



# Opioid Settlement Fund Advisory Board

## Annual Report

November 1, 2022

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The Opioid Settlement Fund Advisory Board was created via Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law § 25.18. The Board was fully constituted in June of 2022, and held its first meeting June 14, 2022, in Albany, New York.

The Board is charged with annually producing a written report containing recommendations for allocations by November 1, to be sent to: the Governor, Temporary President of the Senate, Speaker of the Assembly, Chair of the Senate Finance Committee, Chair of the Assembly Ways and Means Committee, Chair of the Senate Alcoholism and Substance Abuse Committee, and Chair of the Assembly Alcoholism and Drug Abuse Committee.

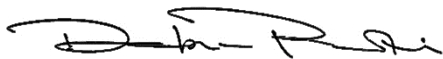
Pursuant to State statute, funding shall be distributed regionally to ensure adequate geographic disbursement across the State, with an emphasis on supporting programs that are culturally, linguistically, and gender competent, trauma informed and evidence-based, and where appropriate, employ individuals with lived experience as part of the services provided.

In addition, the Board recognizes the opportunity to make lasting systemic impact on interagency collaboration with increased utilization of multi-agency task forces, and with emphasis on supporting agencies, programs, and organizations that are typically underfunded and demonstrate a commitment to populations that have been disproportionately affected by the opioid epidemic. There will also be prioritization of agencies that are geographically isolated and demonstrate a commitment to co-occurring disorders, workforce diversity, and to current best practices or new promising practices.

The Board also understands the absolute need for a transparent process in which initiatives are being evaluated based on outcomes that include equity, engagement, decreased overdose rates and decreased suffering to best determine if funding dollars are being utilized appropriately.

In accordance with State statute, and in compliance with our critical charge, the attached report and recommendations contained herein are submitted for your review and consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Debra Pantin', with a stylized, cursive script.

Debra Pantin

Chair, Opioid Settlement Fund Advisory Board

## EXECUTIVE SUMMARY

The Opioid Settlement Fund Advisory Board was created under Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law §25.18. The Board was fully constituted on June 14, 2022 and is charged with making recommendations regarding use of revenues received by the State of New York resulting from settlements with opioid manufacturers, distributors, and other entities which contributed to the opioid epidemic. The Board is required to submit a report outlining their official recommendations to be presented to the Governor and New York State Legislature by November 1<sup>st</sup> of each year.

In 2022, ten meetings in total were held, in which the Board deliberated regarding areas of priority and focus for best use of those funds. The Board heard presentations from the Office of Addiction Services and Supports, Office of Mental Health, and the Department of Health. The Board also received written communication from stakeholders, and heard input from providers, families, consumers, advocates, and others during allotted public comment time included at each meeting.

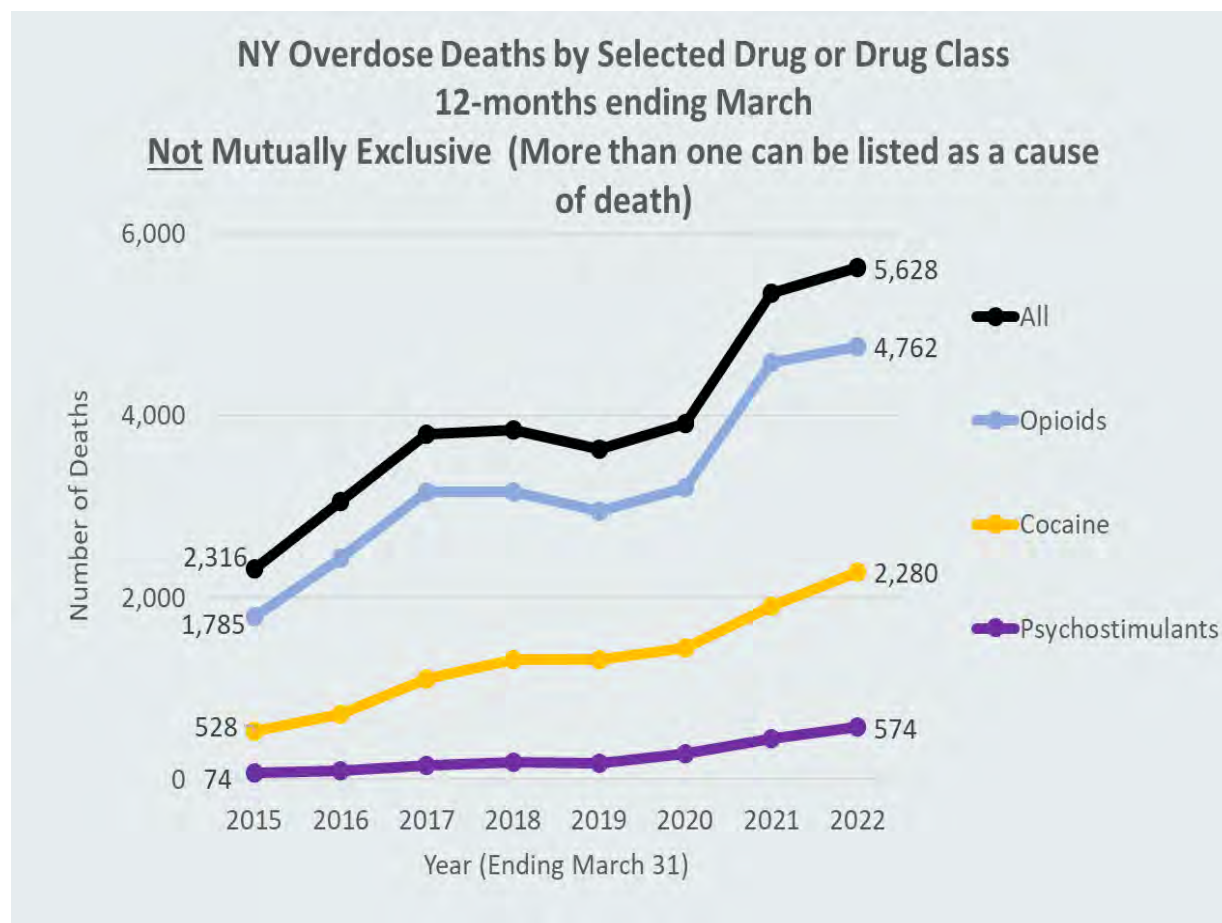
The Board carefully considered the allowable uses permitted by the settlement agreements and contained within its enacting provisions of Mental Hygiene Law. The discussions yielded three overarching themes through which all topic areas were identified, and the Board requests the state use as the lens for consideration and implementation. The areas are: service integration to best treat co-occurring disorders, service equity, and meaningful evaluation that demonstrates reduced suffering and positive impacts on the social determinants of health. The Board discussed high level topic areas which were further refined into subcategories with specific initiatives referenced under those subcategories, as well as funding percentages that aligned with scaling of the priorities.

The Board identified ten topic areas as top priorities for funding. The Board also outlined specific initiatives for consideration (Appendix), and developed a funding plan, by percentage of overall funding available, based on the level of priority assigned to each recommendation (Spending by percentage graph attached).

<b>OPIOID SETTLEMENT FUND</b> <b>Board Recommended Allocations</b> <b>FY 2023</b> <b>(thousands of dollars)</b>		
<b><u>Board Allocation Categories</u></b>	<b><u>100%</u></b>	<b><u>Amount</u></b>
		<b>128,820</b>
Harm Reduction	22%	28,637
Treatment	12%	15,381
Investments Across Service Continuum	16%	20,611
Priority Populations	15%	18,860
Housing	10%	13,191
Recovery	10%	13,191
Prevention	7%	9,017
Transport	5%	6,750
Public Awareness	2%	2,203
Research	1%	979

## BACKGROUND

Overdose deaths continue to climb at staggering rates. Provisional data from Centers for Disease Control's National Center for Health Statistics indicates there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020. Over 78,000 of those deaths were attributed to opioids.



New York State accounted for 5,628 of the overall deaths last year, 4,762 were a result of opioids. In addition to the deeply tragic loss of life, the opioid epidemic has devastated the lives of persons with opioid use disorder (OUD), along with their families and friends. Those with OUD are at higher risk for human immunodeficiency virus (HIV), hepatitis C virus (HCV), and many chronic diseases. There is also an economic impact on the epidemic on our society due to soaring healthcare costs for treatment, costs for law enforcement and emergency medical response efforts, and when overdose deaths occur, there are further costs for county coroners and medical examiners.

While the issue is complex and multi-faceted, the unscrupulous practices by the pharmaceutical industry was a significant contributing factor. As a result, in March 2019, the New York State Attorney General filed a lawsuit to hold accountable the various manufacturers and distributors responsible for the large volume of opioids in the public supply.



The Attorney General reached settlement agreements totaling over \$1.6 billion with companies involved in manufacturing, distributing, and selling of opioids. As part of these agreements, the funds received will be directed towards New York State's efforts for treatment, recovery, harm reduction and prevention efforts. Moreover, funds received from these settlements will be allocated among the appropriate state agencies and localities. These allocations will be governed by a predetermined formula outlined in settlement agreements to ensure that each area of the State receives an appropriate and equitable share of the funds.

Relatedly, on June 29, 2021, a law was enacted to ensure funds received by the State as a result of a settlement or a victory in litigation against opioid manufacturers, distributors, dispensers, consultants, chain pharmacies, or other entities responsible for the opioid epidemic be deposited into an opioid settlement fund that will support treatment, recovery, harm reduction, prevention and abatement efforts. The newly created law, via Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law § 25.18, established the Opioid Settlement Fund Advisory Board under the Office of Addiction Services and Supports to provide recommendations on how monies received by the Opioid Settlement Fund could be allocated.

Statute requires recommendations to be evidence-based and consider federal, state, or local initiatives and activities that have been shown to be effective in preventing and treating substance use disorders as well as maintaining recovery and assisting with the collateral effects of substance use disorders for individuals and their families or support system. Recommendations must also be consistent with the settlement agreements and the accompanying State statute.

Funding shall be used to supplement and not supplant or replace any other funds, including federal or state funding, which would otherwise have been expended for substance use disorder prevention, treatment, recovery or harm reduction services or programs.

## SUMMARY OF SETTLEMENT AGREEMENTS TO DATE

Settlement agreements have been reached between New York State and each defendant separately, with distinct terms for each agreement. Funds will go either directly to recipients or to the State Opioid Settlement Fund (OSF). The Opioid Settlement Fund Advisory Board (OSFAB) is responsible for making recommendations on the funds in the OSF. Settlement agreements include payment schedules that vary from 1-18 years.

To date, the following settlement agreements have been reached:

- Allergan (\$200M) - \$20M reimburses litigation costs. Of the remaining \$180M, 62% of payments go directly to local governments (including litigation costs incurred by Nassau and Suffolk counties), with 38% of the funds going to the OSF.
- Johnson & Johnson (J&J) (\$230M) - 46% of payments go directly to local governments, with 54% going to the OSF.
- Endo (\$50M) - 79% of payments go directly to local governments (including litigation costs), with 21% going to the OSF.
- Distributors (\$1.2B) - \$121M reimburses litigation costs. Of the remaining \$1.1B, 45% of payments go directly to local governments, with 55% going to the OSF.

In addition to presentations by the Division of the Budget (DOB), the OSFAB requested and received presentations from OASAS, OMH and DOH. Going forward, the Board discussed and will implement a process for regular, consistent and in-depth presentations by state agency members to the Board during subsequent OSFAB meetings.

<b>OPIOID SETTLEMENT FUND</b> <b>FY 2023 - FY 2024</b> <b>(thousands of dollars)</b>		
	<b>FY 2023 Projected</b>	<b>FY 2024 Projected</b>
Opening Fund Balance	46,610	48,891
Receipts	195,108	41,371
<b>Total Available Funds</b>	<b>241,717</b>	<b>90,262</b>
<b>Disbursements</b>		
<i>Reserved for Municipalities</i>	<b>64,006</b>	<b>7,535</b>
<i>State Investments</i>	<b>128,820</b>	<b>TBD</b>
<i>Expansion of Opioid Treatment Services (OASAS)</i>	60,000	
<i>Statewide Transportation Initiative (OASAS)</i>	1,000	
<i>Transitional Housing Initiative (OASAS)</i>	2,300	
<i>MATTERS Program Expansion Initiative (DOH/OASAS)</i>	8,000	
<i>NYS Overdose Prevention Program (DOH)</i>	8,520	
<i>MAT in DOCCS Facilities (DOCCS)</i>	-	
<i>Addiction Workforce College Credit Scholarship (OASAS)</i>	4,000	
<i>Unallocated</i>	45,000	
<b>Total Disbursements</b>	<b>192,826</b>	<b>TBD</b>
<b>Closing Fund Balance</b>	<b>48,891</b>	<b>TBD</b>

The materials presented by the agencies included the allocations included in the 2023 State Fiscal Year Budget, overview of settlements and settlement funds flows to local governmental units, Overdose Prevention Program structure and financing, co-occurring disorder prevalence and services, a brief review of the addiction service system and notable impacts of the epidemic for priority populations, addiction services in criminal justice settings and the New York MATTERS program.

As part of the presentation on the State Fiscal Year 2023 Enacted Budget, DOB reviewed a scorecard showing the allocations the Executive, Senate, and Assembly set aside for current year spending. Of the almost \$242 million in OSF funds that will be available for expenditure in FY 2023, \$64 million is reserved for localities per settlement agreements and subject to a plan approved by OASAS; about \$129 million is allocated for State investments outlined in the scorecard; and a balance of nearly \$49 million will carry into FY 2024. The Board was advised that where the recommendations from the Board differ from the scorecard in the current fiscal year, the Executive and both Legislative houses would consult to reach agreement on how to proceed.

DOB also provided a high-level overview of the settlement agreement payment schedules, showing that out of \$1.5 billion in total settlement dollars over 18 years, local governments will receive 63% or nearly \$962 million: \$735 million in direct payments and nearly \$227 million in funds that flow through the OSF.

All presentation materials have been included with this report and can be found in Appendix B.

## **ELIGIBLE EXPENDITURES**

The settlement agreements with opioid manufacturers identify areas in which generated revenues can be allocated as approved uses. These areas are further refined by Mental Hygiene Law definition of eligible expenditures to include:

- To prevent substance use disorders (SUD) through an evidence-based, youth-focused public health education and prevention campaigns, including school-based prevention and health care services and programs to reduce the risk of substance use by school-aged children;
- To develop and implement statewide public education campaigns to reduce stigma against individuals with a substance use disorder, that provide information about the risks of substance use, best practices for addressing substance use disorders, and information on how to locate services that reduce the adverse health consequences associated with SUD or provide treatment for SUD.
- To provide SUD treatment and early recovery programs for youth and adults, with an emphasis on programs that provide a continuum of care that includes screening and assessment for SUD and co-occurring disorders, active treatment, family involvement, case management, relapse management for substance use and other co-occurring behavioral health disorders, vocational services, literacy services, parenting classes, family therapy and counseling services, crisis services, recovery services, evidence-based treatments, medication-assisted treatments, including medication-assisted treatment provided in correctional facilities, psychiatric medication, psychotherapy and transitional services programs.
- To provide harm reduction counseling and services to reduce the adverse health consequences associated with SUD, including overdose prevention and prevention of communicable diseases related to substance use, provided by SUD service providers, or qualified community-based organizations.
- To provide housing services for people who are recovering from SUD. Such housing services shall be appropriate, based on the individual's current need and stage of recovery and may include, but are not limited to, supportive housing services.
- To support community-based programs that reduce the likelihood of criminal justice involvement for individuals who have or are at risk of having SUD;
- To provide programs for pregnant women and new parents who currently or formerly have had SUD, and newborns with neonatal abstinence syndrome;
- To provide vocational and educational training for individuals with or at risk for SUD.
- To ensure individuals can access services without discrimination based upon age, race, creed, color, national origin, sexual orientation gender identify or expression, military status, sex, pregnancy, physical or mental disability, predisposing genetic characteristics, familial status, status as a victim of domestic violence, housing status and arrest records and criminal convictions.

## **BOARD MEMBERS**

Lawrence S. Brown, Jr., MD, MPH, FACP, DFASAM

Anne Constantino, MS

Stephen Giordano, PhD

Avi Israel

Suzanne G. Lavigne

Ashley Livingston

Joshua J. Lynch, DO

Stephanie Marquesano, JD

Cheryll Moore, BSN

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Tisha M. Smith, EdD

Ashwin Vasan, MD

Justine Waldman, MD

Kevin Watkins, MD

William M. McGoldrick, Esq.

Dr. Chinazo Cunningham, Commissioner Office of Addiction Services and Supports

Dr. Mary Bassett, Commissioner Department of Health

Dr. Ann Marie Sullivan, Commissioner Office of Mental Health

Robert F. Mujica Jr., Director of the Division of the Budget

Johanne Morne, MS, DOH Designee

Dr. Thomas Smith, OMH Designee

Peggy O'Shea, DOB Designee

### **State Agency Representatives**

Tracey Collins, Associate Commissioner, OASAS/Executive Secretary of the Board

Trishia Allen, Esq., General Counsel, OASAS, Board Legal Advisor

## **BOARD MEETINGS**

The OSFAB was officially fully constituted and began meeting in June of 2022. To ensure transparency and compliance with New York State Open Meetings Law, all meetings of the Board are livestreamed and open to the public. Additionally, the Board has created a webpage (<https://oasas.ny.gov/opioid-settlement-fund-advisory-board>) and an email address (OSFAdvisoryBoard@oasas.ny.gov) to make certain that information pertaining to Board activity is easily accessible, and to provide opportunities for members of the public and other interested stakeholders to communicate directly with the Board. Each meeting also included time for public comment.

In 2022, meetings were held:

June 14, 2022 (Albany, NY)

June 28, 2022 (Albany, NY)

July 18 and 19, 2022 (Albany, NY)

August 3, 2022 (Virtual)

August 29, 2022 (Albany, NY)

September 20, 2022 (Albany, NY)

September 30, 2022 (Albany, NY)

October 14, 2022 (Albany, NY)

October 19, 2022 (Albany, NY)

October 31, 2022 (Albany, NY)

## OVERARCHING THEMES

Meetings of the OSFAB yielded many important discussions related to the behavioral health services system across New York State. Three main areas of overarching priority were identified as guiding principles for developing and prioritizing all recommendations. The areas include service integration to best treat co-occurring disorders, service equity, and meaningful evaluation that demonstrates reduced suffering and positive impacts on the social determinants of health.

The Board recognizes that the impact of the Opioid Settlement Fund dollars will be assessed not only in terms of the lives saved, the positive impacts on populations disproportionately affected by the epidemic, the decreases in suffering, the improvement in quality of life, and re-engagement in the community, it will also be viewed by the ways in which the funds are utilized to address the overarching themes of equity and integration. With that in mind, the Board noted:

- Many, if not all, the systems in which people of color receive care in the United States are fraught with historic and present racial injustices. It is therefore of paramount importance that every program is developed, implemented, and reviewed with an antiracist lens. And, to achieve that goal, it is imperative that information shared about a patient's healthcare with those in the criminal justice system and Departments of Social Services be limited to a need-to-know basis.
- The need to ensure that equity and social determinants of health are not only emphasized but are elevated to the magnitude of the interventions and services mentioned above, with the recognition that the types, volumes, and impacts of these services will vary depending on location and population being treated.
- The Board raised, and state agencies affirmed, that any procurement process should reflect collaboration among the interested state agencies.
- The recognition that access to care will not result in engagement and retention unless the care meets the multiple needs of the individual. This signals the need for services to be both culturally competent and low barrier.
- There is a need to integrate, elevate, and incorporate the voices of communities, people with lived experience (PWLE), and cultural identity, with a feeling of belonging into all services.
- There is a need to invest in workforce training, jobs, and housing for people who use drugs at all levels of use and recovery to reestablish them into the community and safety back into their lives.
- The need to prioritize at-risk individuals, populations, communities, and geographic areas is immediate.
- Recognition that the loss of privacy associated with witnessed or frequent urine drug screens and or searches of body and or belongings in the hospital or any community organization should be minimized and or eliminated.

- There is a fundamental need to create opportunities for community-based organizations that are not licensed, certified, or funded by the state or federal government to apply for funding.
- There is a need to fully integrate or, at a minimum, co-locate services across the spectrum of care so that every organization can offer access to prevention, treatment, recovery, harm reduction and care for co-occurring disorders. For individuals with co-occurring SUD-MH, the recommended evidence-based intervention is to receive integrated treatment for both conditions in the setting in which the person is most naturally and effectively engaged.
- The recognition that priority populations are at high risk for overdose and therefore an investment in services to meet their needs is of paramount importance.
- The recognition by the state agencies that a ‘no wrong door’ service approach for mental health and addiction disorders needs to be funded and staffed appropriately so that individuals are not being turned away from or guided to sequential or simultaneous services. In addition, for those individuals needing medical clearance or with physical health conditions that cannot be appropriately managed, a warm handoff will be initiated and supported.
- The need for investment in the same day or “on demand” integrated care services as a safety net needs to be a priority.
- The recognition that investments of Opioid Settlement Funds need to have the intent of healing communities, families, and individuals and that if done appropriately will have a positive economic impact on communities most in need.
- Related to ensuring equity, language access services should be addressed throughout the system.



## RECOMENDATIONS FOR FUNDING

The OSFAB recommends that initial investments be made across the system to expand access and ensure a stronger and viable behavioral health service system in New York State. The Board recommends the following critical areas for the initial funds available through settlement funds with opioid manufacturers. It is also important to note that the following recommendations also reflect collaborative recommendations from the Office of Addiction Services and Supports, the Department of Health, and the Office of Mental Health. The Board made a concerted effort to reinforce the importance of all three state agencies to continue collaborating for the benefit of the population serviced, which is known to experience many co-occurring issues.

See Appendix A for additional information.

### 1) Harm Reduction

Substance use challenges, problems, disorders, addictions, and the State's responses to these issues are inextricably related within the legacy of the war on drugs, with punitive prohibition as an ideological infrastructure that has defined and shaped the availability of public health tools and the related preparation of professionals to fill its treatment ranks. By centering social justice in our funding, we address treatment gap that impacts some more than other members of our State; we acknowledge that some communities are more negatively affected than others; that negative impacts are reproduced through stigma that drives the scarcity of resources; that ideological and structural harms can be mitigated with an expansion of evidence-based tools and spare less-harmed communities from the institutional injustices associated with viewing the challenges and problems as individually or family-based, rather than as socially determined.

