen on Staten Island some significant methamphetamine cases on an increasing basis in recent years and are unable to obtain bail on such defendants under the current law. Thus, we ask that the State Legislature create an A-1 felony charge for the criminal sale or possession of methamphetamines so that it is bail eligible.

5. Prioritize & Invest in Education and Awareness Campaigns and Prevention Programming in Schools

The Task Force urges all legislative representatives to advocate for the prioritization and investment of funding in education, awareness, and early prevention programming.

Prevention programming has historically been underfunded and is often the first cut in budget reduction exercises. Funding in New York for this programming has remained stagnant for the last 20 years and is often unavailable to Staten Island entities or if available, is issued in the form of 1-year grants, which make the successful execution of impactful programs impossible.

This unreliable and inadequate funding has had a predictable negative long-term impact on the development of a professional pipeline of qualified prevention providers. This has resulted in a dire shortage of providers to meet the need of our community.

Currently, we do not have adequate prevention programming and staff in our schools to meet the challenges of this epidemic and reverse the impending trend on future generations. Moreover, the Department of Education (DOE) currently has no universal policy to support schools in responding to students under the influence and no uniform Social and Emotional Learning (SEL) program across its schools. The devaluation of the importance of prevention work in schools has led to a lack of understanding among educators and administrators on the role of Substance Abuse Prevention and Intervention Specialists (SAPIS) and has contributed to stigma being associated with students seeking SAPIS' assistance.

The following are policy and legislative changes the Task Force would recommend in order to reprioritize education and awareness prevention measures:

- All levels of government should develop and more robustly fund education and awareness campaigns (market advertisements, PSAs, tv, radio, & digital ads, social media, etc.) on the deadliness of fentanyl and dangerousness of xylazine, following similar models and scale as anti-tobacco campaigns;
- All levels of government should develop and more robustly fund education and awareness campaigns on the range of supports available to those suffering from addiction and their families;
- All levels of government should provide schools with sufficient resources and staffing for prevention and early intervention services;
- Funding should be expanded for age-appropriate education (prevention for elementary school, intervention for middle school and high school) in all schools;
- There needs to be coordination of the continuum of Social Emotional Learning (SEL) and Substance Use Disorder (SUD) prevention efforts at District and School Level;
- DOE and private schools need to be more involved in education and awareness of SUD and should update administrator and teacher trainings, and related curriculums, to reflect this as a priority;
- DOE and private schools should update Chancellor's Regulation A-411 or respective administrative policies to guide responding to students under the influence, or at risk of SUD during school hours including screening and referral;
- The presence of naloxone and training of staff in how to administer it should be required in schools – currently it is voluntary. Trainings for parents and students should be offered at all schools by qualified trainers or providers;
- Ensure Staten island organizations are eligible for and included in state and city grant opportunities and change the term period for grants across the continuum from 1-year to multi-year year grant terms;
- Invest in job incentives and funding changes to build a strong professional pipeline and experienced prevention workforce; and
- Incorporate education and awareness campaigns into as many criminal justice intervention points as possible, when screening for programs for SUD or mental health, also educate on Narcan, xylazine, and fentanyl.

6. Expand Access to Community Based Overdose Prevention & Harm Reduction Services

The Task Force recognizes that Harm Reduction (HR) has saved lives and recommends that our legislators support the following policy strategies and recommendations:

- Expand accessibility to Fentanyl and Xylazine testing strips;
- Expand naloxone distribution and other harm reduction tools across Island and promote home distribution (via mail) of naloxone to family members and individuals following an overdose;

- Modernize the outdated and patchwork regulations and properly compensate providers for HR work, expand titles authorized to provide HR, specify modalities and medical supplies and services deployed in various programs to eliminate barriers by reducing uncertainty among providers, which creates undue burden on providers and their staffs;
- Encourage prescribing standards to reduce overprescribing by providers (opioids and barbiturates) be established and distributed via the Medical Society;
- Increase continuing education and best practices for medical providers on topics related to opiates, and treatment and care using MAT;
- Increase promotion, use, and education on Vivitrol and related medications. Vivitrol is approved by the Federal Drug Administration as a long-acting injectable form of naltrexone, which is a medication used to treat opioid use disorder and alcohol use disorder. According to SAMHSA, naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors and reduces and suppresses opioid cravings. Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use;
- Further develop Staten Island’s Hotspotting Initiative and expand universe of outreach;
- Support providers who are lobbying New York’s Office of Addiction Services and Supports (OASAS) due to new and conflicting guidance from OASAS regarding urine toxicology screening and patient centric approach to recovery as well as guidelines on treating polysubstance abuse.

Supervised injection facilities, also called overdose prevention centers, are an emerging harm reduction model but still highly controversial with divergent points of view on their legality and impact. Task force members voiced many of these differing viewpoints during our meetings and it was agreed this topic requires further conversation to include analyses of the current data on impact. It was agreed that meetings will be scheduled to discuss this beyond the framework of this current report. These meetings will be held at a later date. At present, these facilities remain illegal according to Federal statutes. Although there are OPCs operating in New York City at present, the City requires that District Attorneys must consent to their operation within their boroughs of jurisdiction. The District Attorney of Richmond County remains opposed.

