# Opioid Settlement Fund Regional Abatement Report

## Section 1: Contact Information

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| **Your Name:** | AMANDA LYONS |
| **Title:** | Executive Director |
| **Email:** | alyons@greenecountyny.gov |
| **LGU Name:** | Greene County Mental Health |
| **Please check to confirm that you have selected the correct LGU from the menu above:** | Yes, the LGU is correct. |

## Section 2: Funds Made Available and Funds Spent

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| **Harm Reduction Made Available** | 0 |
| **Harm Reduction Spent** | 0 |
| **Treatment Made Available** | 0 |
| **Treatment Spent** | 0 |
| **Investments Across Service Continuum Made Available** | 0 |
| **Investments Across Service Continuum Spent** | 0 |
| **Housing Made Available** | 90000 |
| **Housing Spent** | 90000 |
| **Recovery Made Available** | 0 |
| **Recovery Spent** | 0 |
| **Priority Populations Made Available** | 64638 |
| **Priority Populations Spent** | 64638 |
| **Prevention Made Available** | 0 |
| **Prevention Spent** | 0 |
| **Transport Made Available** | 0 |
| **Transport Spent** | 0 |

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| **Public Awareness Made Available** | 0 |
| **Public Awareness Spent** | 0 |
| **Research Made Available** | 0 |
| **Research Spent** | 0 |
| **Administrative Costs (up to 20%) Made Available** | 30928 |
| **Administrative Costs (up to 20%) Spent** | 30928 |
| **Total Made Available** | 185566 |
| **Total Spent** | 185566 |

## Section 3: Narrative Questions

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| **1. Are you collecting data from the initiatives funded by Regional Abatement?** | Yes |
| **2. What outcomes do you plan to measure (outcomes could be people served, supplies distributed, etc.)** | Case Manager for as-risk Criminal Justice involved individuals is tracking referrals and connects to services. Oxford Sober living will be providing reports on occupancy once the housing is up and running (group is in the process of closing on a sober living home in the community). |
| **3. How will you use the data?** | Ensure that funded providers are fulfilling their contracts/agreements |

## Section 4: Attestation

**Section 4: Attestation of Proper Use Pursuant to Sec. 99-NN of the State Finance Law, the undersigned certifies that the attached county spending report, listing both paid & encumbered expenses, utilized Opioid Settlement Fund dollars to supplement, and not supplant, substance use disorder prevention, treatment, recovery and harm reduction expenditures which would have otherwise been expended for such purpose. Such county**

**expenditures include those made by the county using federal and state funding sources. Further, the undersigned certifies that such expenditures were made on the authority of the administration official and, has such authority and that the amounts within the attached plan are just, true, and correct to the best of said official's knowledge within the parameters of allowable use under the settlement agreement. Receiving entities must retain financial records that can show supplementation and not supplantation of SUD funds and total program spending for a minimum of ten years after the last payment is made for a given fiscal reporting period or contract.**

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| **Signature** |  |
| **Date** | Aug 04, 2025 |
| **Name** | AMANDA LYONS |
| **Title:** | Executive Director |

## Section 5: Final Confirmation

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| **LGU Name:** | Greene County Mental Health |