Evidence-based strategies aimed at ending stigma and reducing harm to individuals and communities are rooted in respecting individuals and meeting them where they are to help keep them alive, while guiding them to help make healthier life choices.

*To provide harm reduction counseling, supplies, and services to reduce the adverse health consequences associated with substance use disorders, there needs to be:*

- Support for New York MATTERS Model as outlined in FY 2023 Scorecard
- Increased support for syringe service programs
- Expanded purchasing and distributing harm reduction supplies and ensure accessibility
- Increased access to low threshold medication assisted treatment
- Funding for overdose prevention centers
- Funding to address crystal methamphetamine
- Expanded capability to rapidly respond to pain clinic closures
- Access to embedded mental health and trauma-informed treatment and services.

See Appendix A for additional information.

## **2) Treatment Services**

A significant challenge New Yorkers face in obtaining quality and comprehensive treatment is the legacy of fragmentation of the mental health, primary care, and addiction treatment systems. OASAS, OMH, DOH have made significant strides in recent years to improve the ability of primary care and BH providers to serve the comprehensive needs of complex patients. Opioid funding presents opportunities to further improve service, delivery, collaboration, and coordination. The recommendations below will enhance clinical services and ensure strong transitions between levels of care and improve the overall patient experience.

New York State needs to ensure access to a full continuum of services across agencies that are addressing the health and behavioral health care of those in need. Services should be patient-centered and integrated to ensure that we are meeting the needs of the individual patients and families, and ultimately the community.

The summary of the treatment recommendations reflects an investment to provide substance use disorder treatment and early recovery programs for youth, adults, and families:

- Ensure system sustainability and stability through revised reimbursement structures and budget development processes
- Invest in data and technology infrastructure
- Expand service access through telehealth
- Increase access to medication to treat opioid use disorder regional planning and solutions
- OASAS clinic integration of medication, counseling, and harm reduction services
- OMH clinic identify and treat those with co-occurring SUD integrating medication, counseling, and harm reduction services
- Invest, support, and expand integration of treatment across all settings, enhance connection to treatment
- Provide contingency management and medical services
- Including Harm Reduction Principles as part of the treatment milieu.

See Appendix A for additional information.

## **3) Investments Needed Across the Service Continuum**

Throughout discussions it became clear that investments were necessary across the care continuum to stabilize community-based organizations offering care, to invest in data and technology, to stabilize and grow the workforce, and to develop and expand the service continuum into a truly integrated care delivery model. While many of the areas below were not specifically listed as eligible expenditures in statute, they do fit within the approved uses outlined in the settlement agreements:

- Organization Budgets and Reimbursement Structures - Current reimbursement rates do not support the cost of comprehensive care, support and follow-up for individuals and families. Investments that restructure rates, and specifically fund needed services will help to stabilize the current well-developed system of care. Optimize billing, budgeting, and delivery of grant dollars, along with increased funding to organizations in direct need of sustaining the delivery care system.

- Data and technology - Data is critical to inform our efforts now and into the future. Data should be relevant, transparent, easily collected and easily accessible. Investments in hardware, software and infrastructure and support will improve capabilities for analytics, reporting, and data collection. Equipment and infrastructure are needed to expand and improve connectivity to telemedicine services which will enable the entire care continuum to reach more people and to make life saving decisions in real time. Consistent with a theme of integration of services and care, data collection points and methodologies should be universal and consistent across OASAS, DOH, and OMH.
- Workforce – Staffing shortages have been increasing for several years and have become critical since the pandemic. These issues have been further exacerbated by State Education Department scope of practice requirements and Medicaid regulations for licensed clinical staff. There is a need to increase cultural and racial diversity and People with Lived Experience (PWLE) in the care team. Recognizing that substance use disorders are in fact an equity issue, the Board recommends large investments in workforce capacity training around substance use disorders, diversity, equity, racial inequities, the needs of priority populations, social determinants of health and co-occurring mental health diagnoses. The workforce needs to be expanded to accommodate a truly integrated care delivery model and to sustain current services while implementing the other recommendations. These changes should also encompass increased reimbursement which will support recruitment, retention, and sustainability of a diverse and representative workforce. This will only be financially feasible through targeted funding which includes training and career development.
- Develop and expand all integrated care delivery through robust strategies to recruit and retain dedicated workforce which would allow for same day “on demand” services.

#### **4) Priority Populations**

Investments will be made to develop relevant services for prioritized populations including those that face higher overdose rates and poor health outcomes. Examples of such services include legal support and advocacy, specialized peer and treatment programs, increased outreach and engagement, on demand services, universal screening and connection to integrated services, and increased coverage of social determinants of health needs, with case management as a priority. There is an overall need to make sure that there is a spectrum of services offered to parenting adults including childcare, housing, education, and universal screening for children. Several categories with specific recommendations can be found in Appendix A, but include those who are:

- Criminal Justice Involved
- Prenatal and Postpartum services for parenting persons
- Individuals with co-morbid medical needs
- Under 18 and Young Adults
- Veterans
- Older Adults
- Native Americans
- LGBTQIA+ Community

See Appendix A for additional information

## **5) Housing**

The Board recognizes that housing instability is a large factor in poor health outcomes and a likely contributor to overdose deaths and co-morbid conditions., The Board recommends funding several types of housing and services to include:

- Recovery, transitional and supportive housing, youth housing, with harm reduction supplies and principles, and housing first models especially for pregnant and parenting persons and their children.
- Housing services with improved support and access to training and opportunities, linkage to care and permanent housing, treatment of co-occurring mental health and substance use disorders, and childcare.

See Appendix A for additional information.

## **6) Recovery**

Recovery is a key part of the continuum of the service delivery system, and it is a process of change through which individuals improve their health and wellness. The key components represent health, home, purpose, and community, all of which keep individuals grounded in their recovery. The Board agreed on the ongoing investment in Recovery.

The summary of these recommendations reflects an investment in sustainability and expansion and integrated care (co-occurring disorders, harm reduction, SUD) in all communities, including:

- Recovery Community Outreach Centers
- Community Based Recovery Organizations
- Recovery Friendly Workplaces
- Family Recovery Centers
- Drop-in Centers - safe havens
- Community-Based Mental Health Services
- Peer transportation services

See Appendix A for additional information.

## **7) Prevention**

Evidence-based strategies can not only help to educate, but also impact community attitudes and behaviors related to substance use, co-occurring mental health disorders, and trauma. It is critical to invest in prevention strategies that engage stakeholders, and impact people of all ages, in all regions and communities across the State. Promotion, expansion, enhancement, and further development of evidence-based, and trauma informed integrated prevention programming with coalitions at both the state and community levels and in schools.

*To prevent substance use disorders through evidence-based programming, the Board recommends investing in:*

- Community and regional approaches, which will include Evidence Based Practices for Prevention Providers to use in the community for a duration of at least five years.
- Community Drug Disposal Programs
- Research
- Expanded school-based programming
- Integrated Programs that are K-12, and enhance the curriculum with age-appropriate, trauma-informed, mental health, substance use, misuse, and addiction information
- Greater access to mental health services, support, and address social determinants of health (SDOH)

See Appendix A for additional information.

## **8) Transportation**

As much of New York State is rural, access to transportation is a big issue. Patients with SUD and co-occurring mental health disorders have difficulty getting to health, court, and other appointments that support their recovery. Hence, the Board recommends a significant investment be made from the Opioid Settlement Funds to support local and regional planning to explore alternatives to Medicaid transportation and to create transportation solutions (based upon current successful models) that work and that also allows for patients to get anywhere they need to go to improve their health outcomes. A summary of the recommendations reflects an investment in:

- Exploration of alternatives to Medicaid transportation such as Uber Medical
- Expanding funding to support local/regional planning to create a transportation solution that works for rural and other areas of the State
- Investing in PWLE peer transportation

See Appendix A for additional information.

## **9) Public Awareness Activities**

The need for and importance of making the public more aware of the dangers of substance misuse, addiction, as well as pathways to addiction, including mental health challenges, trauma, and injury are key points of education. Highlighting the availability of community services is also extremely important. Therefore, the Board recognizes the importance of prioritizing investment in education and public awareness in tandem with prevention.

*To that end, the Board recommends investing in the development and implementation of statewide public education campaigns aimed at:*

- Supporting or creating where needed, region-wide, multi-stakeholder, community coalitions with connections to media outlets, health and behavioral healthcare, academia, local governments, law enforcement, faith leaders, local planning, local priority settings, and local needs identification campaigns
- Increasing awareness and public messaging for and about priority populations

- Enhancing harm reduction and integrated mental health and substance use disorder messaging for youth and young adults
- Ending stigma
- Warning of the dangers of fentanyl
- Highlighting recovery and stories of hope
- Promoting critical resources such as the HOPEline, 988, agency websites
- Creating, developing, and producing new and/or expanded existing local public awareness campaigns designed to respond to community needs and which connect back to community resources across the continuum.

See Appendix A for additional information.

## **10) Research**

As the Board was focused on both evidence-based and promising new approaches to end the overdose epidemic, it recommended that funding go toward conducting studies on several topics that agency commissioners will use to keep the Board updated on current trends and EBPs that they are aware of or acting upon.

To that end, a summary of the recommendations reflects an investment in:

- In conjunction with state agencies, support research efforts on opioid use disorder and co-occurring disorders and the impact of our efforts
- Identify existing research efforts on opioid use disorder and co-occurring disorders in conjunction with the state agencies, and expand and/or enhance to prioritize goals of OSFAB
- Conducting studies on policies for pregnant and parenting persons with SUF and the impact on BIPOC communities
- Evaluating trends in reports regarding positive urine toxicology results at childbirth
- Evaluating trends in significant clinical incidents including overdose and deaths

See Appendix A for additional information.

## **Funding Directed to Localities**

Provide an opportunity for the Counties and municipalities receiving direct allocations to connect their plans to the State allocation of settlement dollars with purposes that includes: meeting the needs of diverse communities (both demographic and geographic); ensure a system that is co-occurring competent and the implementation of best practices; and, that the State and Counties and municipalities are not duplicating efforts or working at cross-purposes.

## FUNDING PERCENTAGES

In addition to recommending topic areas, the Board also prioritized their recommendations by funding percentages. The list of recommendations above is consistent with the Board's ranking of importance. The attached grid outlines the results of these discussions.

<b>OPIOID SETTLEMENT FUND</b> <b>Board Recommended Allocations</b> <b>FY 2023</b> <b>(thousands of dollars)</b>		
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Harm Reduction	22%	28,637
Treatment	12%	15,381
Investments Across Service Continuum	16%	20,611
Priority Populations	15%	18,860
Housing	10%	13,191
Recovery	10%	13,191
Prevention	7%	9,017
Transport	5%	6,750
Public Awareness	2%	2,203
Research	1%	979

## APPENDIX A

### Board Recommendations-Specific Examples



# **Board Recommendations and Specific Examples**

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## ***Introduction***

The Opioid Settlement Fund Advisory Board was created under Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law §25.18. The Board has been charged with making recommendations regarding the use of revenues received by New York State resulting from settlements with opioid manufacturers, distributors, and other entities which contributed to the opioid epidemic.

Noting the importance of their charge, the Board held ten meetings since June of 2022. The Board carefully considered the allowable uses permitted by the settlement agreements and contained within its enacting provisions of Mental Hygiene Law. The Board agreed upon high level over-arching topic areas (in red) which were further refined into subcategories (in blue) with underlying specific initiatives provided as examples and developed funding percentages that aligned with scaling of the priorities.

The recommendations contained within this document are arranged in order of priority as identified by Board members, to inform the Executive and Legislature in determining specific allocations for funding.

## ***Terms/Definitions***

*“workforce”: The workforce includes individuals (including those who have and do not have certification or licensing) who contract or are employed by organizations that do not receive state funding, licensing and or certification and by organizations that do receive such funding, certification, and, or licensure.*

*“OASAS”: Office of Addiction Services and Supports*

*“DOH”: Department of Health*

*“OMH”: Office of Mental Health*

*“Agencies”: For these purposes include OASAS, DOH, and OMH.*

*“PWLE”: People with lived experience, for these purposes to include those that are criminally justice involved, use drugs are or have use disorders, have mental health diagnoses, represent populations disproportionately affected by the overdose epidemic, or are parents/loved ones who have been affected by the loss of children or loved ones either to overdose or whose children have been legally withdrawn from their homes.*

*“Peers”: Are PWLE who walk the journey with other PWLE*

*“Diverse”: For these purposes separated from People with Lived Experience representing a diversity from an ethnic, racial, language, sexual orientation standpoint.*

*“SDOH”: Social Determinants of Health (SDOH) used for these purposes that go beyond health promoting factors found in one's living and working conditions to also include issues of health disparity such as, access to Hygiene supplies, bathrooms, showers, computers, coffee, respite in a*

*warm place, food, clothing, tents, language services, legal services, housing, help with paperwork and referrals, transportation/escorts to court dates and appointments.*

*“Taskforce”: Refers to multi-agency long term workgroups with representation to include, but not be limited to, the Agencies (as defined above), a diverse group of “PWLE,” and a diverse group of community-based professionals representing the full spectrum of services.*

*“Co-occurring disorders”: The combination of one or more mental health disorders and substance use disorder. Many individuals who develop substance use disorder (SUD) are also diagnosed with mental health disorders, and vice versa.*

*“No wrong door”: People presenting with a substance use disorder or for a mental health disorder(s) should be routinely screened for SUD, and all people presenting for treatment for substance use disorders should be screened for mental health disorders. Effective systems must ensure that a person needing treatment will be identified, assessed, and receive treatment, either directly or through appropriate referral, no matter where he or she seeks services.*

*“Integrated treatment”: Coordination of mental health and substance use interventions by linking people to providers who can deliver individualized and personalized services to treat the physical and emotional aspects of mental and substance use disorders. While there are three models for delivering care for co-occurring disorders, coordinated, co-located, and fully integrated, with integrated care, a more complete recovery is possible.*

*“Integrated care”: Care available on site to include, but not be limited to prevention, treatment, recovery, SDOH, harm reduction and co-occurring mental health conditions trauma care, trauma resiliency (for patients and staff).*

*“LGU”: Local Government Unit*

*“Local Services”: For these purposes this includes, but not limited to, LGU’s, pharmacies, local hospitals, EMS, fire, police, sheriff, high schools and colleges.*

*“OOPS”: Opioid Overdose Prevention Site (A DOH designation)- An organization that orders and receives free naloxone on site for distribution and has at least one naloxone trainer on site.*

*“SSP”: Syringe Service Program*

*“Health Hub”: SSP with a medical provider and expanded services.*

*“OPC”: Overdose prevention site.*

*“At-Risk Populations”: Individuals and populations who have been disproportionately affected by the overdose epidemic that include people who are criminally justice involved, mothers, and children.*

*“At-Risk Geographic Areas”: Geographic areas lacking access to services and or with high overdose rates.*

*“DSS”: Department of Social Services*

*“CPS”: Child Protective Services*

*“ST”: Short Term funding that can go out expeditiously and will be funded for a certain number of years, potentially these are projects that may get funded at a higher annual rate but for a shorter length of time.*

*“LT”: Long term funding that can go out expeditiously but will have long term outcomes and will get funded at a lower annual rate but for a longer length of time.*

*“Sites”: These include all places, venues, streets, parks, indoor/outdoor, where substance users feely interact, including mobile units/vans, and places or venues where substance users receive services but are under some form of state or institutional supervision.*

*“Drugs”: Chemicals which affect brain function. These chemicals can and do change how one thinks and feels. They regulate moods and feelings. It is important to note that there are no “good” or “bad” drugs.*

*“OSFAB”: Opioid Settlement Fund Advisory Board*

*“Organizations”: to include community-based organizations that are licensed, certified and or funded by state agencies and those that are not.*

*“Priority Populations”: These include adolescents, individual that are unstably housed, and or identify as LGBTQIA, pregnant or parenting women(men) and children, sex workers and individuals involved with CPS or the criminal justice system, veterans, and older adults, and individuals with disabilities who are at high risk and therefore an investment in services to meet their needs is of paramount importance.*

*“Criminal justice system”: Includes jails, prisons, drug courts, parole and probation, and diversion programs, district attorneys and judges.*

*“SED”: Serious Emotional Disorder*

*“IDD”: Intellectual and Developmental Delay*

## **OVERARCHING THEMES**

Per State statute, funding shall be distributed regionally and to ensure adequate geographic disbursement across the state with an emphasis on supporting programs that are culturally, linguistically and gender competent, trauma informed and evidence-based, and where appropriate, employ individuals with lived experience as part of the services provided.

In addition, the board recognizes the opportunity to make a lasting systemic impact on interagency collaboration with increased utilization of multi-agency task forces, and to put an emphasis on supporting agencies, programs and organizations that are typically underfunded, demonstrate a commitment to populations that have been disproportionately affected by this epidemic who are geographically isolated, and have a commitment to treating individuals with co-occurring disorders, workforce diversity and to current best practices or new promising practices. The OSFAB also recognizes the absolute need for a transparent process in which initiatives are being evaluated based on outcomes that include equity, engagement, and decreased overdose rates to best evaluate if funding dollars are being utilized appropriately.

The impact of the Opioid Settlement Dollars will be assessed not only in terms of lives saved, positive impacts on populations disproportionately affected by the epidemic, decreases in suffering, but also in the ways in which the funds are utilized to meet these overarching programmatic themes:

- 1) The recognition that a system that is coercive and focuses on pathology and punishment will not be as effective as a system that focuses on compassion and care and the elimination of suffering.
- 2) Many, if not all of the, systems in which people of color receive care in the United States are fraught with historic and present racial injustices. It is therefore of paramount importance that every program is developed, implemented, and reviewed with an antiracist lens. And to that goal, it is imperative that information shared about a patient's healthcare with those in the criminal justice system and Department of Social Services be limited as the patient sees fit.
- 3) The need to ensure that equity and social determinants of health are not only emphasized but are elevated to the magnitude of the interventions and services mentioned above with the recognition that the types, volumes and impacts of these services will vary depending on location and population being treated.
- 4) The recognition that access to care will not result in engagement and retention unless the care meets the needs of the individual. This signals a need for services to be culturally competency and low barrier.

- 5) The need to integrate, elevate and incorporate the voices of communities, PWLE, and cultural identity, and create a feeling of belonging into all services.
- 6) The need to invest in workforce training, jobs and housing for people who use drugs at all levels of use and recovery in order to reestablish community and safety into their lives.
- 7) The need to prioritize at-risk individuals, populations, communities, and geographic areas immediately.
- 8) The recognition that the loss of privacy associated with witnessed or frequent urine drug screens and or searches of body and or belongings in the hospital or any community organization should be minimized and or eliminated if possible.
- 9) The creation of opportunities for community-based organizations that are not licensed, certified, or funded by the state or federal government to apply for funding.
- 10) The need to fully integrate, or at a minimum, co-locate services across the spectrum of care so that every organization offers access to prevention, treatment, recovery, harm reduction and care for co-occurring disorders. For individuals with co-occurring SUD-MH, the recommended evidence-based intervention is to receive integrated treatment for both conditions in the setting in which the person is most naturally and effectively engaged.
- 11) The recognition that priority populations are at high risk and therefore an investment in services to meet their needs is of paramount importance.
- 12) The recognition by the agencies that a no wrong door service approach needs to be funded and staffed appropriately so that we can minimize individuals being turned away from or leaving services for medical clearance or other reasons without a warm handoff
- 13) The investment in same day or “on demand” integrated care services as a safety net needs to be a priority.
- 15) The recognition that investments need to have the intent of healing communities, families and individuals and that if done appropriately will have a positive economic impact on communities most in need.

## **1) HARM REDUCTION INVESTMENTS**

As reflected in the meeting minutes, all dollars for Harm Reduction will go to the Department of Health for appropriate disbursement with collaboration with other agencies.

### **(a) HARM REDUCTION SUPPLIES**

- A Statewide bulk purchase, distribution, training, and supervision of harm reduction items should be offered to all “agency” programs and all “local services.” The Board agreed to an investment in a statewide bulk purchase, distribution, training, and supervision of harm reduction items (including naloxone, and naloxone vending missions, fentanyl test strips, MAT Medication dispensing units). Access to harm reduction supplies via mail ordering services, and via prescription) in all venues across the state where people with substance use disorder might go, will be necessary to decrease overdose deaths.
  - Support for New York MATTERS Model as outlined in FY 2023 Scorecard
  - Increase access to MAT using MMU and Medication Dispensing Units
  - Coordination of 100 naloxone vending machines at emergency access points across the state.
  - Expand mail order services
  - Expand naloxone appropriations for overdose kits
  - Expand fentanyl test strips
  - Expand naloxone access and education in correctional settings
  - Expand the scope and the dollar amount of N-CAP
  - Work closely with hospitals to
    - Dispense naloxone
    - Dispense and prescribe MAT
    - Support engagement and follow-up after overdose

#### **(b) FUNDING TO THE DOH**

- Funding to the Department of Health will be invested to increase the number of and expand services at Syringe Service Programs to include 24 hour a day, 7 day a week drop in services and drug testing via spectrometry, while simultaneously expanding access to health hub services in Syringe Service Programs to offer truly integrated harm reduction, low threshold buprenorphine, women’s health services, medical and co-occurring mental health care and continued help with Social Determinants of Health. In addition, investments will be made to increase the number of second-tier Syringe Service and Expanded Syringe Access Programs.

#### **SSP’S**

- Increase the number of SSP’s
- With goal opening in every LGU starting with “at risk” areas
- Increase number of 2nd tier and ESAP programs
- Expand SSP’s to offer 24 hour/7 day a week drop in services
- Expand and enhance access to “health hub” services which include low threshold buprenorphine, basic medical care including the ability to treat, vaccinate and screen for infections, mental health services Increase supplies
  - Women’s program HUB within SSPs
    - MAT, STI, contraception, PEP, PrEP, Hep C, PAP
- Harm reduction legal services for those experiencing discrimination
- Expand distribution of drug testing via spectrometry at every SSP

#### **RAPID RESPONSE TO CHRONIC MED DISRUPTION**

Rapid Response to Chronic Medication Disruption - As the overdose epidemic has worsened, the state has seen a rapid increase in the numbers of chronic pain management providers closing their

doors leaving hundreds if not thousands of patients without these medications. Funding will be appropriated to the Department of Health to create a rapid response Telehealth and outreach program to be on the ready when a closure happens to get patients adequate resources to avoid overdoses and other bad health outcomes. As a result, chronic pain management providers are closing their doors. To ameliorate this issue, it is important to create a rapid response telehealth/outreach program to be proactive as opposed to reactive.