7. Invest in Housing as an Important Prevention and Harm Reduction Tool

The Task Force recognizes that housing is a protective and stabilizing factor in sustaining engagement, harm reduction, treatment, and recovery for those suffering from SUD. In addition, a lack of affordable housing holds up the availability of limited treatment beds and makes a successful transition to economic stability during recovery more difficult.

As such, the Task Force recommends that our elected officials align behind and support the following:

- People living with addiction and with low incomes/no income should receive priority for HPD and other government housing vouchers;
- Need for harm reduction model of OASAS Re-integration beds for people seeking to stabilize themselves and enter vocational training, education and re-enter workforce or any level of stable living;
- Need for high level of additional OASAS Re-integration beds, regardless of insurance status to create stable living environment for addicts on the road to recovery or struggling with relapse issues;
- Create mechanism for voluntary screening for mental health issues in the broader behavioral context to see if addict qualifies for mental health based housing or dual diagnosis supportive housing; and
- Prioritize persons living with addiction in city funded 24-hour shelters on Staten Island and create specific units within those shelters with special support for those in need of MAT, trying to sustain abstinence or in a level of recovery.

8. Mental Health and SUD Coverage Parity

The Task Force recommends that our representatives support Mental Health and SUD parity as defined in the Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”) and specifically, new regulations implementing the nonquantitative treatment limitation (“NQTL”) comparative analyses. Consumers, providers and advocates have conveyed that MHPAEA’s significant protections are illusory due to health insurers’ NQTLs, which are practices by which insurers can “manage away” even the most generous Mental Health (MH)/SUD benefits. In particular, health insurers restrict MH/SUD benefits through medical necessity denials, low reimbursement rates, and high burdens for in-network providers, resulting in inadequate provider networks. It is troubling but not surprising that researchers have found little evidence that MHPAEA has led to expanded access to MH/SUD treatment. See Attorney General’s letter [here](#). SUD coverage is currently not equitable and is outdated by about 15 years.

9. Payment Reform

The Task Force urges our representatives to support the following recommendations to payment reform in behavioral health settings:

- Create a carve-out from managed care payment models for outpatient SUD services to provide equitable and equivalent to medical service payment formulas for services rendered;

- All fee-for-service payments under Medicaid need to be brought to current market reimbursement levels and abandon antiquated deficit funding models;
- Managed Medicaid Plans should be required to offer incentive payments in the form of Alternative Payment Models (APMs) that consider quality and cost-efficiency of care in determining payments incentives to providers that go beyond a fee-for-service payment in the form of gain sharing or quality incentives for outcomes;
- Behavioral Health Care Collaborative (BHCC) funding must be made a permanent part of the payment redesign of behavioral health care and attribution of lives to BHCCs must be become part of the all-payer managed care models; and
- Increase Peer Recovery Advocate payments by 50% from current levels to reinforce the ability of providers to hire and deploy as part of their care continuum.

10. Build a Sustainable Workforce and Infrastructure for SUD and Mental Health Care

The Task Force recommends that our representatives advocate in support of the recruitment and retention of SUD service workers via multiple interventions such as:

- Offer scholarships or tuition loan forgiveness for new recruits and tuition support for Continuing Education for addiction psychiatrists, addiction medicine specialist physicians, psychologists, counselors, social workers, nurses, nurse assistants/techs/aides, prescribers, prevention and peer support specialists;
- Address pay inequities by supporting a formula that offers a 30% incremental reimbursement to providers to equalize pay scales between unionized/state/hospital-based workers;
- Support reimbursement for providers that offer retention payments in high need, high acuity counties;
- Eliminate outdated OASAS regulations that create burden on employers and service providers and prevent reimbursements for work done by community health workers (CHW) and RNs in harm reduction programs;
- Allow providers to redefine career paths within organizations, as well as the educational supports needed for employees to move through those career paths, including CRPA, multidisciplinary counselors CHW, Navigators, CASAC, behavioral nurse practitioners;
- Staff safety is a critical issue. Support new measures to create effective early intervention/diversion for violent clients, cooperation with law enforcement;
- Offer incentives to assist with recruitment and retention of the existing workforce, such as:
 - Implement another round of Healthcare Worker Bonuses to increase retention rates. To be given after one- and two-year benchmarks of employment. Explore the possibility of prorating as time increases;

- Temporarily suspend registration fees associated with the initial application for and renewal of professional licenses for mental health practitioners;
- Expedite implementation of State Education Dept (SED) Diagnostic Privilege as enacted in 2022;
- Fund a state-run fellowship to promote behavioral workforce development;
- Expand work study programs to become more accessible to potential behavioral health professionals of color.

