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Stony Brook Eastern Long Island Hospital plans new recovery homes in Flanders

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The East End has been hit hard by opioid abuse. In 2021, [six people died](#) over the course of just a few days from overdosing on cocaine laced with fentanyl, and there have been numerous overdose instances since then. Stony Brook Eastern Long Island Hospital and its behavioral health services team have made efforts to curb the ongoing opioid problem and help those with substance use disorders recover.

Now, the hospital has received a grant to open two new recovery homes in Flanders as part of their outpatient drug rehab program. Suffolk County awarded the hospital \$720,000 as part of its first round of grants, used from money the county received in a lawsuit against pharmaceutical companies involved in the manufacturing, distribution and selling of opioids.

SBELIH's behavioral health program includes inpatient psychiatric services, as well as Quannacut, which offers both inpatient detox and rehab and outpatient services for patients with substance use disorders. The new recovery homes will add 24 new beds for Quannacut outpatient clients, with a focus on women and members of the LGBTQ community.

"New York State received a pretty substantial settlement, which was filtered through the different counties," explained Quannacut Outpatient Services director Liz Day. Suffolk County received more than \$200 million in the settlement, and awarded several groups a total of \$25 million in its first round.

“Our Quannacut programs are well-respected in the industry,” said hospital chief administrative officer Paul Connor, who noted that the program has been around since the 1980s.

In applying for the grant, “We summarized the need for safe, secure housing for persons in recovery,” said Janet Jackowski, vice president of social and behavioral services at the hospital. “And the population that we are targeting [at Quannacut] includes females, transgender and LGBTQ+ individuals, so we wanted to increase the number of beds that we have so that we could provide services for them.”

Mr. Connor added that being part of Stony Brook Medicine helped the hospital with the grant writing process.

Susan Wilner, assistant director of behavioral health services operations at Stony Brook Medicine, said that the hospital — which is designated an LGBTQ+ Healthcare Equality Leader by the Human Rights Campaign — wanted to be more inclusive with its sober living options, as the two existing homes house only men.

“We run very high quality sober houses already,” Ms. Wilner said. “There’s a dearth of options for women, people who are nonbinary and LGBTQ individuals. And so we also recognized that, not only did we have a need for more male beds, but that there really wasn’t a place for women and the LGBTQ population to go.” She added that housing is already an issue for people on Long Island, and those with substance use disorders can struggle even more to find housing they can afford.

Having proper food and shelter is vital to someone’s healing, Ms. Day said, whether it be from a substance use disorder or other health care issue, so being able to offer sober living to more patients will bolster their quality of care. “Our basic needs are food and shelter. If you don’t have anywhere to catch you at the start of the day or the end of the day, recovery can be that much harder,” she said.

The recovery homes are just part of Quannacut’s ongoing treatment services. Many patients at Quannacut also see physicians there who prescribe medications like suboxone and methadone to keep them in recovery. “We also recommend patients continue counseling,” said Dr. Lloyd Simon, chief medical officer of Stony Brook Eastern Long Island Hospital and director of addiction services. “We also encourage patients to attend 12-step meetings, make new friends who are also in recovery. It is critically important to learn to enjoy yourself while sober.”

In addition to its Quannacut programs, Stony Brook Eastern Long Island Hospital also works with local businesses to install Narcan stations around the North Fork to prevent overdose. Mr. Connor explained that the grant covers the two recovery homes, furniture, staff and transportation for patients. The hospital prefers the term “recovery homes” over “sober housing” to avoid bias against the latter. “People are in recovery and this is their home, and that’s what we want to stress,” Ms. Jackowski said. “It’s a more person-centered, compassionate way of looking at things.”

While the recovery homes are still being developed and staffed, Ms. Day said she hopes that they will be available for patients by late summer.