### **OVERDOSE PREVENTION CENTERS**

- Overdose Prevention Centers - the Board recognizes the role of OPCs in saving lives and offering another day to drug users and as a resource aligned with each point of the integrated care pathway. Investments will be made to develop public messaging, compliance and risk policies, and the search to find potential sites around the state for OPCs. In addition, there will be an investment to pilot a heroin assisted treatment with an OPC, much like those in Canada, once OPCs are made legal in New York State.

*The Board recognizes the role of OPC's in saving lives and offering another day to drug users and as a resource aligned with each point of the integrated care pathway. Therefore, the Board feels it is important to:*

- Understand the benefits and address any perceived or real negatives
- Develop public messaging
- Work on compliance/risk/policies
- Find potential sites around the state
- Pilot Heroin Assisted Treatment within an OPC

### **(c) EXPAND TELEHEALTH LOW THRESHOLD MAT**

- Expand Telehealth Low Threshold MAT - The state will invest opioid settlement fund dollars in expanding low threshold MAT to increase access low barrier access to MAT which has been demonstrated to be a life saving measure.

### **(d) OASAS HARM REDUCTION DIVISION**

- OASAS Harm Reduction Division - As this new division is started at OASAS, efforts will be made by OASAS and the Department of Health to present to the Board and public a clear understanding of the division of programmatic harm reduction ownership between DOH and OASAS. For these first years of funding, the recommendations from the Board are for the division to invest in working with providers to better understand and expand harm reduction services in their programs, while simultaneously working to increase billing rates and develop new regulatory designations for programs that offer low threshold MAT.
  - In order to avoid redundancy and cuts to an already underfunded department, a clearer understanding of the division of programmatic ownership between DOH and OASAS is needed.
  - Providers need to understand and further expand the logistics and activities of incorporating harm reduction in prevention, treatment and recovery.
  - Increased changes in regulations around prevention, treatment and recovery are needed to maximize integration of harm reduction



- New regulatory designation for providers offering low threshold MAT treatment need to be developed.

## **2) INVESTMENTS IN TREATMENT**

A significant challenge New Yorkers face in obtaining quality and comprehensive treatment is the legacy of fragmentation of the mental health, primary care, and addiction treatment systems.

OASAS, OMH, DOH have made significant strides in recent years to improve the ability of primary care and BH providers to serve the comprehensive needs of complex patients

There are opportunities to further improve service, delivery, collaboration, and coordination.

The proposals below will enhance clinical services and ensure strong transitions between levels of care and improve the overall patient experience.

- Support universal screenings and assessments
- Support regional planning and targeted solutions
- Increase OTP's and all forms of MAT
  - Slots
  - Mobile
  - Regulations-
    - Tech assistance
    - Agency investment with state/federal partners to decrease barriers to methadone for ex: pharmacy dispensing
- OASAS clinic integration - provide the full range of services including methadone either by OTP services or medication unit onsite that is operated out of another OTP service
- Invest, support, and expand integration of treatment across all settings
  - Expand of hospital/ED programs to support engagement and follow-up after overdose.
  - Inpatient psychiatry and Comprehensive Psychiatric Emergency Program (CPEP) to better meet the needs of the high-need co-occurring disorders.
  - Build capacity in residential programs – any programs certified by OMH, DOH, OASAS – harm reduction, SUD, MH.
  - Continue to expand capacity of OMH outpatient programs to identify and treat SUD, provide harm reduction, training, align payment ensure parity.
  - Enhance OASAS programs to improve screen and treatment of MH disorders.
  - Cross system training of clinical, peer and support staff.
  - OASAS clinic integration - provide the full range of services including methadone either by OTP services or medication unit onsite that is operated out of another OTP service.
  - Increase access to MAT using MMU and Medication Dispensing Units.
- Enhance Connections to treatment – initiation and transition
  - Invest in improved connections between hotlines (988/HOPE line), regional assets and regional networks, same-day and telehealth appointments and MAT, individual/family navigation.
  - Invest in BH networks to improve quality - through initiatives, training, and quality improvement activities.

- Improve outreach/engagement, harm reduction of street/subway homeless population – street/subway outreach, shelters, housing.
- Funding for:
  - Medical Clearance and Against Medical Advice Accompaniment - direct transport and warm handoff for all discharges or leaving against medical advice.
  - Emergency stabilization
  - Medical treatment and monitoring on site
  - Evidence based contingency management only for non-abstinence based measures
- Rural telehealth strategy (note low threshold is above under harm reduction)
- Expansion of hospital/ED programs to support engagement and follow-up after overdose.
- Increased access to MAT using MMU and Medication Dispensing Units.

### **Enhance Connections to treatment – initiation and transition:**

The Board recommends funding for:

1. Improved connections between hotlines (988/HOPEeline), regional assets and Regional networks, same-day and telehealth appointments and MAT, indiv/family navigation
2. BH networks to improve quality - through initiatives, training, and quality improvement activities.
3. Improved outreach/engagement, harm reduction of street/subway homeless population – street/subway outreach, shelters, housing,

## **3) INVESTMENTS NEEDED ACROSS THE SERVICE CONTINUUM**

### **(a) ORGANIZATION BUDGETS AND REIMBURSEMENT STRUCTURE**

- “Agencies” work to increase Medicare, Medicaid, and commercial payor reimbursement for “integrated care” for all rates.
- Develop a billing modifier or rate reform for:
  - “Integrated Care” to include harm reduction services and PWLE peers
  - To reimburse for treatment for 12 months after an inpatient stay
  - Both Recovery Centers and SSP’s need to be able to bill adequately for any sustainability
  - Case management
  - Care for special populations
  - Provide acuity adjustments in Medicaid for more complex individuals.
- Revise budget and funding processes to:
  - Agencies move toward looking at geographic areas in need, as opposed to the regions.
  - Allow for the assessment of fiscal feasibility and service gap/performance to be part of the process.
  - Expedite funding disbursement and simplify data collection and reporting.

- To develop and implement a standard scoring and bonus system around patient acuity, risk of overdose, patient, and staff satisfaction, and “integrated care” across “diverse” demographics (rate reform to include incentive add on for hitting key metrics).
- Link funding for localities to demonstrate effectiveness. For example, using a “hub and spoke” model, for every dollar used to house homeless users, moves an agency toward successful stabilization referrals to vocational training and connection to community resources.
- Funding to programs experiencing budgetary shortfalls, for example:
  - Increased operational expenses to assist with retaining workforce.
  - Establishing a “fiscal stabilization” fund to provide emergency assistance to programs experiencing cash flow or deficit issues when revenue does not cover the full cost of delivering services.

## **(b) DATA and TECHNOLOGY**

- Investment in infrastructure and technology data collection, including:
  - Analytics, reporting tools
  - Development of regional/statewide dashboards and analytics
  - Development of a robust data collection survey system for:
    - Annual surveys
    - Ad hoc requests for information
    - Enhanced responses to crisis situations like
    - Work with other state and out of state organizations (ex: the RHIO) to collect unified data
- Telehealth, including:
  - Equipment, connectivity and technology
  - Laptops, smart tv’s, hardware and data plans

## **(c) WORKFORCE**

- **RECRUITMENT**
  - Salaries that are reasonable and equitable for workers across the Agencies and the continuum from prevention to harm reduction to treatment to recovery
  - Recruitment Incentives with additional funding for hiring “diverse” staff:
    - Increased loan forgiveness from the state or national program
    - Scholarship funds for continuing education after working for a period of time
  - Establishing and maintaining competitive Employee Benefit packages
  - Recruitment and retention of “diverse “staff
  - Rural areas funding for licensed/certified staff including:
    - Psychiatrists
    - MAT providers

- **ADVANCEMENT**

- Paid internships for PWLE to get advanced degrees
- Funding for BIPOC leadership development

- **PERMANENT CAPACITY TO DEVELOP, TRAIN AND IMPLEMENT:**

- An integrated care model for communities, local services, and the criminal justice system, on MAT, OUD, co-occurring mental health and SUDs for community organizations that patients, family, or participants may go to, to seek help through a No Wrong Door framework, including:
  - SDOH
  - SUD
  - Harm reduction
  - Treatment
  - Recovery
  - Co-occurring mental health
  - Trauma informed services
  - Drugs with an understanding their effects on the brain from a scientific non-ideological perspective
  - Anti-racism, social justice, and diversity and inclusion
  - Care for priority populations, for example: veterans
  - Crisis intervention
- CONCEPTS + Capacity/train, Cross-training, Consultation, Supervision, Implementation, and Quality Improvement- which will provide funding to access expert consultations or learning collaborations across state agency systems, at school, and local services, and for all medical specialty providers, hospitals (ED, BHU, maternity), recovery, treatment, SSP's, MH, criminal justice system programs, CPS and DSS, and agencies that work with veterans. These learnings could focus on:
  - How to integrate PWLE and PWLE peers into the workforce
  - Universal screenings
  - Harm reduction tools
  - Treatment of opioid use disorder and co-occurring mental health disorders
  - Traumatic brain injury
  - Suicidality

- **EXPAND THE INTEGRATED CARE WORKFORCE**

- Unite all the “agency” “PWLE” certification programs into one “integrated care” non-abstinence-based program inclusive of training, mentoring and leadership development. Invest in living wages and scholarships to obtain and maintain peer certifications and credentials, preferably these would involve fully funding recruitment, training, certification, and job placement

- Develop a free public awareness and recruitment program of young people especially “diverse” young people for employment in health equitable human services.
- Invest in recruitment and training for people with lived experience
- Integrated Care Medical Workforce Curriculums
  - Interdisciplinary fellowships for “integrated care”
  - Medical students and residents
  - Statewide “integrated” echo for mentoring and ongoing medical education
- Allow paraprofessionals to bill for services, including:
  - Occupational therapists
  - Case Managers (including nursing and peer)
  - PWLE peers in all settings whether certified or not
  - Additional paraprofessionals who work with pilot populations
- Promote integration of a peer and recovery services that are reimbursable throughout the service spectrum, including:
  - Hospital departments
  - Neighborhoods with training of hospital staff (24/7)
  - DSS
  - All treatment providers
  - Those that work with special populations
  - Expansion of peer services and in-reach programs within correctional settings
  - Increased peer staffing in housing programs
  - Increased peers and others taking the Veteran Supported Recovery Training by utilizing scholarships and supports (with an effort to ensure Veterans have direct experience)

#### **(d) DEVELOP AND EXPAND THE INTEGRATED CARE DELIVERY SYSTEM**

- Aim to deliver same day (on demand) integrated care and care for special populations in all treatment, prevention, and recovery programs, SSP’s, Health Hubs, OPC’s, mobile, homeless, street outreach programs, hotlines all mental health facilities (inpatient and outpatient) all hospital department and all criminal justice system programs. These include:
  - Free legal and advisory services and case management
  - Supports for under or un- insured patients
  - Bridge clinics
  - Inpatient psychiatry and Comprehensive Psychiatric Emergency Program (CPEP) to better meet the needs of the high-need co-occurring disorders
  - Building capacity in residential programs – any programs certified by OMH, DOH, OASAS – harm reduction, SUD, MH
  - Expanding capacity of OMH outpatient programs to identify and treat SUD, provide harm reduction, training, align payment ensure parity
  - Enhancing OASAS programs to improve screen and treatment of MH disorders.
  - Cross system training and supervision, of clinical, peer and support staff

- Investing in improved connections between hotlines (988/HOPEeline), regional assets and regional networks, same-day telehealth appointments and MAT, and individual/family navigation.
  - Improving outreach/engagement, harm reduction of street/subway homeless population through street/subway outreach, shelters, housing,
  - Ensure all criminal justice system initiatives incorporate an integrated focus on co-occurring mental health and addictions.
- Funding to bolster capacity in and or to:
  - Native American tribes and nations
  - “At risk” geographic and populations
  - Priority populations
  - Expand services in underserved areas to address specific populations and services that are lacking
- Fatal and non-fatal Overdose or suicide near real time surveillance state with central alert system, LGU and tribal partners
  - Rapid response plan and teams
  - Coroner/medical examiner to support fatality review process
  - central alert system - near real time surveillance to counties and tribal patterns with statewide rapid response plan and teams
  - Immediate support to families and children after a fatal overdose or suicide
- Fully integrated Mental Health, SUD, and Primary care services are a goal and should be supported where practicable
- Adolescents and adults with co-occurring disorders have unique and overlapping diagnoses. By developing a common, comprehensive, and universal template for screening, assessment, and treatment planning, providers will be able to get a more accurate view of an individual’s needs to create a co-occurring capable, person-centered treatment plan. In addition, OMH and OASAS have different standards which should be consistent and designed in the best interests of the person being served in mind.
- Establishing a “Co-occurring System of Care” workgroup. The workgroup should consist of representatives from: DOH, OASAS, OMH, CLMHD, County Mental Health Directors, County Public Health Directors or Commissioners, Center for Practice Innovations, PSYCKES, Providers (hospitals, agencies, clinicians, housing), Managed Care, Community Organizations, Family/Peer/Advocates. The workgroup should be tasked with exploring the barriers to integrating treatment and provide recommendations.
- Creating a sustained state-level steering committee that has an empowered leadership from all relevant state agencies and broad stakeholder involvement, including the State Medicaid agency and other funders, to support changes that improve treatment for co-occurring disorders. If possible, this committee should be replicated at the level of key intermediaries (e.g., counties). These committees would support integrated treatment through activities, such as developing a charter that details a shared vision, objectives, and implementation steps; identifying and ameliorating barriers to providing integrated care (e.g., through

revised policies and processes); and organizing learning collaboratives and technical assistance for providers using tool kits to implement care for people with co-occurring disorders.

- Recognizing that changes take time, it is important to develop strategies for ongoing evaluation and improvement of integrated care. This effort includes defining program-level improvement measures, such as incremental changes in delivery of integrated treatment assessed with tools that measure a program's co-occurring capability. It also requires defining outcome measures that emphasize continuing small steps of progress across multiple disorders, including stage of change for any issue (e.g., moving from not at all considering a change in behavior (i.e., pre-contemplation) to considering and working through ambivalence about change (i.e., contemplation) and harm reduction (e.g., reduced substance use).
- Systems should require data collection, provider credentialing, quality improvement activities, performance incentives, and billing instructions to support routine measurement and development of capable care for people with co-occurring disorders within each single funding stream and service code.
- Internal state and local policies need to be improved. This effort includes ensuring all program descriptions at all regulatory levels include the expectation that the programs will remove access barriers to care and provide appropriate integrated interventions for persons with co-occurring disorders.
- Billing instructions and codes should undergo review to ensure that appropriate services for co-occurring disorders can be provided and billed within each individual funding stream. This review should include instructions regarding progress notes and treatment plan documentation.
- As we work towards co-occurring competency, mechanisms need to be identified for reimbursing and reinforcing cross-consultation services in which people who are treated in addiction settings receive onsite services provided by practitioners from mental health agencies, and people treated in mental health settings receive onsite services provided by practitioners from addiction treatment agencies.

#### **4) INVESTMENTS IN PRIORITY POPULATIONS**

- Prioritized service delivery, including:
  - Education on legal rights, offer free legal support for DSS and CJ Systems
    - Medicolegal for pregnant and parenting
  - Specific peer services
  - Differentiated treatment program opportunities for ex:
    - Specialized residential trauma informed care
  - Increase outreach and engagement
  - Enhancing recovery supports to address SDOH Priority case management
  - On Demand screenings and connection to integrated services

- Increased coverage of SUD needs including housing, transportation
- Advocacy with interactions with the system (DSS, Criminal Justice, Housing, Hospitals, medical providers)
- Childcare and housing for children

**(a) INVESTMENT IN THOSE INVOLVED WITH CRIMINAL JUSTICE SYSTEM (CJ):**

- Legislative action
  - Bupe decriminalization
  - Ensure probation/parole allow for MAT
- Fund Education
  - Harm Reduction Principles with Person Determined Goals which include may abstinence
  - Understand the legal parameters of 42 CFR part 2 and HIPAA, and recent literature around the harms of mandated treatment
  - Need for Criminal Justice system to not make decisions over medications or treatment that contradict medical providers
  - Universal screening and assessment, and referral to best matched treatment modality, including integrated care
  - Crisis intervention
- Reentry
  - Early warm hand offs for integrated care
  - Focus on immediate Medicaid
  - Invest, support, and expand re-entry services, including developing materials and resource guides
- Diversion programs for localities
  - Support for Intercept 1 diversion programs
  - Virtual and on-site TA to develop and implement for ex:
    - Such as Sequential Intercept Mapping exercise
  - Encourage on non-contingent case management
  - Prioritize funding for restorative services
- Correctional Facilities
  - Support sustaining the statute to provide MAT in all correctional facilities, including supporting the workforce serving incarcerated populations.
  - Expand electronic and telehealth referrals and capacity for MOUD in correctional settings and enforcement agencies.
  - Universal screening and assessment, and referral to best matched treatment modality, including integrated care

**(b) INVESTMENTS IN PREGNANT AND PARENTING PERSONS AND THEIR CHILDREN:**

- Statewide State Coordinator acting to increase cross agencies collaboration.
- Prioritize funding to programs with innovation at the grassroots level recognizing cultural burden imposed on women who use drugs to create family-based care models



co-locating the full continuum of respectful, accessible care for pregnant and parenting adults and children that allows individuals to be informed and retain body autonomy, with inclusion of wrap-around services (coordination of care), optimize engagement and extended adult participation in ongoing health care and support the healthy long-term development of children affected by parental substance use. These models integrate the full continuum of care across Family Medicine/Women's Health, Child and Adult Behavioral Health, and Addiction Medicine co-located at one location.

- Increase universal screening, Utilizing MOUD prescribing and social follow-up and:
  - Encourage well person visits
  - Early prevention
  - Harm reduction-medical and nursing
- High quality childcare/educational plans and integrated parent education
- Women-only vocational programs
- Resources for (all gender and non-binary) sex workers that prioritize their health and safety.
- Co-occurring:
  - Capable services for women and children in MH settings must utilize measurement and improvement strategies, including (but not be limited to) implementation of medication treatments for OUD, AUD, and other SUD as applicable within MH licensed settings, and vice-versa.
  - Children's service settings should focus on identifying and engaging parents and caregivers with SUD and co-occurring disorders, who may be responsible for children with or for greater risk of developing SED, I/DD, and physical health challenges.
    - Routine screening for children
    - Childcare and cognitive concerns
- Utilize medication for OUD/MOUD during pregnancy
- Invest in evidence-based coordination of care
- Increase training, implementation and funding for attachment-based, evidence-informed dyadic interventions; integrate parenting education and support services
- Expand peer services
- Develop priority enrollment policies for include children with prenatal substance exposure and Fetal Alcohol Spectrum Disorders

- Develop specialized residential and outpatient for pregnant people with substance use challenges
- Statewide Plan of Safe Care Coordination to support development and implementation, while also serving as a liaison between agencies to ensure a collaborative approach and a shared mission.
- Enhance program design and implementation specialized for the needs of pregnant and parenting persons in rural areas
- Incentivize use of routine developmental screenings
- Support childcare and educational providers to identify and address cognitive, behavioral, and social-emotional concerns and implement appropriate interventions
- Increase awareness initiatives that educate parents and caregivers
- Develop supportive public messaging campaign
- Increase access to reproductive and hygiene supplies across Agency systems and evaluate use of technology to facilitate access to reproductive care.
- Encourage increased “well-person” visits in the first year postpartum
- Support access across Agencies to have medico-legal services for pregnant/parenting persons.
- Educate early childhood care providers, developmental intervention providers, home visitors, and educators about the unique needs of children affected by prenatal substance exposure
- Increase cross agency collaboration between OMH, OASAS, DOH and Office of Children and Family Services
- Add specialized training around harm reduction and best practices for pregnant persons with OUD/SUD into medical and nursing school curricula
- Utilize medication for OUD/MOUD during pregnancy as a best practice.
- Invest in evidence-based coordination of care
- Increase training, implementation and funding for attachment-based, evidence-informed dyadic interventions
- Peer services
- Integrate parenting education and support services
- Priority enrollment policies for include children with prenatal substance exposure and Fetal Alcohol Spectrum Disorders
- Specialized residential and outpatient for pregnant people with substance use challenges

- Statewide Plan of Safe Care Coordination to support development and implementation, while also serving as a liaison between agencies to ensure a collaborative approach and a shared mission.
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- Support childcare and educational providers to identify and address cognitive, behavioral, and social-emotional concerns and implement appropriate interventions
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- Increase access to reproductive and hygiene supplies across Agency systems and evaluate use of technology to facilitate access to reproductive care.
- Encourage increased “well-person” visits in the first year postpartum
- Support access across Agencies to have medico-legal services for pregnant/parenting persons.
- Educate early childhood care providers, developmental intervention providers, home visitors, and educators about the unique needs of children affected by prenatal substance exposure
- Increase cross agency collaboration between OMH, OASAS, DOH and Office of Children and Family Services
- Add specialized training around harm reduction and best practices for pregnant persons with OUD/SUD into medical and nursing school curricula

**(c) Under 18 Youth and Young Adults:**

- Enhance support groups, grief groups, and camps for youth and young adults who have lost a loved one to an overdose.
- Universal screening, referral to care, and harm reduction services for youth and young adults with SUD, incorporating co-occurring MH disorders, a trauma-informed approach, and SDOH for example.
- Enhance regional capacity for family-based therapy (where the youth is the primary client).
- Enhance support of clubhouses
- Enhance supportive/transitional/recovery housing for young adults
- Enhance screening, referral to care, and harm reduction services for youth and young adults with SUD, incorporating co-occurring MH disorders and a trauma-informed approach
- Engagement models:

- Integrated recovery high school models
  - Integrated recovery colleges models
  - Club House models
- Invest in EBPs for integrated treatment

**(d) Veterans:**

- Invest in the improvement and expansion of existing Veterans Treatment Programs.
- Enhance support of integrated care and recovery supports for Veterans with co-occurring MH and SUD that includes harm reduction

**(e) Older Adults:**

- Harm reduction for older adults that is specific to the needs of an aging population.
- Promoting recovery-based activities that are supportive of older adults.
- Working with nursing homes and rehabilitation centers and treatment and detox to accept patients with SUD, co-occurring and other health co-morbidities.