11. Technology and Data Sharing Can Save Lives

The Task Force recommends that our representatives support the following recommendations:

- Modernize and standardize data sharing and consent standards to minimize disruption of patient health information between a patient’s providers;
- With consent, allow patient alerts for ER and hospitalizations to be shared with providers, to enhance care utilizing the Health Information Exchanges like HEALTHIX, BHIX and the NY State master patient exchange SHINY;
- Require provider and pharmacies to update compliance with and enforcement on I-STOP compliance to prevent duplicate legal prescriptions or prescribing of combinations of drugs with lethal consequences; and
- Mandate an annual review by DEA of provider patterns of opioid and barbiturate prescribing to identify unscrupulous actors and those not current with evidence-based pain management standards.

12. Provide Federal Funding at the Highest Levels to Tackle this Crisis.

The Task Force urges our representatives at the federal level to authorize and allocate funding at the highest levels to combat the fentanyl and opioid crisis. The following are just some federal funding avenues where dollars could be authorized and increased to help support work done in our communities:

- The SUPPORT for Patients and Communities Act- Reauthorization of this bill is currently pending markup between Senate and House and is an opportunity for increases to in funding be made and policy changes enacted particularly regarding the regulation of MAT and access to Medicaid;
- The Comprehensive Addiction and Recovery Act (CARA);
- The Drug-Free Communities (DFC) program in the Office of National Drug Control Policy (ONDCP);
- The Substance Abuse Prevention and Treatment (SAPT) Block Grant;

- SAMHSA’s State Opioid Response and Tribal Opioid Response grant programs and Recovery Supports programs;
- Grants for HIDTA/law enforcement through ONDCP; and
- Comprehensive Opioid Abuse Site-based Program (COAP) and Helping Children and Youth Impacted by Opioids Program, both through the Department of Justice (DOJ)

13. Resources needed in Staten Island to help those struggling with SUD

In addition to looking at the broader legislative and policy issues innate to the fentanyl and opioid crisis, our Task Force also listened to and considered the perspectives of individuals and families with lived experience battling addiction and access to treatment and recovery services in our specific Staten Island community. Individuals in recovery, families who lost loved ones to overdose, and others detailed and provided a voice to challenges created by stigma, barriers and delay in accessing immediate care, and a lack of local resources and services for those seeking treatment and recovery. They also expressed a desire for dealers to be held accountable. As our community works to combat this crisis, this Task Force urges our representatives to work with us to continue to bring needed resources to Staten Island to address these issues. Below is a list of some of the issues and recommendations discussed in our meetings for Staten Island:

Medical & Treatment Gaps in our Community

- Need increase in ambulatory detoxes;
- Need increase in availability of psychiatric care;
- Need Recovery Clubhouse that is focused on providing people in recovery with a place to hang out in a substance free environment; and
- Need Crisis Stabilization Center/Support and Connection Center for SUD/MH where immediate access to MAT is available.

Immediate Access to Necessary Treatment & Compassionate Care Lacking

- The intake process for treatment providers is long and too often clients must visit three times before getting medical care or needed medications;
- Providers should give care packages to clients for the first 6 days of withdrawal;
- Need more immediate access to harm reduction services;
- Critically need more immediate access to MAT as well as more readily available information about where to access MAT throughout our community;
- The prescribing guidelines for MATs need to be reviewed because current levels are inadequate for today’s drug supply;
- Need an RN at the precinct who can provide MAT/meds as well as a peer or trained professional who can discuss treatment options; and

- Receptionist/Front facing staff at medical and treatment provider locations need to be better trained to encourage clients to come in and to reassure them that they will be helped immediately.

Better Transitional Support Needed

- When someone is discharged from a treatment, medical facility, or criminal justice detention, it must be easier for them to get meds as soon as they are discharged or for them to be provided with sufficient meds to carry them over to their next doctor's visit;
- Following treatment, individuals need more assistance finding housing, jobs, training, and outpatient care;
- Need increased housing resources – Supportive housing, housing vouchers post-release;
- Support expansion of peer advocates availability to offer support and to travel with someone awaiting admission to detox/rehab, court, other appointments.

Conclusion

The fentanyl crisis is the challenge of our lifetimes, and it is long past time for the whole of government, the non-profit sector, our health care systems, law enforcement, and the people impacted most to urgently work together to implement the solutions needed to save lives. Over the past several years, news coverage and public awareness of the drug epidemic have faded into the background as crime, COVID-19, cultural debates, politics, and other distractions have stolen the spotlight from a life and death problem that claimed the lives of more Americans in 2023 than ever before. Frankly, if this many Americans died of any other cause, a full-scale response would have commenced long ago.

The Staten Island Fentanyl Task Force is unwilling to allow the drug epidemic to take a backseat in our public and political discourse, and is unwilling to accept that record-high drug overdoses are something that we must accept as an unavoidable American reality. ***We are therefore issuing this call to action. This epidemic warrants a Marshall Plan approach.***

We are immensely proud of the work we have conducted over these past several weeks and are grateful to all of those who contributed to this effort. Each of us stands ready and eager to work with those in positions of power to implement the solutions outlined in this report. The health and lives of our loved ones, friends, and neighbors hang in the balance.