**(f) LGBTQIA+ Community:**

- Increase access to culturally appropriate services for the LGBTQIA+ community including prevention, treatment, harm reduction, recovery, and social services
- Work with treatment centers and the criminal justice system to recognize non-binary and non-cis gender

**5) INVESTMENTS IN HOUSING:**

- Invest in recovery housing, transitional housing, and supporting housing for priority populations (including young adults, and veterans) incorporating:
  - Harm reduction principles (including overdose prevention and stocking naloxone)
  - Training on co-occurring MH and SUD into housing services.
  - Improved support for and access to employment training & opportunities, linkage to care, and transitioning to permanent housing.
  - Young adults
- Development and expansion of different forms of housing
  - True housing first model (status of use does not affect ability to house) with supportive services for SDOH and vocational training.
    - Housing first for women and children with a focus on stability:
      - Childcare
      - Vocational training
      - Living room model
  - Half-way housing

- Supportive housing
  - Pet friendly recovery housing
  - increase short, transitional and long term housing with resources for priority populations
- Training in SUD, co-occurring with ongoing maintenance - sustainability in all housing services.

## **6) INVESTMENTS IN RECOVERY**

- Invest in sustainability and expansion and integrated care (co-occurring, Harm reduction, SUD) in all communities of
  - Recovery Community Outreach Centers
  - Community Based Recovery Organizations
  - Recovery Friendly Workplaces
  - Family recovery centers
  - Drop-in centers - safe havens
  - Community Based Mental Health Services.

## **7) INVESTMENTS IN PREVENTION**

Promotion, expansion, enhancement and further development of evidence based, and trauma informed integrated prevention programming with coalitions both at the state and community levels and in schools.

### **(a) COMMUNITY REGIONAL APPROACHES to include:**

- Health prevention, wellness, and variety of substances
- Education, information, and referrals
- Integrated supports and access to services for family and all aged children impacted by and or at risk.
- Community Drug Disposal Programs
- Components to enhance retention in school, build healthy relationships, and community pride.
- Minimum of 5-year grants to produce anticipated outcomes.
- Investment in EBP for Prevention Providers to use in the community

### **(b) SCHOOL BASED INITIATIVES**

- Integrated Programs that are K-12 that:
  - Enhance curriculum with age-appropriate substance use, misuse, addiction, co-occurring mental health, and wellness information as it applies to recent NYS laws
  - Are trauma informed with demonstrated effectiveness
  - Support greater access to mental health services and support and SDOH

- School-based or youth-focused programs or strategies that have demonstrated effectiveness in educating about pathways to misuse/addiction and risk, reducing first use, and increasing help-seeking behavior
- Traditional substance use/overdose prevention will include mental health and trauma; traditional mental health suicide prevention will include risks associated with substance misuse and addiction
- School administration and staff should be trauma, co-occurring disorders, and harm reduction informed through educational opportunities
- Case management for high-risk children.
- Support for children of parents or guardians with SUD and co-occurring MH disorders, including grief counseling/groups for those who have experienced loss.
- These efforts should be taken in collaboration with the Department of State Education where appropriate.
- School-based treatment opportunities that include universal screening and assessments, SBIRT, and access to appropriate care

#### **8) INVESTMENT IN TRANSPORTATION:**

- Explore alternatives to Medicaid transportation such as Uber Medical.
- Expand funding to support local/regional planning to create a transportation solution that works for rural areas of the state.
- Resources should be dedicated to ensuring the success of programs.
- Incentives for Participants to cover their reasonable transportation choices.
- Fund transportation programs statewide based on current successful models.
- Models should include supportive transportation.
- Invest in PWLE peer transportation.

#### **9) INVESTMENTS IN PUBLIC AWARENESS**

- Create region-wide, multi-stakeholder, community coalition with connection to media outlets. Health and behavioral health care; academia; local government; law enforcement; faith leaders. Local planning; local priority setting; local needs identification campaigns
- Increase awareness and public messaging for and about priority populations
- Enhance harm reduction messaging for youth and young adults
- Funding for communities to create, develop specific campaigns and community-based strategies
- Help and hope for recovery for the long term with options
- Linkage to treatment numbers

- Concept of integrated and the continuum of care from harm reduction through to more intensive treatment and that there is no wrong door
- Life saving measures
  - 988 suicide regional hotline
  - Narcan saves lives
  - Dangers of fentanyl contamination
  - Use of fentanyl strips

#### **10) INVESTMENT IN RESEARCH:**

- Conduct studies on policies for pregnant and parenting persons with SUD and the impact on BIPOC communities.
- Evaluate trends in reports regarding positive urine toxicology results at childbirth.
- Fund research to address Methamphetamine/stimulants.
- Conduct research and evaluation to test promising practices in prevention, treatment, harm reduction, and recovery, including those focused on SUD, co-occurring disorders, and priority populations.
- Psychedelic medications
- Examine substance use among youth and young adults.
- Identify existing research efforts on opioid use disorder and co-occurring disorders in conjunction with the state agencies, and expand and/or enhance to prioritize goals of OSFAB.

Appendix B  
Board Meeting Materials



LAWS OF NEW YORK, 2021

CHAPTER 190

AN ACT to amend the state finance law, the mental hygiene law, and the executive law, in relation to establishing an opioid settlement fund

Became a law June 29, 2021, with the approval of the Governor.

Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The state finance law is amended by adding a new section 99-nn to read as follows:

§ 99-nn. Opioid settlement fund. 1. There is hereby established in the joint custody of the state comptroller and the commissioner of taxation and finance a special fund to be known as the "opioid settlement fund".

2. Money allocated to the opioid settlement fund shall be kept separate and shall not be commingled with any other funds in the custody of the state comptroller.

3. Money expended from such fund shall be used to supplement and not supplant or replace any other funds, including federal or state funding, which would otherwise have been expended for substance use disorder prevention, treatment, recovery or harm reduction services or programs. Provided further, general operating funds or baseline funding shall not be reduced due to monies expended from the fund.

4. Such fund shall consist of money received by the state as a result of the settlement of litigation with entities that manufactured, sold, distributed, dispensed or promoted opioids, made in connection with claims arising from the manufacturing, marketing, distributing, promoting or dispensing of opioids, as well as any funds received by the state as a result of a judgment, stipulation, decree, agreement to settle, assurance of discontinuance, or other legal instrument resolving any claim or cause of action against manufacturers, distributors, dispensers or vendors of opioids and related entities arising out of activities alleged to have contributed to increases in opioid addiction, whether filed or unfiled, actual or potential, and whether arising under common law, equity, or any provision of law, and all other monies appropriated, credited, or transferred thereto from any other fund or source pursuant to law. All monies shall remain in such fund unless and until directed by statute or appropriation.

5. Notwithstanding subdivision eleven of section four of this chapter, or subdivision sixteen of section sixty-three of the executive law, monies from the opioid settlement fund shall be available following appropriation by the legislature and shall only be expended on eligible expenditures as defined in section 25.18 of the mental hygiene law for prevention, treatment, harm reduction and recovery services related to substance use disorders and co-occurring mental illnesses in New York state pursuant to the terms of the statewide opioid settlement agreements as defined in section 25.18 of the mental hygiene law. Funding shall be distributed regionally and to ensure adequate geographic disbursement across the state in accordance with the statewide opioid

EXPLANATION--Matter in italics is new; matter in brackets [-] is old law to be omitted.

settlement agreements. In addition to programs and services overseen by the office of addiction services and supports, funding may also be expended on programs and services overseen by the department of health, the office of mental health, the division of housing and community renewal or any other agency that may oversee an appropriate program or service that is considered an eligible expenditure as provided under section 25.18 of the mental hygiene law. Funding decisions shall include an emphasis on supporting programs that are culturally, linguistically and gender competent, trauma-informed, evidence-based and, where appropriate, employ individuals with lived experience as part of the services provided.

§ 2. The mental hygiene law is amended by adding a new section 25.18 to read as follows:

§ 25.18 Statewide opioid settlements.

(a) Definitions. As used in this section, the following terms shall have the following meanings: 1. Eligible expenditures shall include services and programs that are consistent with the approved uses and terms of the statewide opioid settlement agreement and include but not be limited to, programs:

(i) to prevent substance use disorders through an evidence-based youth-focused public health education and prevention campaign, including school-based prevention and health care services and programs to reduce the risk of substance use by school-aged children;

(ii) to develop and implement statewide public education campaigns to reduce stigma against individuals with a substance use disorder, provide information about the risks of substance use, best practices for addressing substance use disorders, and information on how to locate services that reduce the adverse health consequences associated with substance use disorders or provide treatment for substance use disorders;

(iii) to provide substance use disorder treatment and early recovery programs for youth and adults, with an emphasis on programs that provide a continuum of care that includes screening and assessment for substance use disorders and co-occurring disorders, active treatment, family involvement, case management, relapse management for substance use and other co-occurring behavioral health disorders, vocational services, literacy services, parenting classes, family therapy and counseling services, crisis services, recovery services, evidence-based treatments, medication-assisted treatments, including medication assisted treatment provided in correctional facilities, psychiatric medication, psychotherapy and transitional services programs;

(iv) to provide harm reduction counseling and services to reduce the adverse health consequences associated with substance use disorders, including overdose prevention and prevention of communicable diseases related to substance use, provided by a substance use disorder service provider or qualified community-based organization;

(v) to provide housing services for people who are recovering from a substance use disorder. Such housing services shall be appropriate, based on the individual's current need and stage of recovery. Such housing services may include but are not limited to supportive housing services;

(vi) to support community-based programs that reduce the likelihood of criminal justice involvement for individuals who have or are at risk of having a substance use disorder;

(vii) to provide programs for pregnant women and new parents who currently or formerly have had a substance use disorder and newborns with neonatal abstinence syndrome; and

(viii) to provide vocational and educational training for individuals with or at risk for a substance use disorder.

2. "Government entity" means (i) departments, agencies, divisions, boards, commissions and/or instrumentalities of the state of New York including, the department of financial services, the superintendent of the department of financial services, and the New York liquidation bureau, provided however it shall not include the department of law; and

(ii) any governmental subdivision within the boundaries of the state of New York, including, but not limited to, counties, municipalities, districts, towns and/or villages, and any of their subdivisions, special districts and school districts, and any department, agency, division, board, commission and/or instrumentality thereof.

3. "Participating entities" means participating entities as such term is defined in any statewide opioid settlement agreement.

4. "Opioid settlement fund" means the fund created by the statewide opioid agreements and section ninety-nine-nn of the state finance law, the funds of which shall be used or distributed by the commissioners, as authorized by the legislature by statute or appropriation, for the purposes of preventing addiction and reducing the harms caused by the overdose and substance use disorder epidemic consistent with the terms of any statewide opioid settlement agreement.

5. "Released claims" means released claims as such term is defined in the statewide opioid settlement agreements.

6. "Released entities" means released entities as such term is defined in the statewide opioid settlement agreements.

7. "New York subdivisions" means each county, city, town, village, or special district in the state of New York.

8. "Statewide opioid settlement agreements" means agreements of state-wide applicability, including but not limited to consent judgments, consent decrees filed or unfiled, and related agreements or documents between the state and certain opioid manufacturers, distributors, dispensers, consultants, chain pharmacies, related entities, and/or the New York subdivisions, to provide remuneration for conduct related to the manufacture, promotion, dispensing, sale, and/or distribution of opioid products. Copies of such agreements, including any amendments thereto, shall be kept on file by the attorney general, who shall make such available for inspection and copying pursuant to the provisions of article six of the public officers law.

(b) Eligible expenditures for opioid settlement funds. 1. The legislature shall appropriate funds to be used for eligible expenditures that are consistent with the approved uses and terms of the statewide opioid settlement agreement. Such expenditures shall be distributed regionally and in accordance with the statewide opioid settlement agreements to ensure adequate geographic disbursement across the state.

2. New York subdivisions shall apply to the appropriate agency for funding for eligible expenditures consistent with the terms of any statewide opioid settlement agreement. Any New York subdivision which receives funding pursuant to this section shall be required to annually certify to the appropriate state agency in which funding was received that such New York subdivision is utilizing such funds in accordance with the requirements of this section and section ninety-nine-nn of the state finance law.

3. Each New York subdivision shall provide a detailed accounting of how the funds were used as well as an analysis and evaluation of the services and programs funded. Such information shall be included in the report provided pursuant to paragraph ten of subdivision (c) of this section.

(c) Advisory board establishment and responsibilities. 1. The opioid settlement board is hereby established under the office of addiction services and supports to provide recommendations on how funding received by the opioid settlement fund pursuant to section ninety-nine-nn of the state finance law shall be allocated by the legislature. Recommendations shall be evidenced-based and may take into consideration federal, state or local initiatives and activities that have shown to be effective in preventing and treating substance use disorders as well as maintaining recovery and assisting with the collateral effects of substance use disorders for individuals and their families or support system. Such recommendations shall also take into account any gaps in access to services or programs identified as eligible expenditures and incorporate mechanisms for measurable outcomes for determining the effectiveness of funds expended. The office and any other relevant agency that provides or regulates eligible expenditures shall provide any necessary staff, resources and technical assistance to assist with the functions of the advisory board. Such assistance shall be supported pursuant to an appropriation by the legislature, in accordance with the statewide opioid settlement agreements.

2. The opioid settlement board may make recommendations to the legislature regarding the addition or removal of any eligible expenditures in response to changing substance use disorder needs in the state. No recommendation may be made to remove an eligible expenditure without three-fourths approval of present board members.

3. The opioid settlement board shall consist of nineteen members appointed as follows:

(i) the commissioner of addiction services and supports, the commissioner of mental health, and the commissioner of health, or their designees, serving as ex-officio non-voting members;

(ii) two appointments by the governor;

(iii) two appointments by the temporary president of the senate;

(iv) two appointments by the speaker of the assembly;

(v) two appointments by the attorney general;

(vi) one appointment by the mayor of the city of New York; and

(vii) seven appointments from a list of nominees submitted, pursuant to a statewide opioid settlement agreement, by an association of counties that represents at least ninety percent of the counties in New York, counting both by number of counties and by population at the time such statewide opioid settlement agreement was finalized. Such appointments shall be selected as follows: two from the temporary president of the senate, two from the speaker of the assembly, one from the minority leader of the senate, one from the minority leader of the assembly and one from the attorney general.

4. Each member shall be appointed to serve three-year terms and in the event of a vacancy, the vacancy shall be filled in the manner of the original appointment for the remainder of the term. The appointed members and commissioners shall receive no compensation for their services but shall be allowed their actual and necessary expenses incurred in the performance of their duties as board members.

5. Every effort shall be made to ensure a balanced and diverse board, representing the geographic regions and racial and ethnic demographics

of the state as well as those with lived experiences of a substance use disorder. Appointed members shall have an expertise in public and behavioral health, substance use disorder treatment, harm reduction, criminal justice, or drug policy. Further, the board shall include individuals with personal or professional experience with substance use and addiction issues and co-occurring mental illnesses as well as providing services to those that have been disproportionately impacted by the enforcement and criminalization of addiction.

6. The chairperson of the board and the vice chairperson shall be elected from among the members of the board by the members of such board. The vice chairperson shall represent the board in the absence of the chairperson at all official board functions. A majority of the voting members of the board shall constitute a quorum.

7. Members of the board shall not take any action to direct funding from the opioid settlement fund to any entity in which they or their family members have any interest, direct or indirect, or receive any commission or profit whatsoever, direct or indirect. Members of the board shall recuse themselves from any discussion or vote relating to such interest.

8. The board shall meet quarterly, to ensure recommendations are updated and consistent with the needs of the state. Such meetings shall be held in accordance with article seven of the public officers law and pursuant to the federal americans with disabilities act of nineteen hundred ninety, as amended.

9. On or before November first of each year, beginning November first, two thousand twenty-one, the board shall provide their recommendations for how such funds shall be appropriated, consistent with the requirements of this section and section ninety-nine-nn of the state finance law. Such recommendations shall be provided in a written report to the governor, the temporary president of the senate, the speaker of the assembly, the chair of the senate finance committee, the chair of the assembly ways and means committee, the chair of the senate alcoholism and substance abuse committee and the chair of the assembly alcoholism and drug abuse committee.

10. On or before November first of each year, beginning one year after the initial deposit of monies in the opioid settlement fund, the relevant commissioners, in consultation with the advisory board, shall provide a written report to the governor, temporary president of the senate, speaker of the assembly, chair of the senate finance committee, chair of the assembly ways and means committee, chair of the senate alcoholism and substance abuse committee and chair of the assembly alcoholism and drug abuse committee. Such report shall be presented as a consolidated dashboard and be made publicly available on the respective offices' websites. The report shall include the following information: (i) the baseline funding for any entity that receives funding from the opioid settlement fund, prior to the receipt of such opioid settlement funds; (ii) how funds deposited in the opioid settlement fund had been utilized in the preceding calendar year, including but not limited to: (A) the amount of money disbursed from the fund and the award process used for such disbursement, if applicable; (B) the names of the recipients, the amounts awarded to such recipient and details about the purpose such funds were awarded for, including what specific services and programs the funds were used on and what populations such services or programs served; (C) the main criteria utilized to determine the award, including how the program or service assists to reduce the effects of substance use disorders; (D) an analysis of the effectiveness

of the services and/or programs that received opioid settlement funding in their efforts to reduce the effects of the overdose and substance use disorder epidemic. Such analysis shall utilize evidence-based uniform metrics when reviewing the effects the service and/or program had on prevention, harm reduction, treatment, and recovery advancements; (E) any relevant information provided by the New York subdivisions pursuant to this section; and (F) any other information the commissioner deems necessary for the legislature to determine appropriate future awards and ensure such funding is not being used to supplant local, state, or federal funding.

(d) Limitation on authority of government entities to bring lawsuits. No government entity shall have the authority to assert released claims against entities released by the department of law in a statewide opioid settlement agreement executed by the department of law and the released party on or after June first, two thousand twenty-one. Any action filed by a government entity after June thirtieth, two thousand nineteen asserting released claims against a manufacturer, distributor, or dispenser of opioid products shall be extinguished by operation of law upon being released by the department of law in such statewide opioid settlement agreement.

§ 3. Section 19.07 of the mental hygiene law is amended by adding a new subdivision (n) to read as follows:

(n) The office in consultation with the office of mental health, the department of health, the division of housing and community renewal and any other agency that may oversee an appropriate program or service shall monitor and ensure funds appropriated pursuant to section ninety-nine-nn of the state finance law are expended for services and programs in accordance with such section.

§ 4. Paragraph (b) of subdivision 16 of section 63 of the executive law, as added by section 4 of part HH of chapter 55 of the laws of 2014, is amended to read as follows:

(b) Paragraph (a) of this subdivision shall not apply to any provision in the resolution of a claim or cause of action providing (1) moneys to be distributed to the federal government, to a local government, or to any holder of a bond or other debt instrument issued by the state, any public authority, or any public benefit corporation; (2) moneys to be distributed solely or exclusively as a payment of damages or restitution to individuals or entities that were specifically injured or harmed by the defendant's or settling party's conduct and that are identified in, or can be identified by the terms of, the relevant judgment, stipulation, decree, agreement to settle, assurance of discontinuance, or relevant instrument resolving the claim or cause of action; (3) moneys recovered or obtained by the attorney general where application of paragraph (a) of this subdivision is prohibited by federal law, rule, or regulation, or would result in the reduction or loss of federal funds or eligibility for federal benefits pursuant to federal law, rule, or regulation; (4) moneys recovered or obtained by or on behalf of a public authority, a public benefit corporation, the department of taxation and finance, the workers' compensation board, the New York state higher education services corporation, the tobacco settlement financing corporation, a state or local retirement system, an employee health benefit program administered by the New York state department of civil service, the Title IV-D child support fund, the lottery prize fund, the abandoned property fund, or an endowment of the state university of New York or any unit thereof or any state agency, provided that all of the moneys received or recovered are immediately transferred to the relevant public



authority, public benefit corporation, department, fund, program, or endowment; (5) moneys to be refunded to an individual or entity as (i) an overpayment of a tax, fine, penalty, fee, insurance premium, loan payment, charge or surcharge; (ii) a return of seized assets; or (iii) a payment made in error; **[and]** (6) moneys to be used to prevent, abate, restore, mitigate or control any identifiable instance of prior or ongoing water, land or air pollution; and (7) moneys obtained as a result of a settlement agreement which resulted from litigation with entities that manufactured, sold, distributed, dispensed or promoted opioids made in connection with claims arising from the manufacturing, marketing, distributing, promoting or dispensing of opioids, as well as any funds received by the state as a result of a judgment, stipulation, decree, agreement to settle, assurance of discontinuance, or other legal instrument resolving any claim or cause of action against manufacturers, distributors, dispensers or vendors of opioids and related entities arising out of activities alleged to have contributed to increases in opioid addiction, whether filed or unfiled, actual or potential, and whether arising under common law, equity, or any provision of law.

§ 5. Paragraph (b) of subdivision 11 of section 4 of the state finance law, as added by section 1 of part HH of chapter 55 of the laws of 2014, is amended to read as follows:

(b) Paragraph (a) of this subdivision shall not apply to (1) moneys to be distributed to the federal government, to a local government, or to any holder of a bond or other debt instrument issued by the state, any public authority, or any public benefit corporation; (2) moneys to be distributed solely or exclusively as a payment of damages or restitution to individuals or entities that were specifically injured or harmed by the defendant's or settling party's conduct and that are identified in, or can be identified by the terms of, the relevant judgment, agreement to settle, assurance of discontinuance, or relevant instrument resolving the claim or cause of action; (3) moneys recovered or obtained by a state agency or a state official or employee acting in their official capacity where application of paragraph (a) of this subdivision is prohibited by federal law, rule, or regulation, or would result in the reduction or loss of federal funds or eligibility for federal benefits pursuant to federal law, rule, or regulation; (4) moneys recovered or obtained by or on behalf of a public authority, a public benefit corporation, the department of taxation and finance, the workers' compensation board, the New York state higher education services corporation, the tobacco settlement financing corporation, a state or local retirement system, an employee health benefit program administered by the New York state department of civil service, the Title IV-D child support fund, the lottery prize fund, the abandoned property fund, or an endowment of the state university of New York or any unit thereof or any state agency, provided that all of the moneys received or recovered are immediately transferred to the relevant public authority, public benefit corporation, department, fund, program, or endowment; (5) moneys to be refunded to an individual or entity as (i) an overpayment of a tax, fine, penalty, fee, insurance premium, loan payment, charge or surcharge; (ii) a return of seized assets, or (iii) a payment made in error; **[and]** (6) moneys to be used to prevent, abate, restore, mitigate, or control any identifiable instance of prior or ongoing water, land or air pollution; and (7) moneys obtained as a result of a settlement agreement which resulted from litigation with entities that manufactured, sold, distributed, dispensed or promoted opioids made in connection with claims arising from the manufacturing, marketing,

distributing, promoting or dispensing of opioids, as well as any funds received by the state as a result of a judgment, stipulation, decree, agreement to settle, assurance of discontinuance, or other legal instrument resolving any claim or cause of action against manufacturers, distributors, dispensers or vendors of opioids and related entities arising out of activities alleged to have contributed to increases in opioid addiction, whether filed or unfiled, actual or potential, and whether arising under common law, equity, or any provision of law.

§ 6. This act shall take effect immediately.

The Legislature of the STATE OF NEW YORK ss:

Pursuant to the authority vested in us by section 70-b of the Public Officers Law, we hereby jointly certify that this slip copy of this session law was printed under our direction and, in accordance with such section, is entitled to be read into evidence.

ANDREA STEWART-COUSINS  
Temporary President of the Senate

CARL E. HEASTIE  
Speaker of the Assembly



APPROVAL MEMORANDUM - No. 10 Chapter 190

MEMORANDUM filed with Senate Bill Number 7194, entitled:

"AN ACT to amend the state finance law, the mental hygiene law, and the executive law, in relation to establishing an opioid settlement fund"

APPROVED

The opioid epidemic is an ongoing public health crisis that continues to impact communities and families throughout New York. I have pushed for and enacted dozens of laws which have taken aggressive actions to combat this scourge, and believe it is of paramount importance that those who contributed most to this tragedy be held responsible for their misconduct.

I fully support the creation of an opioid settlement fund and the dedication of moneys to such fund. I have reached an agreement with the Legislature to make several technical changes to this bill to ensure fund monies are utilized in the prevention, treatment, education, and abatement of opioid addiction, and to preserve the ability of the Department of Financial Services to pursue administrative proceedings to protect consumers.

I agree with my colleagues in the Legislature on the importance of holding those who contributed to the opioid epidemic accountable and obtaining long overdue justice for New Yorkers.

My office will continue to work together with the Legislature and the Office of the Attorney General to ensure that future legislation and settlement agreements are in the best interest of New Yorkers.

With these changes, I am pleased to sign this bill.

This bill is approved.

(signed) ANDREW M. CUOMO

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LAWS OF NEW YORK, 2022

CHAPTER 171

AN ACT to amend the state finance law, the mental hygiene law and the executive law, in relation to establishing an opioid settlement fund

Became a law March 18, 2022, with the approval of the Governor.

Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivisions 3, 4 and 5 of section 99-nn of the state finance law, as added by chapter 190 of the laws of 2021, are amended to read as follows:

3. Money expended from such fund shall be used consistent with the terms of any statewide opioid settlement agreements as defined in section 25.18 of the mental hygiene law. Moneys of the fund shall be used to supplement and not supplant or replace any other funds, including federal or state funding, which would otherwise have been expended for substance use disorder prevention, treatment, recovery or harm reduction services or programs. ~~[Provided further, general operating funds or baseline funding shall not be reduced due to monies expended from the fund.]~~

4. ~~[Such]~~ Notwithstanding subdivision eleven of section four of this chapter, such fund shall consist of money received by the state ~~[as a result of the settlement of litigation with entities that manufactured, sold, distributed, dispensed or promoted opioids, made in connection with claims arising from the manufacturing, marketing, distributing, promoting or dispensing of opioids, as well as any funds received by the state as a result of a judgment, stipulation, decree, agreement to settle, assurance of discontinuance, or other legal instrument resolving any claim or cause of action against manufacturers, distributors, dispensers or vendors of opioids and related entities arising out of activities alleged to have contributed to increases in opioid addiction, whether filed or unfiled, actual or potential, and whether arising under common law, equity, or any provision of law, and all other monies appropriated, credited, or transferred thereto from any other fund or source pursuant to law]~~ pursuant to any statewide opioid settlement agreements as defined in section 25.18 of the mental hygiene law. All ~~[monies]~~ moneys shall remain in such fund unless and until directed by statute or appropriation.

5. Notwithstanding subdivision eleven of section four of this chapter, or subdivision sixteen of section sixty-three of the executive law, ~~[monies]~~ moneys from the opioid settlement fund shall be available following appropriation by the legislature and shall only be expended on eligible expenditures as defined in section 25.18 of the mental hygiene law for prevention, treatment, harm reduction and recovery services related to substance use disorders and co-occurring mental illnesses in New York state pursuant to the terms of the statewide opioid settlement agreements as defined in section 25.18 of the mental hygiene law. Funding shall be distributed regionally and to ensure adequate geographic

EXPLANATION--Matter in italics is new; matter in brackets ~~[-]~~ is old law to be omitted.

disbursement across the state in accordance with the statewide opioid settlement agreements. In addition to programs and services overseen by the office of addiction services and supports, funding may also be expended on programs and services overseen by the department of health, the office of mental health, the division of housing and community renewal or any other agency that may oversee an appropriate program or service that is considered an eligible expenditure as provided under section 25.18 of the mental hygiene law. Funding decisions shall include an emphasis on supporting programs that are culturally, linguistically and gender competent, trauma-informed, evidence-based and, where appropriate, employ individuals with lived experience as part of the services provided.

§ 2. Section 25.18 of the mental hygiene law, as added by chapter 190 of the laws of 2021, is amended to read as follows:

§ 25.18 Statewide opioid settlements.

(a) Definitions. As used in this section, the following terms shall have the following meanings: 1. Eligible expenditures shall include services and programs that are consistent with the approved uses and terms of the statewide opioid settlement agreement ~~[and]~~ as defined in this section, which may only include ~~[but not be limited to, programs]~~:

(i) to prevent substance use disorders through an evidence-based youth-focused public health education and prevention campaign, including school-based prevention and health care services and programs to reduce the risk of substance use by school-aged children;

(ii) to develop and implement statewide public education campaigns to reduce stigma against individuals with a substance use disorder, provide information about the risks of substance use, best practices for addressing substance use disorders, and information on how to locate services that reduce the adverse health consequences associated with substance use disorders or provide treatment for substance use disorders;

(iii) to provide substance use disorder treatment and early recovery programs for youth and adults, with an emphasis on programs that provide a continuum of care that includes screening and assessment for substance use disorders and co-occurring disorders, active treatment, family involvement, case management, relapse management for substance use and other co-occurring behavioral health disorders, vocational services, literacy services, parenting classes, family therapy and counseling services, crisis services, recovery services, evidence-based treatments, medication-assisted treatments, including medication assisted treatment provided in correctional facilities, psychiatric medication, psychotherapy and transitional services programs;

(iv) to provide harm reduction counseling and services to reduce the adverse health consequences associated with substance use disorders, including overdose prevention and prevention of communicable diseases related to substance use, provided by a substance use disorder service provider or qualified community-based organization;

(v) to provide housing services for people who are recovering from a substance use disorder. Such housing services shall be appropriate, based on the individual's current need and stage of recovery. Such housing services may include but are not limited to supportive housing services;

(vi) to support community-based programs that reduce the likelihood of criminal justice involvement for individuals who have or are at risk of having a substance use disorder;

(vii) to provide programs for pregnant women and new parents who currently or formerly have had a substance use disorder and newborns with neonatal abstinence syndrome; ~~[and]~~ and/or

(viii) to provide vocational and educational training for individuals with or at risk for a substance use disorder.

2. "Government entity" means (i) departments, agencies, divisions, boards, commissions and/or instrumentalities of the state of New York ~~[including]~~, excluding the department of financial services, provided however, the department of financial services shall be considered a government entity for purposes of claims or proceedings filed by it against Johnson & Johnson, Janssen Pharmaceuticals, Inc., Ortho-McNeil-Janssen Pharmaceuticals, Inc., and/or Janssen Pharmaceutica, Inc.; the superintendent of the department of financial services~~];~~ and ~~[the New York liquidation bureau, provided however it shall not include]~~ the department of law; and

(ii) any governmental subdivision within the boundaries of the state of New York, including, but not limited to, counties, municipalities, districts, towns and/or villages, and any of their subdivisions, special districts and school districts, and any department, agency, division, board, commission and/or instrumentality thereof.

3. "Participating entities" means participating entities as such term is defined in any statewide opioid settlement agreement.

4. "Opioid settlement fund" means the fund created by ~~[the statewide opioid agreements and]~~ section ninety-nine-nn of the state finance law, the funds of which shall be used or distributed by the commissioners, as authorized by the legislature by statute or appropriation, for the purposes of preventing addiction and reducing the harms caused by the overdose and substance use disorder epidemic consistent with the terms of any statewide opioid settlement agreement.

5. "Released claims" means released claims as such term is defined in the statewide opioid settlement agreements.

6. "Released entities" means released entities as such term is defined in the statewide opioid settlement agreements.

7. "New York subdivisions" means each county, city, town, village, or special district in the state of New York.

8. "Statewide opioid settlement agreements" means agreements of state-wide applicability entered into on or after June first, two thousand twenty-one by the office of the attorney general, including but not limited to consent judgments, consent decrees filed or unfiled, and related agreements or documents between the state and certain opioid manufacturers, distributors, dispensers, consultants, chain pharmacies, related entities, and/or the New York subdivisions, to provide remuneration for conduct related to the manufacture, promotion, dispensing, sale, and/or distribution of opioid products which are consistent with subdivision sixteen of section sixty-three of the executive law. Copies of such agreements, including any amendments thereto, shall be kept on file by the attorney general, who shall make such available for inspection and copying pursuant to the provisions of article six of the public officers law.

(b) Eligible expenditures for opioid settlement funds. 1. The legislature shall appropriate funds to be used for eligible expenditures that are consistent with the approved uses and terms of the statewide opioid settlement agreement. Such expenditures shall be distributed regionally and in accordance with the statewide opioid settlement agreements to ensure adequate geographic disbursement across the state.

2. New York subdivisions [~~shall~~] may apply to the appropriate agency for funding for eligible expenditures consistent with the terms of any statewide opioid settlement agreement. Any New York subdivision which receives funding pursuant to this section shall be required to annually certify to the appropriate state agency in which funding was received that such New York subdivision is utilizing such funds in accordance with the requirements of this section and section ninety-nine-nn of the state finance law.

3. Each New York subdivision shall provide a detailed accounting of how the funds were used as well as an analysis and evaluation of the services and programs funded. Such information shall be included in the report provided pursuant to paragraph ten of subdivision (c) of this section.

(c) Advisory board establishment and responsibilities. 1. The opioid settlement board is hereby established under the office of addiction services and supports to provide recommendations on how funding received by the opioid settlement fund pursuant to section ninety-nine-nn of the state finance law shall be allocated by the legislature. Recommendations shall be [~~evidenced-based~~] evidence-based and may take into consideration federal, state or local initiatives and activities that have shown to be effective in preventing and treating substance use disorders as well as maintaining recovery and assisting with the collateral effects of substance use disorders for individuals and their families or support system. Such recommendations shall also take into account any gaps in access to services or programs identified as eligible expenditures and incorporate mechanisms for measurable outcomes for determining the effectiveness of funds expended. The office and any other relevant agency that provides or regulates eligible expenditures shall provide any necessary staff, resources and technical assistance to assist with the functions of the advisory board. Such assistance shall be supported pursuant to an appropriation by the legislature, in accordance with the statewide opioid settlement agreements.

2. The opioid settlement board may make recommendations to the legislature and the governor regarding the addition or removal of any eligible expenditures in response to changing substance use disorder needs in the state. No recommendation may be made to remove an eligible expenditure without three-fourths approval of present board members.

3. The opioid settlement board shall consist of [~~nineteen~~] twenty-one members appointed as follows:

(i) the commissioner of addiction services and supports, the commissioner of mental health, [~~and~~] the commissioner of health, and the director of the division of budget, or their designees[~~, serving as ex-officio non-voting members~~];

(ii) two appointments by the governor;

(iii) [~~two~~] three appointments by the temporary president of the senate;

(iv) [~~two~~] three appointments by the speaker of the assembly;

(v) [~~two~~] one appointments by the attorney general;

(vi) one appointment by the mayor of the city of New York; and

(vii) seven appointments from a list of nominees submitted, pursuant to a statewide opioid settlement agreement, by an association of counties that represents at least ninety percent of the counties in New York, counting both by number of counties and by population at the time such statewide opioid settlement agreement was finalized. Such appointments shall be selected as follows: [~~two~~] three from the governor, one from the temporary president of the senate, [~~two~~] one from the speaker



## **New York State Opioid Settlement Fund Advisory Board June 14, 2022**

### **Agenda**

- |      |                                              |            |
|------|----------------------------------------------|------------|
| I.   | Introductions and Opening Remarks            | 11:00 a.m. |
|      | a. Dr. Chinazo Cunningham (OASAS)            |            |
|      | b. Dr. Mary Bassett (DOH)                    |            |
|      | c. Dr. Thomas Smith (OMH)                    |            |
|      | d. Robert Mujica, (DOB)                      |            |
|      | e. Board Members                             |            |
| II.  | Administrative Items                         | 11:45 a.m. |
|      | Travel and Reimbursement processes           |            |
| III. | Lunch                                        | 12:00 p.m. |
| III. | Review of Operating Rules                    | 1:00 p.m.  |
|      | b. Enacting Legislation                      |            |
|      | c. Board Ethics                              |            |
|      | d. Open Meetings Laws                        |            |
|      | e. Board By-Laws                             |            |
| IV.  | Nomination/Selection of Chair and Vice Chair | 2:30 p.m.  |
| V.   | Closing Remarks and Next Meeting             | 3:00 p.m.  |



# Office of Addiction Services and Supports

KATHY HOCHUL  
Governor

CHINAZO CUNNINGHAM, MD  
Commissioner

## Opioid Settlement Fund Advisory Board

June 14, 2022

# Administrative Items

- Meetings are being recorded and live streamed
- Facilities
- Breaks





# Commissioner Chinazo Cunningham, M.D.



# Commissioner Mary Bassett, M.D.



# **Dr. Tom Smith on behalf of Commissioner Ann Sullivan, M.D.**



**Robert F. Mujica**  
**Director,**  
**Division of the Budget**



# Introduction of Board Members



# Enacting Legislation



# Board Composition

- Commissioners of the Office of Addiction Services and Supports, Department of Health, the Office of Mental Health, and the Director of the Division of Budget
- 2 appointments by the Governor
- 3 Appointments by the Temporary President of the Senate
- 3 Appointments by the Speaker of the Assembly
- 1 Appointment Attorney General
- 1 Appointment by Mayor of the City of New York
- 7 appointments from list from the NYS Association of Counties:
  - 3 selected by the Governor
  - 1 selected by the Temporary President of the Senate
  - 1 selected by the from the Speaker of the Assembly
  - 1 selected by the Minority Leader of the Senate
  - 1 selected by the Minority Leader of the Assembly



# Board Composition

- Balanced and diverse board;
- Representative of the geographic regions and racial and ethnic demographics of the state;
- Members have a variety of lived experience;
- Expertise in public and behavioral health, substance use disorder treatment, harm reduction, criminal justice, public finance, or drug policy;
- Include individuals with personal or professional experience with substance use and addiction issues and co-occurring mental illnesses, providing services to those that have been disproportionately impacted by the enforcement and criminalization of addiction.





# Board Requirements

- Members serve 3-year terms
- Vacancies filled in the manner of original appointment
- No compensation, but actual and necessary expenses incurred in the performance of their duties can be reimbursed
- Chair and Vice Chair are elected from among the members
- Vice Chair represents the Board in the absence of the Chair
- A majority will constitute a quorum
- Meet at least Quarterly
- Meetings held in accordance with Article 7 of the Public Officers Law (Open Meetings Law)
- Comply with Federal Americans with Disabilities Act of 1990



# OASAS Role

- Lead agency for the Opioid Settlement Fund.
- Provide staff, resources, technical assistance to support the Advisory Board
- OASAS to support administrative and logistical functions.
- Complete Yearly Report on or before November 1, 2023



# Board Charge

- Provide evidence-based recommendations on how funding received in Opioid Settlement Fund shall be allocated. May consider:
  - federal, state or local initiatives and activities effective in preventing and treating substance use disorders;
  - maintaining recovery;
  - assisting with the collateral effects of substance use disorders for individuals and their families or support system;
  - gaps in access to services;
  - programs identified as eligible expenditures; and
  - incorporate mechanisms for measurable outcomes for determining the effectiveness of funds expended



# Approved Uses

- Prevent substance use disorders through an evidence-based, youth-focused public health education and prevention campaign, including school-based prevention and health care services and programs to reduce the risk of substance use by school-aged children;
- Develop and implement statewide public education campaigns to reduce stigma against individuals with a substance use disorder, provide information about the risks of substance use, best practices for addressing substance use disorders, and information on how to locate services that reduce the adverse health consequences associated with substance use disorders or provide treatment for substance use disorders;
- Provide substance use disorder treatment and early recovery programs for youth and adults, with an emphasis on programs that provide a continuum of care that includes screening and assessment for substance use disorders and co-occurring disorders, active treatment, family involvement, case management, relapse management for substance use and other co-occurring behavioral health disorders, vocational services, literacy services, parenting classes, family therapy and counseling services, crisis services, recovery services, evidence-based treatments, medication-assisted treatments, including medication assisted treatment provided in correctional facilities, psychiatric medication, psychotherapy and transitional services programs;



## Approved Uses (cont.)

- Provide harm reduction counseling and services to reduce the adverse health consequences associated with substance use disorders, including overdose prevention and prevention of communicable diseases related to substance use, provided by a substance use disorder service provider or qualified community-based organization;
- Provide housing services for people who are recovering from a substance use disorder. Such housing services shall be appropriate, based on the individual's current need and stage of recovery. Such housing services may include but are not limited to supportive housing services;
- Support community-based programs that reduce the likelihood of criminal justice involvement for individuals who have or are at risk of having a substance use disorder;
- Provide programs for pregnant women and new parents who currently or formerly have had a substance use disorder and newborns with neonatal abstinence syndrome; and/or
- Provide vocational and educational training for individuals with or at risk for a substance use disorder.



# Board Charge

- Written Report issued annually by November 1st to:
  - Governor,
  - Temporary President of the Senate,
  - Speaker of the Assembly,
  - Chair of the Senate Finance Committee,
  - Chair of the Assembly Ways and Means Committee,
  - Chair of the Senate Alcoholism and Substance Abuse Committee  
and
  - Chair of the Assembly Alcoholism and Drug Abuse Committee



# Conflicts and Recusal

- Members shall not take any action to direct settlement funds to any entity in which they or their family members have any interest, direct or indirect, or receive any commission or profit whatsoever, direct or indirect
- Board members shall recuse themselves from any discussion or vote relating to such interest



# Agencies' Yearly Report

- Due November 1, 2023
  - Baseline funding for any entity that receives funding from the Opioid Settlement Fund prior to receipt of funds
  - How funds deposited in the Opioid Settlement Fund had been utilized in the preceding calendar year





# Questions

# The Code of Ethics

Public Officers Law § 74



# Public Bodies

- Intended to prevent using official position or authority to benefit yourself or someone else
- Addresses actual conflicts of interest, as well as the appearance of a conflict
- Intent is to balance Impartiality, Confidentiality and Integrity of the Process



# Who is Covered

- Legislative members and employees
- Officers and employees of any State agency, department, division, board, commission, or any public benefit corporation or public authority, *including unpaid and per diem officers and members – (includes board/comission where at least one of whose members is appointed by the Governor)*
- Officers or employees of specific “closely affiliated corporations”:
  - Youth Research, Inc.; The Research Foundation for Mental Hygiene, Inc.; Health Research, Inc.; The Research Foundation of the State University of New York; and Welfare Research, Inc



# Intent

- Public Officers Law §74: New York State officers and employees, members of the Legislature or legislative employees, board members shall not...

“have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of his (or her) duties in the public interest.”



# Outside Employment/Confidential Information

- Engage in employment outside of the Board that will impair your independence of judgement in your official duties
- Accept employment or engage in any business/professional activity that would require you to disclose confidential information that you have obtained as part of the Board
- Disclose confidential information acquired in the course of your official duties or use that information to further your own personal interests



# Unwarranted Privileges

- You cannot use or attempt to use your position to obtain privileges or exemptions for yourself or other
  - misappropriation to self/others of property, services or other resources for private business or other compensated nongovernmental purposes



# Financial Conflicts

- Cannot participate in a transaction as a representative of the Board with a business entity in which you may have a direct or indirect financial interest that conflicts with the proper discharge of your official duties
- Must abstain from making personal investments in enterprises that you have reason to believe may be directly involved in Board member decisions you may make which would create a substantial conflict between your duty in the public interest and your private interest





# Improper Influence/Public Trust

- Act in a way that gives reasonable basis for the impression that any person can improperly influence Board Member or unduly enjoy Board Member's favor in the performance of their official duties, or that they are affected by the kinship, rank, position or influence of any party or person.

*"Should endeavor to pursue a course of conduct which will not raise suspicion among the public that [they] are likely to be engaged in acts that are in violation of [their] trust"*



# Gifts

- Receipt of a gift from an entity or individual interested in the outcome of a subject the board is considering would represent a direct conflict
- Examples:
  - Money, services, loans, travel, lodging, meals, refreshments, entertainment, forbearance or a promise having a monetary value that is not "nominal in value"

**General Rule:** Anything valued less than \$15 is normally not considered a gift, if accepting the item or service doesn't create the appearance of a conflict of interest



# Contracting Goods and Services

- As a Board member, you or any entity you are a member of, or any corporation that you own substantial stock in, cannot recommend goods or services to the Board.



**Opioid Settlement Fund Advisory Board  
Conflict of Interest Disclosure Form**

An actual or perceived conflict of interest exists when a Board Member's commitments, obligations, relationships (including financial relationships), or other material interests are likely to be compromised, particularly if those interests or commitments are not disclosed by the Board Member.

Board Members should indicate on this form whether they have a financial interest in, or act as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by a recommendation to the Opioid Settlement Fund Advisory Board (the Board). Board Members should also disclose any personal, business, or volunteer affiliations that may create an actual or perceived conflict of interest. Relevant state laws and regulations and Board by-laws pertaining to conflicts of interest must be followed. Board Members with an actual or perceived conflict of interest should refrain from discussion or voting on any recommendation for which an actual or perceived conflict exist.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Position: \_\_\_\_\_

Please describe below for yourself and any of your immediate family members any relationships, transactions, positions held (volunteer or otherwise), or circumstances that could contribute to an actual or perceived conflict of interest:

\_\_\_\_ ☐ I have no conflict of interest to report.

\_\_\_\_ ☐ I have the following conflict(s) of interest to report. (Please specify other not-for-profit and for-profit boards that you or an immediate family serve; any for-profit businesses for which you or an immediate family member serve as an officer or director, or a majority shareholder; and any businesses you or an immediate family member own.) Attach additional sheets if necessary.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Conflict of Interest Form



**Office of Addiction  
Services and Supports**

# Questions



# Break



# Open Meetings Law



# Public Bodies

- Sets requirements for how to conduct meetings of public bodies.
- Definition:

“any entity, for which a quorum is required in order to conduct public business and which consists of two or more members, performing a governmental function for the state or for an agency or department thereof, or for a public corporation as defined in section sixty-six of the general construction law, or committee or subcommittee or other similar body consisting of members of such public body or an entity created or appointed to perform a necessary function in the decision-making process for which a quorum is required in order to conduct public business and which consists of two or more members. A necessary function in the decision-making process shall not include the provision of recommendations or guidance which is purely advisory and which does not require further action by the state or agency or department thereof or public corporation as defined in section sixty-six of the general construction law.”





# Public Bodies

- Have two or more people been given the authority to act collectively?
- Is quorum necessary to conduct business?
- Is the committee made up solely or primarily of members of the larger public body?
- Does the committee serve a State statutory function?
- In the alternative, is the entity purely advisory in nature with no statutory duties for final decision-making authority?
- Is there a specific statutory requirement for this rule to apply?



# Quorum for 21

“Whenever three or more public officers are given any power or authority, or three or more persons are charged with any public duty to be performed or exercised by them jointly or as a board or similar body, a majority of the whole number of such persons or officers, gathered together in the presence of each other or through the use of videoconferencing ...shall constitute a quorum and not less than a majority of the whole number may perform and exercise such power, authority or duty. For the purpose of this provision the words “whole number” shall be construed to mean the total number which ... a body ... would have were there no vacancies and were none of the persons or officers disqualified from acting.”



## Quorum (cont.)

- Members who are participating from a physical location that has been properly noticed and is open to in-person public attendance do count toward a quorum and may fully participate and vote
- Members who are videoconferencing from a remote location that is not open to in-person public attendance do not count toward a quorum. They may, however, fully participate and vote if a quorum has otherwise been met
- Note: Exceptions currently in place due to COVID Flexibilities until June 14, 2022



# Meetings

- “The official convening of a public body for the purpose of conducting public business, including the use of videoconferencing for attendance and participation by the members of the public body.” (POL 102(1))
- There is no authority for a public body to take action outside of a meeting



# No Legal Distinction

- Workshop or work session, Agenda Session
  - Regular meeting
  - Informal gathering
  - Pre-board meeting
- 
- Standard – Is there a quorum? To discuss public business?



# Mechanisms for Communication

- Telephone Calls, emails
- Definition of “meeting”
- Requires physical presence at one or more physical locations open to the public, or
- Videoconferencing permitted if authorized under extraordinary circumstances
- Cannot conduct a meeting via e-mail (information can be shared via email)



# Notice

- Date, Time, and Location, instructions for virtual attendance, if any:
  - Prior to every meeting
  - To the media (do not need to purchase a legal notice)
  - Placed in a designated physical location
- If agency/public body has an active website, must be posted on that website
- 72 hours prior to a meeting scheduled at least one week in advance



# Meetings on short notice

- Notice must be given to the extent practicable at a reasonable time prior to the meeting.
- Requires actual need to support scheduling a meeting less than a week in advance (and providing less than 72 hours notice).





# Records Scheduled to be Discussed

- October 19, 2021, Chapter 481 of the Laws of 2021 signed amending § 103(e) of the Open Meetings Law to require that records to be discussed at a meeting be made available, to the extent practicable, upon request and posted online, at least 24-hours before the meeting.
- The obligation for public posting of records on a website and publicly available upon request in effect since February 2012. This amendment simply places a 24-hour minimum time frame for making those records available.



## Records Scheduled to be Discussed (cont.)

- Proposed resolutions, laws, rules, regulations, policies or any amendment thereto – Records, or portions thereof, that are public under FOIL – Shall be made available upon request, at least twenty-four hours prior to the meeting – Shall be made available online at least twenty-four hours prior to the meeting if the agency maintains a regularly and routinely updated website and utilizes a high-speed internet connection – Agency may, but not required to, spend additional moneys to implement



# Minutes

- Must include: Motions/Proposals/ Resolutions/Votes.
- Executive Sessions: Only necessary if actions taken.
- Must be available within:
  - Two weeks for open session
  - One week for executive session
- Does not matter whether minutes are unapproved or in draft form.
- Post to Agency website within two weeks of meeting, or within one week of an executive session. “Unabridged video recordings, unabridged audio recordings or unabridged written transcripts can meet this requirement.”



# Recordings

- Any meeting of a public body that is open to the public shall be open to being photographed, broadcast, webcast, or otherwise recorded and/or transmitted by audio or video means
- Agency is not obligated to record unless a member is participating remotely as authorized under Section 103-a.
- Agency may establish reasonable rules to limit disruption/interference (model rules available on COOG website)



# Executive Session

- Limited Purpose
- A motion must be made and voted upon during an open meeting
- Purposes



# Public Participation

- Not required
- Can establish reasonable rules
- Implement fairly and consistently
- Hearings are not the same as meetings



# Exemptions

- Section 108 of the Open Meetings Law - Second mechanism for meeting “behind closed doors” - If an exemption applies, the OML does not – as if the OML does not exist.
- Section 108 Exemptions:
  - judicial or quasi-judicial proceedings, except proceedings of the public service commission and zoning boards of appeals;
  - deliberations of political committees, conferences and caucuses;
  - any matter made confidential by federal or state law (e.g., discussions relating to students made confidential by FERPA; meetings with agency attorney covered by attorney client privilege)



# Non-Compliance and Enforcement

- Enforcement is through the initiation of a proceeding pursuant to Article 78 of the Civil Practice Law and Rules (CPLR)
- Court has authority to:
  - award costs and attorney's fees
  - invalidate action
  - require training





# Questions



# Overview of By-laws



# By-laws

- Rules established by the Board
- Functions, Operations, Voting
- Six Articles



# Article I: Purpose, Responsibilities & Duties

- Establishes the Board
- Purpose
- Report
- Executive Secretary



## Article II: Membership & Officers of the Board

- Twenty-one members of the Board
- Three-year terms, filled in the manner of appointment
- Officers: Chair and Vice-Chair, elected by the Board
- No compensation, reimbursed actual and necessary expenses
- Balanced and diverse Board, ADA compliant
- Membership until resignation or successor appointed
- Powers and duties of the Chair, Vice-Chair and Executive Secretary



## Article III: Meetings of the Board

- Quarterly meetings
- Majority of voting members constitute a quorum
- Notice of meeting, ten days prior
- Urgent action



# Article III: Meetings of the Board (cont.)

## Voting on recommendations

- All recommendations on form developed by OASAS
- All recommendations & the vote included in the final report
- Vote to indicate level of support, consistent with settlement agreements
  - Active support
  - Support with reservations
  - Willingness to abide by the decision of other members
  - Abstain
- Abstentions
- Voting by hand, vote verification, roll call



## Article III: Meetings of the Board (cont)

- Recommendations on approved uses
- Board members shall attend all meetings
- Open Meetings Law, minutes
- Participation by video conference acceptable
- Public participation





# Article IV: Code of Ethics & Conflicts of Interest

- Code of Ethics
- Disclosure of conflicts of interest form
- Absolute disqualification
- Disclosure and possible disqualification
- Explanation of conflicts, responsibility of the Chair to identify conflicts
- Minutes reflective of disclosure discussions
- Failure to disclose conflicts



## Article V: Office of the Board – Executive Secretary

- Headquarters
- Maintain minutes
- Record of the Board
- Maintain disclosure forms
- Designate alternate upon absence
- Prepare and send report, collaborate with Chair
- Daily business, FOIL, announcements, official representative



## Article VI. Amendment of By-laws

These by-laws may be amended by the affirmative vote of a majority of the members of the Board at any regular or special meeting, provided that notice of the proposed amendment and a copy of the proposed amendment has been sent by the Executive Secretary to each member of the Board at least thirty (30) days prior to the meeting.



# By-Laws Adoptions Process



# Adoption of bylaws

- Majority vote of Board members by roll-call
  - Aye
  - Nay
  - Abstain



# Nomination and Selection of Chair and Vice Chair



# Election of Chair

- Interested Board member shall identify themselves and provide a brief (no longer than two minutes) speech on their interest and qualifications for the position of Chair
- Election by voice vote



# Election of Vice-Chair

- Interested Board member shall identify themselves and provide a brief (no longer than two minutes) speech on their interest and qualifications for the position of Vice-Chair
- Election by voice vote





# Board Recommendations



# Submission of Recommendations

- Contact information
- Description
- As much information as can be reasonably completed
- All submitted recommendations to be shared with all members of the Board





## **OPIOID SETTLEMENT FUND ADVISORY BOARD INAUGURAL MEETING**

**June 14, 2022**

### **Meeting Notes**

#### **Participants**

Anne Constantino

Stephen Giordano, PhD

Avi Israel

Suzanne G. Lavigne

Ashley Livingston

Joshua J. Lynch, DO

Stephanie Marquesano

William M. McGoldrick

Cheryll Moore

Debra Pantin

Tisha M. Smith, EdD

Dr. Ashwin Vasan

Justine Waldman, MD

Kevin Watkins, MD

Dr. Chinazo Cunningham, Commissioner Office of Addiction Services and Supports

Dr. Mary Bassett, Commissioner Department of Health

Dr. Thomas Smith on behalf of Commissioner Office of Mental Health

Peggy O'Shea on behalf of Director Division of Budget

#### ***Administrative Items***

Meeting recorded and livestreamed

Facilities

Breaks

***Remarks from Commissioner Cunningham, M.D., Commissioner Mary Bassett, M.D., Dr. Tom Smith on Behalf of Commissioner Ann Sullivan, and Peggy O'Shea on behalf of Director of DOB Robert Mujica***

***Introduction of Board Members***

***Travel Reimbursement and Selection of Chair and Vice Chair***

OASAS Director of the Office of Government Affairs gave a presentation on travel, food and accommodation reimbursement for the members. Additionally, there was discussion regarding the selection of the Chair and Vice-Chair as the first order of business for the next meeting scheduled June 28, 2022, instead of the current meeting based upon the absence of several members due to a lack of 5 board members (NOTE: 3 Members not present at meeting). The decision was made to move the selection of Chair and Vice-Chair to the June 28, 2022 meeting.

***Enacting Legislation***

Presentation by OASAS General Counsel Trishia Allen on the Opioid Settlement Fund Advisory Board's enacting legislation providing an overview of the composition of the Board, requirements of the Board, OASAS role as lead agency, the Board's charge, approved uses for funds, the Board's annual written report, conflicts and recusal, and the agencies yearly report on how funds were allocated.

***The Code of Ethics (Public Officers Law § 74)***

Presentation by General Counsel Allen on Public Officers Law § 74 outlining the code of ethics for members of the Board. Members of the Board were advised that they are subject to Public Officers Law § 74 as per diem members of a board where at least one member is appointed by the Governor. The presentation covered the need to disclose potential conflicts and detailed discussion of outside keeping confidential information obtained through Board work confidential in outside employment; avoiding financial conflicts, taking advantage of unwarranted privileges, and gifts above a nominal value.

***Open Meetings Law***

Presentation by General Counsel Allen on Open Meetings Law discussing the need for a quorum of 11 members to hold a meeting and conduct the business of the Board, what constitutes a meeting, appropriate mechanisms for communication, notice requirements, records scheduled for discussion, meeting minutes, recordings, limited use of executive session, public participation requirements, exemptions, remedies and enforcement for non-compliance.

***Overview of Bylaws***

Presentation of Proposed Board Bylaws given by Associate Attorney Carmelita Cruz providing an overview of the six articles of the bylaws including Article I: Purpose, Responsibilities & Duties, Article II: Membership & Officers of the Board, Article III: Meetings of the Board/Voting on Recommendations, Article IV: Code of Ethics & Conflicts of Interest, Article V: Office of the Board, Article VI: Amendment of the By-laws. Adoption of bylaws was proposed, and the members requested to adjourn the matter to June 28, 2022, to allow more time for review of the by-laws.

***Other Matters Discussed***

Members proposed an operational charter as a guideline to help direct the appropriate level of conversation for making recommendations and to ensure recommendations are sufficiently general to ensure there is no conflict of interest.

Members also proposed a spending rubric for recommendations on where money should be spent geographically and with a public health lens.

Brief overview/discussion of current funds available and future funds including clarification that McKinsey Settlement money is not included in the Opioid Settlement Fund. More detailed presentation/discussion on current and future funds set for June 28, 2022

Members requested existing data on current state of each approved use by region from OASAS, OMH and DOH, with a focus on opioid deaths and significant incidences per regional population. Discussion of co-occurrence of SUD/MH/Trauma recommendations and key public health indicators statewide.

Discussion of when 3-year term for members is calculated and request for final answer of how terms will end and staggering of member terms, concerns raised over time taken to constitute the Board and request made to provide for hold-over terms and continuations of appointments.

Members to circulate charter/rubric ideas via email prior to next meeting.

Members would like to meet four times this year.

***Additions to the Proposed Agenda for Next Meeting June 28, 2022***

Selection of Chair and Vice-Chair

Adoption of By-laws

Review and adoption of a Charter

Meeting Schedule for remainder of 2022

Amount of funding available in the Opioid Settlement Fund

Clarification on member term limits

Data on the current state of the opioid epidemic in NY



## New York State Opioid Settlement Fund Advisory Board

June 28, 2022

### **Agenda**

- I. Opioid Settlements Payments
- II. OASAS Appropriations
- III. Opioid Settlement Fund Investments
- IV. Items Outstanding at Board Request from 6/14/22 Meeting
- V. Nomination/Selection of Chair and Vice Chair
- VI. Board By-Laws
- VII. Clarification on Term Limits and Conflicts
- VIII. Review and Adoption of a Charter
- IX. Meeting Schedule for Remainder of 2022
- X. Closing Remarks and Next Meeting



# Office of Addiction Services and Supports

KATHY HOCHUL  
Governor

CHINAZO CUNNINGHAM, MD  
Commissioner

## Opioid Settlement Fund Advisory Board

June 28, 2022

# Administrative Items

- Meetings are being recorded and live streamed
- Facilities
- Breaks





# Financial Overview



# Opioid Settlements

- Settlement agreements have been reached between the State and each defendant separately, with distinct terms for each agreement.
- Moneys go either directly to recipients or to the State Opioid Settlement Fund (OSF). The Board is responsible for making recommendations on moneys in the OSF.
- Settlement agreements include payment schedules that vary from 1-18 years.
- The following settlement agreements have been reached and are included in the tables:
  - **Allergan** (\$200M) - \$20M reimburses litigation costs. Of the remaining \$180M, 62% of payments go directly to local governments (including litigation costs incurred by Nassau and Suffolk), with 38% going to the OSF.
  - **Johnson & Johnson (J&J)** (\$230M) - 46% of payments go directly to local governments, with 54% going to the OSF.
  - **Endo** (\$50M) - 79% of payments go directly to local governments (including litigation costs), with 21% going to the OSF.
  - **Distributors** (\$1.2B) - \$121M TBD. Of the remaining \$1.1B, 45% of payments go directly to local governments, with 55% going to the OSF.



# Opioid Settlements

- The following settlements are not included:
  - **McKinsey** (\$32.1M) - Note that this precedes the creation of the OSF and is excluded statutorily. The funds are going to opioid treatment and have been appropriated to Medication Assisted Treatment (MAT) in Correctional Facilities.
  - **Mallinckrodt** (\$41.1- \$58.5M) - This was recently announced by the AG and the total amount will be determined by the payment schedule Mallinckrodt chooses by December 2023. This will be included in tables once more information is known.

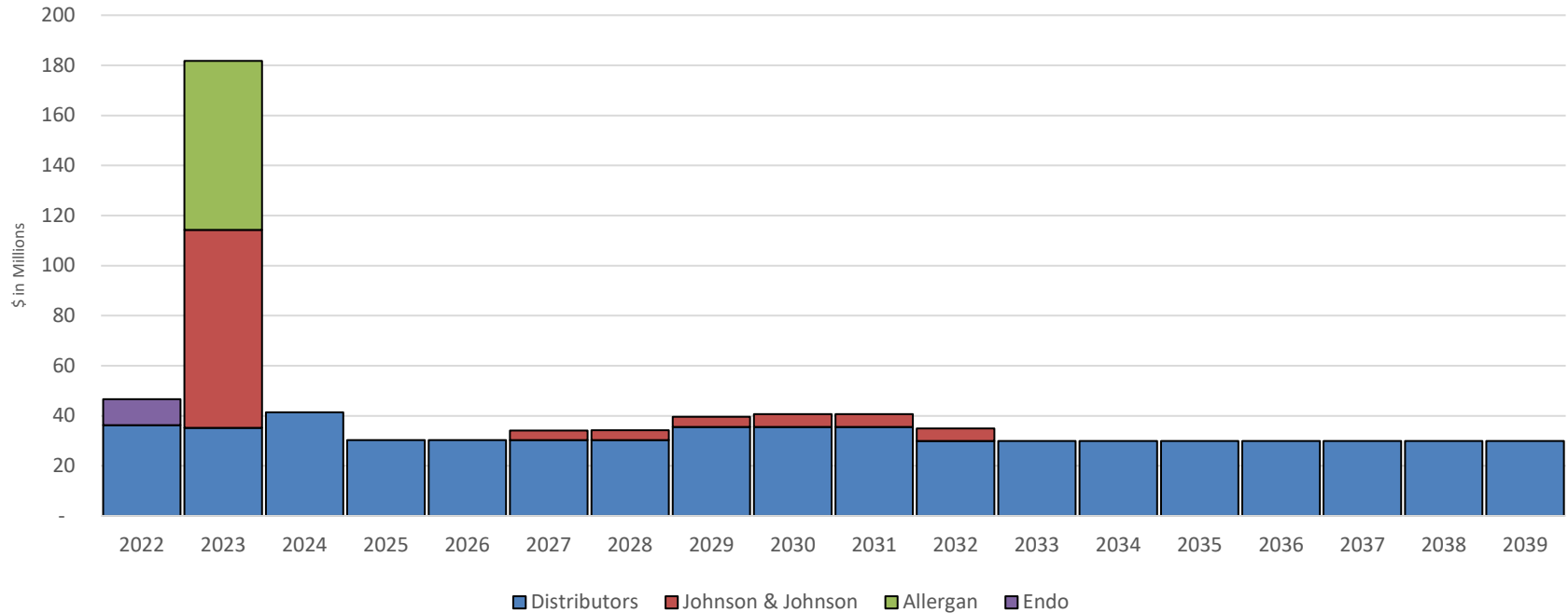


# Opioid Settlements

- Glossary of Terms Used in Opioid Settlement Tables
  - LGUs - local government units
  - Abatement - must be used for specified purposes, referred to as “Approved Uses” in the actual settlements or identified in OSF statute
  - Subdivisions - counties
  - Unrestricted - not restricted to a specific purpose; however, statute defines eligible uses for OSF moneys
- Organization of the Opioid Settlement Tables
  1. FY 2023 summary of receipts by source and use
  2. Multi-year detail of receipts by source and use
  3. FY 2023 summary of direct payments to LGUs
  4. Multi-year detail of direct payments to LGUs
  5. Multi-year detail of funds available to LGUs for abatement through the Opioid Settlement Fund.



# Opioid Settlement Fund Receipts by State Fiscal Year



# Opioid Settlements

5-Year Summary of Opioid Settlements (\$ in thousands)						
	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	5-Year Total
<b>Direct Payments to Local Governments</b>	<b>279,214</b>	<b>28,748</b>	<b>25,914</b>	<b>25,914</b>	<b>29,810</b>	<b>389,601</b>
<b>Payments to Opioid Settlement Fund</b>	<b>241,717</b>	<b>41,371</b>	<b>30,287</b>	<b>30,287</b>	<b>34,840</b>	<b>378,501</b>
FY 2023 Enacted Budget Investments	83,820					83,820
Available for Future Investments	157,897	41,371	30,287	30,287	34,840	294,681
<i>Designated for Local Government Initiatives</i>	64,006	7,535	9,431	9,431	10,848	101,250
<i>State-Led Initiatives</i>	93,891	33,836	20,856	20,856	23,991	193,431
<b>Total</b>	<b>520,932</b>	<b>70,119</b>	<b>56,201</b>	<b>56,201</b>	<b>64,650</b>	<b>768,102</b>

- The circled moneys are for future investments.



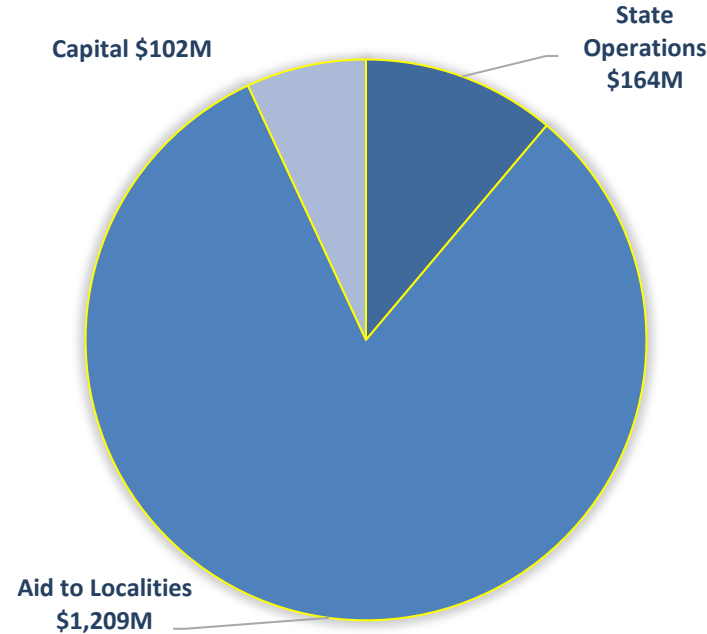
# Opioid Settlements

## Summary of Anticipated Opioid Settlement Receipts Through FY 2023 (\$ in thousands)

	Distributors Payment 1	Distributors Payment 2	J&J Payment 1	Allergan	Endo	Total
<b>Direct Payments to Local Governments</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>112,077</b>	<b>39,658</b>	<b>279,214</b>
Direct Payments to LGUs from OAG Escrow Account	27,744	20,704	79,031	57,791	11,958	197,229
Direct Payments to Co-Litigants	-	-	-	54,286	27,700	81,986
<b>Payments to Opioid Settlement Fund</b>	<b>36,268</b>	<b>35,200</b>	<b>92,366</b>	<b>67,542</b>	<b>10,342</b>	<b>241,717</b>
Available to LGUs for Abatement	7,169	7,535	28,760	20,542	-	64,006
State Investments	29,099	27,666	63,605	47,000	10,342	177,711
<b>Total</b>	<b>64,012</b>	<b>55,904</b>	<b>171,397</b>	<b>179,619</b>	<b>50,000</b>	<b>520,932</b>



# OASAS 2022-23 Appropriations

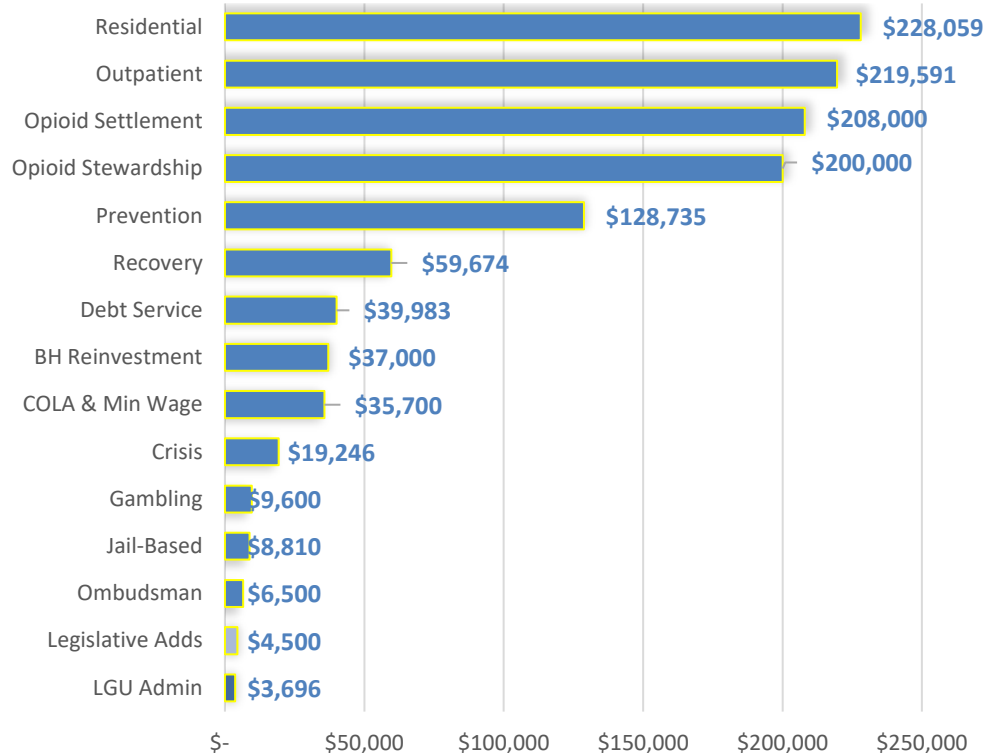


**Total: \$1,476 M**





## OASAS ATL APPROPRIATIONS (000'S)



Funds are provided as State Aid to non-profit community and local government providers of Substance Use Disorder (SUD) and problem gambling services, as well as transferred to DASNY for capital bond payments and to DOH for Medicaid-eligible SUD-related services



# SUD Funding Outside OASAS

- Medicaid/Medicaid Managed Care for all SUD services
  - \$1.29 Billion in CY 2021
- DOCCS for MAT in State prisons
  - \$11 Million in FY 2023
  - \$11 Million reappropriation from FY 2022
  - \$10 Million planned to be appropriated in FY 2024



# Opioid Settlement Fund Appropriations

## State Operations - \$100,000

- For administration of programs and activities supported by the opioid settlement funds

## Aid To Localities - \$208 million

- Up to \$900,000 may be available for payments reserved for other litigating entities, pursuant to a plan drafted by the Office of the Attorney General and approved by the Office of Addiction Services and Supports, which are in accordance with the settlement agreements
- At least \$59 million shall be made available for payments reserved for local governments, pursuant to a plan approved by the Office of Addiction Services and Supports, which are in accordance with the settlement agreements.

## Capital - \$10 million

- For the acquisition of property, design, construction, and rehabilitation of facilities for the purpose of expanding access to addiction treatment services associated with implementing the opioid settlement agreements



# OSF Investments

FY 2023 Opioid Settlement Fund Scorecard (\$ in thousands)			
	FY 2023 Enacted	Change	Updated June 2022
<b>Receipts</b>	<b>208,161</b>	<b>33,556</b>	<b>241,717</b>
Additional Restitution	17,290	0	17,290
State Abatement - Regional	54,906	8,090	62,996
State Abatement - Lead Agency	72,515	9,872	82,387
State Direct - Unrestricted	63,450	8,638	72,088
Cost to State		6,956	6,956
<b>Disbursements</b>	<b>184,544</b>	<b>8,282</b>	<b>192,826</b>
<b>Reserved for Municipalities</b>	<b>55,724</b>	<b>8,282</b>	<b>64,006</b>
Allocated Payments	818	618	1,436
State Abatement - Regional Shares	54,906	7,664	62,570
<b>State Investments</b>	<b>128,820</b>	-	<b>128,820</b>
Expansion of Treatment Services (OASAS)	60,000	-	60,000
Statewide Transportation Initiative (OASAS)	1,000	-	1,000
Transitional Housing Initiative (OASAS)	2,300	-	2,300
MATTERS Program Expansion Initiative (DOH/OASAS)	8,000	-	8,000
NYS Overdose Prevention Program (DOH)	8,520	-	8,520
MAT in DOCCS Facilities (DOCCS)	-	-	-
Addiction Workforce College Credit Scholarship (OASAS)	4,000	-	4,000
Unallocated - to be allocated after Advisory Board Recommendations are made	45,000	-	45,000

\$83,820

- In the FY 2023 Enacted Budget, funds were appropriated with details in a scorecard.
- This is a crosswalk between the original scorecard and the updated numbers.
- There are \$158M in FY 2023 receipts for future opioid investments.



# Potential Opioid Settlement Fund Uses

- Evidence-based prevention education and campaigns, including school-based prevention services;
- Statewide public education campaigns to increase awareness of services and decrease stigma;
- Substance use disorder treatment and early recovery programming, including programs aimed at addressing co-occurring disorders, expanding access to medication for addiction treatment, expanding services in correctional settings and other services across the service delivery spectrum;
- Harm reduction services to address the adverse health consequences associated with substance use;
- Housing services;
- Community-based services that reduce the likelihood of criminal justice involvement;
- Programs geared toward pregnant and parenting persons; and/or
- Vocational and educational training for individual with or at risk of substance use disorder



# Break



# Nomination and Selection of Chair and Vice Chair



# Election of Chair

- Interested Board members shall identify themselves and provide a brief (no longer than two minutes) speech on their interest and qualifications for the position of Chair
- Election by voice vote





# Election of Vice-Chair

- Interested Board members shall identify themselves and provide a brief (no longer than two minutes) speech on their interest and qualifications for the position of Vice-Chair
- Election by voice vote



# Break



# By-Laws Adoptions Process



# Adoption of By-laws

- Majority vote of Board members by roll-call
  - Aye
  - Nay
  - Abstain



# Board Meeting Schedule



# Board Charter



# Closing Comments and Subsequent Agenda





## Division of the Budget

**KATHY HOCHUL**  
Governor

**ROBERT F. MUJICA JR.**  
Director of the Budget

**CHINAZO CUNNINGHAM, M.D.**  
Commissioner, office of Addiction  
Services and Supports

**SANDRA L. BEATTIE**  
First Deputy Director

**CHARLES WILLIAMS**  
Deputy Director

April 1, 2022

Mr. Blake G. Washington  
Secretary to the Ways and Means Committee  
New York State Assembly  
State Capitol, Room 304  
Albany, New York 12248

Mr. David Friedfel  
Secretary to the Finance Committee  
New York State Senate  
State Capitol, Room 335  
Albany, New York 12247

Dear Mr. Washington and Mr. Friedfel:

The purpose of this letter is to confirm our understanding of the agreement we have reached on the use of Opioid Settlement Fund monies appropriated in the 2022-2023 State fiscal year.

Disbursements from the Opioid Settlement Fund shall be made in a manner that is consistent with Sections 4 and 99-nn of the State Finance Law, Sections 25.18 and 19.07 of the Mental Hygiene Law, and Section 63 of the Executive Law and the terms of Statewide Opioid Settlement Agreements as defined in Section 25.18 of the Mental Hygiene law.

At the Legislature's request, such funds will not be disbursed until the Opioid Settlement Advisory Board has been constituted, consulted, and conducted its first meeting. At such meeting, the Advisory Board will be fully briefed by staff on the appropriations provided in the 2022-2023 enacted State budget for opioid programs, as well as the levels of funding provided for specific programs. The Board shall also be made aware of the additional unallocated funding set aside as part of said budget agreement and opioid scorecard and have the ability to recommend uses for such monies. Such meeting shall occur on or before July 1, 2022.



Disbursements from the Opioid Settlement Fund shall not exceed the agreed upon scorecard allocations for State fiscal year 2022-23. However, if additional settlement agreements are reached in State fiscal year 2022-23, the State shall disburse funds reserved for municipalities as required by the settlement agreement.

Sincerely,

A handwritten signature in black ink, appearing to read "R. F. Mujica, Jr.", written in a cursive style.

Robert F. Mujica, Jr.

A handwritten signature in black ink, appearing to read "Chinazo Cunningham", written in a cursive style.

Chinazo Cunningham, MD

# OPIOID SETTLEMENT FUND SCORECARD

FY 2023

(thousands of dollars)

	Enacted Proposal
<b>Receipts</b>	<b>208,161</b>
Additional Restitution	17,290
State Abatement - Regional	54,906
State Abatement - Lead Agency	72,515
State Direct - Unrestricted	63,450
<b>Disbursements</b>	<b>184,544</b>
<b>Reserved for Municipalities</b>	<b>55,724</b>
Allocated Payments	818
State Abatement - Regional Shares	54,906
<b>State Investments</b>	<b>128,820</b>
Expansion of Treatment Services (OASAS)	60,000
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Transitional Housing Initiative (OASAS)	2,300
MATTERS Program Expansion Initiative (DOH/OASAS)	8,000
NYS Overdose Prevention Program (DOH)	8,520
MAT in DOCCS Facilities (DOCCS)	-
Addiction Workforce College Credit Scholarship (OASAS)	4,000
Unallocated - to be allocated after Advisory Board Recommendations are made for SFY 2022-23 services and expenses consistent with the terms of statewide opioid settlement agreements	45,000
<b>Subtotal - Reserved for Municipalities</b>	<b>55,724</b>
<b>State Investments</b>	<b>128,820</b>
<b>Total Disbursements</b>	<b>184,544</b>

**OPIOID SETTLEMENT FUND SCORECARD**

FY 2023

(thousands of dollars)

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<b>Receipts</b>	<b>208,161</b>
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**OPIOID SETTLEMENT FUND SCORECARD**

**FY 2023**

(thousands of dollars)

	<b>FY 2023 Enacted</b>	<b>Change</b>	<b>Updated June 2022</b>
<b>Receipts</b>	<b>208,161</b>	<b>33,556</b>	<b>241,717</b>
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MATTERS Program Expansion Initiative (DOH/OASAS)	8,000	-	8,000
NYS Overdose Prevention Program (DOH)	8,520	-	8,520
MAT in DOCCS Facilities (DOCCS)	-	-	-
Addiction Workforce College Credit Scholarship (OASAS)	4,000	-	4,000
Unallocated - to be allocated after Advisory Board Recommendations are made for SFY 2022-23 services and expenses consistent with the terms of statewide opioid settlement agreements	45,000	-	45,000
<b>Subtotal - Reserved for Municipalities</b>	<b>55,724</b>	<b>8,282</b>	<b>64,006</b>
<b>State Investments</b>	<b>128,820</b>	<b>-</b>	<b>128,820</b>
<b>Total Disbursements</b>	<b>184,544</b>	<b>8,282</b>	<b>192,826</b>

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## CAPITAL PROJECTS 2022-23

1 For the comprehensive construction programs, purposes and  
 2 projects as herein specified in accordance with the  
 3 following:

	APPROPRIATIONS	REAPPROPRIATIONS
5 Capital Projects Fund - Other .....	102,000,000	685,768,000
6	-----	-----
7 All Funds .....	102,000,000	685,768,000
8	=====	=====

9 COMMUNITY ALCOHOLISM AND SUBSTANCE ABUSE FACILITIES (CCP) ... 79,500,000  
 10 -----

11 Capital Projects Funds - Other  
 12 Capital Projects Fund - 30000  
 13 Minor Rehabilitation Purpose

14 For minor alterations and improvements to  
 15 various facilities, including the payment  
 16 of liabilities incurred prior to April 1,  
 17 2022, provided, however, that no expendi-  
 18 tures may be made from this appropriation  
 19 until a comprehensive plan of projects has  
 20 been approved by the director of the budg-  
 21 et (53032289) (11826) ..... 5,500,000

22 Capital Projects Funds - Other  
 23 Mental Hygiene Facilities Capital Improvement Fund  
 24 OASAS-Community Facilities Account - 32305  
 25 New Facilities Purpose

26 For the acquisition of property, design,  
 27 construction and extensive rehabilitation  
 28 of facilities for the purpose of deliver-  
 29 ing chemical dependence services, pursuant  
 30 to the mental hygiene law. No expenditure  
 31 shall be made from this appropriation  
 32 until a spending plan for proposed  
 33 projects has been submitted by the commis-  
 34 sioner of the office of addiction services  
 35 and supports and approved by the director  
 36 of the budget (53AA2207) (11828) ..... 24,000,000

37 Capital Projects Funds - Other  
 38 Mental Hygiene Facilities Capital Improvement Fund  
 39 OASAS-Community Facilities Account - 32305  
 40 Preservation of Facilities Purpose

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## CAPITAL PROJECTS 2022-23

1 For alterations and improvements for preser-  
 2 vation of various facilities including  
 3 rehabilitation projects and the acquisi-  
 4 tion of property, provided, however, that  
 5 no expenditures may be made from this  
 6 appropriation until a comprehensive plan  
 7 of projects has been approved by the  
 8 director of the budget (53032203) (11827) ... 40,000,000

9 Capital Projects Funds - Other  
 10 Miscellaneous Capital Projects Fund  
 11 Opioid Settlement Capital Account  
 12 New Facilities Purpose

13 For the acquisition of property, design,  
 14 construction, and rehabilitation of facil-  
 15 ities for the purpose of expanding access  
 16 to addiction treatment services associated  
 17 with the implementation of statewide  
 18 opioid settlement agreements. Upon request  
 19 of the commissioner of the office of  
 20 addiction services and supports and  
 21 approval by the director of the budget,  
 22 funding made available pursuant to this  
 23 appropriation may be transferred to the  
 24 dormitory authority of the state of New  
 25 York. No expenditure shall be made from  
 26 this appropriation until a spending plan  
 27 for proposed projects has been submitted  
 28 by the commissioner of the office of  
 29 addiction services and supports and  
 30 approved by the director of the budget  
 31 (53052207) ..... 10,000,000

32 DESIGN AND CONSTRUCTION SUPERVISION (CCP) ..... 6,000,000  
 33 -----

34 Capital Projects Funds - Other  
 35 Capital Projects Fund - 30000  
 36 Preparation of Plans Purpose

37 For payment to the design and construction  
 38 management account of the centralized  
 39 services fund of the New York state office  
 40 of general services or to the dormitory  
 41 authority of the state of New York for the  
 42 purpose of preparation and review of  
 43 plans, specifications, estimates,  
 44 services, construction management and

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## CAPITAL PROJECTS 2022-23

1 supervision, inspection, studies,  
 2 appraisals, surveys, testing and environ-  
 3 mental impact statements for new projects  
 4 (53PP2230) (81088) ..... 4,000,000

5 Capital Projects Funds - Other  
 6 Mental Hygiene Facilities Capital Improvement Fund  
 7 DASNY-OASAS Administration Account - 32308  
 8 Preparation of Plans Purpose

9 For payment to the design and construction  
 10 management account of the centralized  
 11 services fund of the New York state office  
 12 of general services or to the dormitory  
 13 authority of the state of New York for the  
 14 purpose of preparation and review of  
 15 plans, specifications, estimates,  
 16 services, construction management and  
 17 supervision, inspection, studies,  
 18 appraisals, surveys, testing and environ-  
 19 mental impact statements for new projects  
 20 (53DC2230) (81088) ..... 2,000,000

21 FACILITIES MAINTENANCE AND OPERATIONS (CCP) ..... 3,500,000  
 22 -----

23 Capital Projects Funds - Other  
 24 Capital Projects Fund - 30000  
 25 Maintenance and Operations Purpose

26 For the maintenance and operation of various  
 27 facilities and systems including personal  
 28 services, fringe benefits and indirect  
 29 costs (53FM22M0) (81107) ..... 3,500,000

30 INSTITUTIONAL SERVICES PROGRAM (CCP) ..... 12,000,000  
 31 -----

32 Capital Projects Funds - Other  
 33 Capital Projects Fund - 30000  
 34 Minor Rehabilitation Purpose

35 For minor alterations and improvements to  
 36 various facilities, including the payment  
 37 of liabilities incurred prior to April 1,  
 38 2022, provided, however, that no expendi-  
 39 tures may be made from this appropriation  
 40 until a comprehensive plan of projects has  
 41 been approved by the director of the budg-  
 42 et (53HD2289) (11833) ..... 2,000,000

## DEPARTMENT OF MENTAL HYGIENE

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## CAPITAL PROJECTS 2022-23

1 Capital Projects Funds - Other  
 2 Mental Hygiene Facilities Capital Improvement Fund  
 3 OASAS-State Facilities Account - 32311  
 4 Preservation of Facilities Purpose

5 For alterations and improvements for preser-  
 6 vation of various facilities including  
 7 rehabilitation projects, provided, howev-  
 8 er, that no expenditures may be made from  
 9 this appropriation until a comprehensive  
 10 plan of projects has been approved by the  
 11 director of the budget. This appropriation  
 12 may be used for the cost of potential  
 13 claims against contracts awarded by the  
 14 dormitory authority of the state of New  
 15 York. Upon request of the commissioner of  
 16 the office of addiction services and  
 17 supports and approval by the director of  
 18 the budget, this appropriation may be  
 19 transferred or suballocated to any other  
 20 department, agency, or public authority  
 21 (53A22203) (81040) ..... 10,000,000

22 NON-BONDABLE PROJECTS (CCP) ..... 1,000,000  
 23 -----

24 Capital Projects Funds - Other  
 25 Capital Projects Fund - 30000  
 26 Non-Bondable Purpose

27 For transfer to the Mental Hygiene Capital  
 28 Improvement Fund for reimbursement of the  
 29 non-bondable cost of community facilities  
 30 authorized by appropriations or reappro-  
 31 priations funded from the Mental Hygiene  
 32 Capital Improvement Fund including liabil-  
 33 ities incurred prior to April 1, 2022 or  
 34 for payment to the dormitory authority of  
 35 the state of New York for defeasance of  
 36 bonds. Upon request of the commissioner of  
 37 the office of addiction services and  
 38 supports and approval by the director of  
 39 the budget, this appropriation may be  
 40 transferred to the dormitory authority of  
 41 the state of New York (53NB22NB) (81042) ..... 1,000,000



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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

## 1 COMMUNITY ALCOHOLISM AND SUBSTANCE ABUSE FACILITIES (CCP)

2 Capital Projects Funds - Other  
3 Capital Projects Fund - 30000  
4 Minor Rehabilitation Purpose

5 By chapter 54, section 1, of the laws of 2021:

6 For minor alterations and improvements to various facilities, includ-  
7 ing the payment of liabilities incurred prior to April 1, 2021,  
8 provided, however, that no expenditures may be made from this appro-  
9 priation until a comprehensive plan of projects has been approved by  
10 the director of the budget (53032189) (11826) .....  
11 4,000,000 ..... (re. \$4,000,000)

12 By chapter 54, section 1, of the laws of 2020:

13 For minor alterations and improvements to various facilities, includ-  
14 ing the payment of liabilities incurred prior to April 1, 2020,  
15 provided, however, that no expenditures may be made from this appro-  
16 priation until a comprehensive plan of projects has been approved by  
17 the director of the budget (53032089) (11826) .....  
18 4,000,000 ..... (re. \$4,000,000)

19 By chapter 54, section 1, of the laws of 2019:

20 For minor alterations and improvements to various facilities, includ-  
21 ing the payment of liabilities incurred prior to April 1, 2019,  
22 provided, however, that no expenditures may be made from this appro-  
23 priation until a comprehensive plan of projects has been approved by  
24 the director of the budget (53031989) (11826) .....  
25 4,000,000 ..... (re. \$4,000,000)

26 By chapter 54, section 1, of the laws of 2018:

27 For minor alterations and improvements to various facilities, includ-  
28 ing the payment of liabilities incurred prior to April 1, 2018,  
29 provided, however, that no expenditures may be made from this appro-  
30 priation until a comprehensive plan of projects has been approved by  
31 the director of the budget (53031889) (11826) .....  
32 4,000,000 ..... (re. \$4,000,000)

33 By chapter 54, section 1, of the laws of 2017:

34 For minor alterations and improvements to various facilities, includ-  
35 ing the payment of liabilities incurred prior to April 1, 2017,  
36 provided, however, that no expenditures may be made from this appro-  
37 priation until a comprehensive plan of projects has been approved by  
38 the director of the budget (53031789) (11826) .....  
39 10,000,000 ..... (re. \$8,260,000)

40 By chapter 55, section 1, of the laws of 2016, as amended by chapter 54,  
41 section 1, of the laws of 2020:

42 For services and expenses approved by the office of addiction services  
43 and supports related to chemical dependency detection, prevention,

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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

1 treatment and recovery, including, but not limited to, purchase of  
2 equipment. Notwithstanding any other provision of law, the money  
3 hereby appropriated may be transferred to any other state agency,  
4 with the approval of the director of the budget (53CD1689) (12084)  
5 5,014,000 ..... (re. \$1,766,000)

6 By chapter 54, section 1, of the laws of 2013:

7 For minor alterations and improvements to various facilities, includ-  
8 ing the payment of liabilities incurred prior to April 1, 2013,  
9 provided, however, that no expenditures may be made from this appro-  
10 priation until a comprehensive plan of projects has been approved by  
11 the director of the budget (53031389) (11826) .....  
12 3,810,000 ..... (re. \$539,000)

13 By chapter 54, section 1, of the laws of 2012:

14 For minor alterations and improvements to various facilities, includ-  
15 ing the payment of liabilities incurred prior to April 1, 2012,  
16 provided, however, that no expenditures may be made from this appro-  
17 priation until a comprehensive plan of projects has been approved by  
18 the director of the budget (53031289) (11826) .....  
19 4,810,000 ..... (re. \$181,000)

20 By chapter 54, section 1, of the laws of 2011:

21 For minor alterations and improvements to various facilities, includ-  
22 ing the payment of liabilities incurred prior to April 1, 2011,  
23 provided, however, that no expenditures may be made from this appro-  
24 priation until a comprehensive plan of projects has been approved by  
25 the director of the budget (53031189) (11826) .....  
26 4,810,000 ..... (re. \$7,000)

27 By chapter 54, section 1, of the laws of 2009:

28 For minor alterations and improvements to various facilities, includ-  
29 ing the payment of liabilities incurred prior to April 1, 2009,  
30 provided, however, that no expenditures may be made from this appro-  
31 priation until a comprehensive plan of projects has been approved by  
32 the director of the budget (53030989) (11826) .....  
33 4,810,000 ..... (re. \$13,000)

34 By chapter 54, section 1, of the laws of 2008:

35 For minor alterations and improvements to various facilities, includ-  
36 ing the payment of liabilities incurred prior to April 1, 2008,  
37 provided, however, that no expenditures may be made from this appro-  
38 priation until a comprehensive plan of projects has been approved by  
39 the director of the budget (53030889) (11826) .....  
40 4,810,000 ..... (re. \$68,000)

41 By chapter 54, section 1, of the laws of 2007:

42 For minor alterations and improvements to various facilities, includ-  
43 ing the payment of liabilities incurred prior to April 1, 2007,  
44 provided, however, that no expenditures may be made from this appro-

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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

1        priation until a comprehensive plan of projects has been approved by  
 2        the director of the budget (53030789) (11826) .....  
 3        4,810,000 ..... (re. \$42,000)

4        Capital Projects Funds - Other  
 5        Capital Projects Fund - 30000  
 6        Program Improvement/Change Purpose

7        By chapter 55, section 1, of the laws of 2016, as amended by chapter 54,  
 8        section 1, of the laws of 2020:

9        For the acquisition of property, design, construction and/or rehabili-  
 10        tation of facilities to expand substance abuse supports and  
 11        services, including treatment, recovery and prevention services to  
 12        support efforts to develop, expand, and/or operate substance abuse  
 13        supports and services for treatment, recovery, and prevention of  
 14        heroin and opiate use and addiction disorders including but not  
 15        limited to the provision of housing services for affected popu-  
 16        lations. No expenditure shall be made from this appropriation until  
 17        a spending plan for the proposed projects has been submitted by the  
 18        commissioner of the office of addiction services and supports and  
 19        approved by the director of the budget. Notwithstanding sections 112  
 20        and 163 of the state finance law and section 142 of the economic  
 21        development law, or any other inconsistent provision of law, funds  
 22        available for expenditure pursuant to this appropriation for the  
 23        development, expansion, and/or operation of treatment, recovery,  
 24        prevention and/or housing services for persons with heroin and  
 25        opiate use and addiction disorders, may be allocated and distributed  
 26        by the commissioner of the office of addiction services and  
 27        supports, subject to approval of the director of the budget, without  
 28        a competitive bid or request for proposal process. Prior to an award  
 29        being granted to an applicant pursuant to this process, the commis-  
 30        sioner shall formally notify in writing the chair of the senate  
 31        finance committee and the chair of the assembly ways and means  
 32        committee of the intent to grant such an award. Such notice shall  
 33        include information regarding how the prospective recipient meets  
 34        objective criteria established by the commissioner. Expenditures  
 35        made from this appropriation shall reduce appropriations for grants  
 36        from the OASAS general fund local assistance account for the same  
 37        purpose by an equivalent amount, and such appropriation authority in  
 38        such account shall then be deemed to have lapsed to the extent of  
 39        such reduction (53CD1608) (11801) ... 10,000,000 .. (re. \$1,907,000)

40        Capital Projects Funds - Other  
 41        Mental Hygiene Facilities Capital Improvement Fund  
 42        OASAS-Community Facilities Account - 32305  
 43        New Facilities Purpose

44        By chapter 54, section 1, of the laws of 2021:

45        For the acquisition of property, design, construction and extensive  
 46        rehabilitation of facilities for the purpose of delivering chemical

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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

1 dependence services, pursuant to the mental hygiene law. No expendi-  
2 ture shall be made from this appropriation until a spending plan for  
3 proposed projects has been submitted by the commissioner of the  
4 office of addiction services and supports and approved by the direc-  
5 tor of the budget (53AA2107) (11828) .....  
6 24,000,000 ..... (re. \$24,000,000)

7 By chapter 54, section 1, of the laws of 2020:

8 For the acquisition of property, design, construction and extensive  
9 rehabilitation of facilities for the purpose of delivering chemical  
10 dependence services, pursuant to the mental hygiene law. No expendi-  
11 ture shall be made from this appropriation until a spending plan for  
12 proposed projects has been submitted by the commissioner of the  
13 office of addiction services and supports and approved by the direc-  
14 tor of the budget (53AA2007) (11828) .....  
15 34,000,000 ..... (re. \$34,000,000)

16 By chapter 54, section 1, of the laws of 2019, as amended by chapter 54,  
17 section 1, of the laws of 2020:

18 For the acquisition of property, design, construction and extensive  
19 rehabilitation of facilities for the purpose of delivering chemical  
20 dependence services, pursuant to the mental hygiene law. No expendi-  
21 ture shall be made from this appropriation until a spending plan for  
22 proposed projects has been submitted by the commissioner of the  
23 office of addiction services and supports and approved by the direc-  
24 tor of the budget (53AA1907) (11828) .....  
25 40,000,000 ..... (re. \$40,000,000)

26 By chapter 54, section 1, of the laws of 2018, as amended by chapter 54,  
27 section 1, of the laws of 2020:

28 For the acquisition of property, design, construction and extensive  
29 rehabilitation of facilities for the purpose of delivering chemical  
30 dependence services, pursuant to the mental hygiene law. No expendi-  
31 ture shall be made from this appropriation until a spending plan for  
32 proposed projects has been submitted by the commissioner of the  
33 office of addiction services and supports and approved by the direc-  
34 tor of the budget (53AA1807) (11828) .....  
35 40,000,000 ..... (re. \$36,147,000)

36 By chapter 54, section 1, of the laws of 2013, as amended by chapter 54,  
37 section 1, of the laws of 2020:

38 For the acquisition of property, design, construction and extensive  
39 rehabilitation of facilities for the purpose of delivering chemical  
40 dependence services, pursuant to the mental hygiene law. No expendi-  
41 ture shall be made from this appropriation until a spending plan for  
42 proposed projects has been submitted by the commissioner of the  
43 office of addiction services and supports and approved by the direc-  
44 tor of the budget (53AA1307) (11828) .....  
45 34,773,000 ..... (re. \$26,528,000)

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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

1 By chapter 54, section 1, of the laws of 2012, as amended by chapter 54,  
2 section 1, of the laws of 2020:

3 For the acquisition of property, design, construction and extensive  
4 rehabilitation of facilities for the purpose of delivering chemical  
5 dependence services, pursuant to the mental hygiene law. No expendi-  
6 ture shall be made from this appropriation until a spending plan for  
7 proposed projects has been submitted by the commissioner of the  
8 office of addiction services and supports and approved by the direc-  
9 tor of the budget (53AA1207) (11828) .....  
10 42,273,000 ..... (re. \$20,903,000)

11 By chapter 54, section 1, of the laws of 2011, as amended by chapter 54,  
12 section 1, of the laws of 2020:

13 For the acquisition of property, design, construction and extensive  
14 rehabilitation of facilities for the purpose of delivering chemical  
15 dependence services, pursuant to the mental hygiene law. No expendi-  
16 ture shall be made from this appropriation until a spending plan for  
17 proposed projects has been submitted by the commissioner of the  
18 office of addiction services and supports and approved by the direc-  
19 tor of the budget (53AA1107) (11828) .....  
20 40,273,000 ..... (re. \$3,644,000)

21 By chapter 54, section 1, of the laws of 2010, as amended by chapter 54,  
22 section 1, of the laws of 2020:

23 For the acquisition of property, design, construction and extensive  
24 rehabilitation of facilities for the purpose of delivering chemical  
25 dependence services, pursuant to the mental hygiene law. No expendi-  
26 ture shall be made from this appropriation until a spending plan for  
27 proposed projects has been submitted by the commissioner of the  
28 office of addiction services and supports and approved by the direc-  
29 tor of the budget (53AA1007) (11828) .....  
30 42,273,000 ..... (re. \$15,393,000)

31 By chapter 54, section 1, of the laws of 2009, as amended by chapter 54,  
32 section 1, of the laws of 2020:

33 For the acquisition of property, design, construction and extensive  
34 rehabilitation of facilities for the purpose of delivering chemical  
35 dependence services, pursuant to the mental hygiene law. No expendi-  
36 ture shall be made from this appropriation until a spending plan for  
37 proposed projects has been submitted by the commissioner of the  
38 office of addiction services and supports and approved by the direc-  
39 tor of the budget (53AA0907) (11828) .....  
40 42,273,000 ..... (re. \$19,079,000)

41 By chapter 54, section 1, of the laws of 2008, as amended by chapter 54,  
42 section 1, of the laws of 2020:

43 For the acquisition of property, design, construction and extensive  
44 rehabilitation of facilities for the purpose of delivering chemical  
45 dependence services, pursuant to the mental hygiene law. No expendi-  
46 ture shall be made from this appropriation until a spending plan for

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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

1 proposed projects has been submitted by the commissioner of the  
2 office of addiction services and supports and approved by the direc-  
3 tor of the budget (53AA0807) (11828) .....  
4 66,273,000 ..... (re. \$6,725,000)

5 By chapter 54, section 1, of the laws of 2007, as amended by chapter 54,  
6 section 1, of the laws of 2020:

7 For the acquisition of property, design, construction and extensive  
8 rehabilitation of facilities for the purpose of delivering chemical  
9 dependence services, pursuant to the mental hygiene law. No expendi-  
10 ture shall be made from this appropriation until a spending plan for  
11 proposed projects has been submitted by the commissioner of the  
12 office of addiction services and supports and approved by the direc-  
13 tor of the budget (53AA0707) (11828) .....  
14 27,423,000 ..... (re. \$247,000)

15 For the acquisition of property, design, construction and rehabili-  
16 tation of facilities for the purpose of delivering chemical depend-  
17 ence services, which may include 100 community residential treatment  
18 beds in Suffolk and Nassau counties, to be developed for operation  
19 by voluntary-operated or local government operated chemical depend-  
20 ency treatment providers. Notwithstanding any other inconsistent  
21 provision of law, the moneys hereby appropriated may support up to  
22 100 percent of approved capital costs of such chemical dependency  
23 facilities. Notwithstanding any other inconsistent provision of law,  
24 and subject to approval of the director of the budget, funds from  
25 this appropriation may be paid to the dormitory authority of the  
26 state of New York or the office of general services to the design  
27 and construction management account pursuant to one or more certif-  
28 icates approved by the director of the budget for purposes of carry-  
29 ing out the projects provided for herein. No expenditure shall be  
30 made from this appropriation until a spending plan for the proposed  
31 projects has been submitted by the commissioner of the office of  
32 addiction services and supports and approved by the director of the  
33 budget (53010707) (11829) ... 26,600,000 ..... (re. \$20,221,000)

34 For the acquisition of property, design, construction and rehabili-  
35 tation of facilities for the purpose of delivering chemical depend-  
36 ence services, which may include 100 intensive residential and/or  
37 community residential beds for veterans, to be developed for opera-  
38 tion by voluntary-operated or local government operated chemical  
39 dependency treatment providers. Notwithstanding any other inconsis-  
40 tent provision of law, the moneys hereby appropriated may support up  
41 to 100 percent of approved capital costs of such chemical dependency  
42 facilities.

43 Notwithstanding any other inconsistent provision of law, and subject  
44 to approval of the director of the budget, funds from this appropri-  
45 ation may be paid to the dormitory authority of the state of New  
46 York or the office of general services to the design and  
47 construction management account pursuant to one or more certificates  
48 approved by the director of the budget for purposes of carrying out  
49 the projects provided for herein. No expenditure shall be made from

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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

1 this appropriation until a spending plan for the proposed projects  
2 has been submitted by the commissioner of the office of addiction  
3 services and supports and approved by the director of the budget  
4 (53020707) (11830) ... 25,400,000 ..... (re. \$7,586,000)

5 By chapter 54, section 1, of the laws of 2006, as amended by chapter 54,  
6 section 1, of the laws of 2020:

7 For the acquisition of property design, construction and rehabili-  
8 tation of facilities for the purpose of delivering chemical depend-  
9 ence services, which may include 108 beds for adolescents and/or  
10 women and their children, to be developed for operation by voluntar-  
11 y-operated or local government operated chemical dependency treat-  
12 ment providers. Notwithstanding any other inconsistent provision of  
13 the law, the moneys hereby appropriated may support up to 100  
14 percent of approved capital costs of such chemical dependency facil-  
15 ities. Notwithstanding any other inconsistent provision of the law,  
16 and subject to approval of the director of the budget, funds from  
17 this appropriation may be paid to the dormitory authority of the  
18 state of New York or the office of general services to the design  
19 and construction management account pursuant to one or more certif-  
20 icates approved by the director of the budget for purposes of carry-  
21 ing out the projects provided for herein. No expenditure shall be  
22 made from this appropriation until a spending plan for the proposed  
23 projects has been submitted by the commissioner of the office of  
24 addiction services and supports and approved by the director of the  
25 budget (53010607) (11831) ... 24,900,000 ..... (re. \$6,709,000)

26 Capital Projects Funds - Other  
27 Mental Hygiene Facilities Capital Improvement Fund  
28 OASAS-Community Facilities Account - 32305  
29 Preservation of Facilities Purpose

30 By chapter 54, section 1, of the laws of 2021:

31 For alterations and improvements for preservation of various facili-  
32 ties including rehabilitation projects and the acquisition of prop-  
33 erty, provided, however, that no expenditures may be made from this  
34 appropriation until a comprehensive plan of projects has been  
35 approved by the director of the budget (53032103) (11827) .....  
36 40,000,000 ..... (re. \$40,000,000)

37 By chapter 54, section 1, of the laws of 2020:

38 For alterations and improvements for preservation of various facili-  
39 ties including rehabilitation projects and the acquisition of prop-  
40 erty, provided, however, that no expenditures may be made from this  
41 appropriation until a comprehensive plan of projects has been  
42 approved by the director of the budget (53032003) (11827) .....  
43 30,000,000 ..... (re. \$30,000,000)

44 By chapter 54, section 1, of the laws of 2019:

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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

1 For alterations and improvements for preservation of various facili-  
2 ties including rehabilitation projects and the acquisition of prop-  
3 erty, provided, however, that no expenditures may be made from this  
4 appropriation until a comprehensive plan of projects has been  
5 approved by the director of the budget (53031903) (11827) .....  
6 25,000,000 ..... (re. \$25,000,000)

7 By chapter 54, section 1, of the laws of 2018:

8 For alterations and improvements for preservation of various facili-  
9 ties including rehabilitation projects and the acquisition of prop-  
10 erty, provided, however, that no expenditures may be made from this  
11 appropriation until a comprehensive plan of projects has been  
12 approved by the director of the budget (53031803) (11827) .....  
13 25,000,000 ..... (re. \$25,000,000)

14 By chapter 54, section 1, of the laws of 2017:

15 For alterations and improvements for preservation of various facili-  
16 ties including rehabilitation projects and the acquisition of prop-  
17 erty, provided, however, that no expenditures may be made from this  
18 appropriation until a comprehensive plan of projects has been  
19 approved by the director of the budget (53031703) (11827) .....  
20 32,000,000 ..... (re. \$32,000,000)

21 By chapter 54, section 1, of the laws of 2013:

22 For alterations and improvements for preservation of various facili-  
23 ties including rehabilitation projects and the acquisition of prop-  
24 erty, provided, however, that no expenditures may be made from this  
25 appropriation until a comprehensive plan of projects has been  
26 approved by the director of the budget (53031303) (11827) .....  
27 34,773,000 ..... (re. \$34,073,000)

28 By chapter 54, section 1, of the laws of 2012:

29 For alterations and improvements for preservation of various facili-  
30 ties including rehabilitation projects and the acquisition of prop-  
31 erty, provided, however, that no expenditures may be made from this  
32 appropriation until a comprehensive plan of projects has been  
33 approved by the director of the budget (53031203) (11827) .....  
34 42,273,000 ..... (re. \$41,473,000)

35 By chapter 54, section 1, of the laws of 2011:

36 For alterations and improvements for preservation of various facili-  
37 ties including rehabilitation projects and the acquisition of prop-  
38 erty, provided, however, that no expenditures may be made from this  
39 appropriation until a comprehensive plan of projects has been  
40 approved by the director of the budget (53031103) (11827) .....  
41 40,273,000 ..... (re. \$27,993,000)

42 By chapter 54, section 1, of the laws of 2009:

43 For alterations and improvements for preservation of various facili-  
44 ties including rehabilitation projects and the acquisition of prop-



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## CAPITAL PROJECTS - REAPPROPRIATIONS 2022-23

erty, provided, however, that no expenditures may be made from this appropriation until a comprehensive plan of projects has been approved by the director of the budget (53030903) (11827) ..... 42,273,000 ..... (re. \$509,000)

By chapter 54, section 1, of the laws of 2008:

For alterations and improvements for preservation of various facilities including rehabilitation projects and the acquisition of property, provided, however, that no expenditures may be made from this appropriation until a comprehensive plan of projects has been approved by the director of the budget (53030803) (11827) ..... 42,273,000 ..... (re. \$8,058,000)

By chapter 54, section 1, of the laws of 2007:

For alterations and improvements for preservation of various facilities including rehabilitation projects and the acquisition of property, provided, however, that no expenditures may be made from this appropriation until a comprehensive plan of projects has been approved by the director of the budget (53030703) (11827) ..... 27,423,000 ..... (re. \$6,132,000)

By chapter 54, section 1, of the laws of 2006:

For alterations and improvements for preservation of various facilities including rehabilitation projects and the acquisition of property, provided, however, that no expenditures may be made from this appropriation until a comprehensive plan of projects has been approved by the director of the budget (53030603) (11827) ..... 17,243,000 ..... (re. \$10,031,000)

By chapter 54, section 1, of the laws of 2005:

For alterations and improvements for preservation of various facilities including rehabilitation projects and the acquisition of property, provided, however, that no expenditures may be made from this appropriation until a comprehensive plan of projects has been approved by the director of the budget (53030503) (11827) ..... 13,125,000 ..... (re. \$460,000)

Capital Projects Funds - Other  
Mental Hygiene Facilities Capital Improvement Fund  
OASAS-Community Facilities Account - 32305  
Program Improvement/Change Purpose

By chapter 54, section 1, of the laws of 2018, as amended by chapter 54, section 1, of the laws of 2020:

For the acquisition of property, design, construction and/or rehabilitation of facilities to expand substance abuse supports and services, including treatment, recovery and prevention services to support efforts to develop, expand and/or operate substance abuse supports and services for treatment, recovery, and prevention of heroin and opiate use and addiction disorders including but not

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1 limited to the provision of housing services for affected popu-  
2 lations.

3 Notwithstanding sections 112 and 163 of the state finance law and  
4 section 142 of the economic development law, or any other inconsis-  
5 tent provision of law, funds available for expenditure pursuant to  
6 this appropriation for the development, expansion, and/or operation  
7 of treatment, recovery, prevention and/or housing services for  
8 persons with heroin and opiate use and addiction disorders, may be  
9 allocated and distributed by the commissioner of the office of  
10 addiction services and supports, subject to approval of the director  
11 of the budget, without a competitive bid or request for proposal  
12 process. Prior to an award being granted to an applicant pursuant to  
13 this process, the commissioner shall formally notify in writing the  
14 chair of the senate finance committee and the chair of the assembly  
15 ways and means committee of the intent to grant such an award. Such  
16 notice shall include information regarding how the prospective  
17 recipient meets objective criteria established by the commissioner  
18 (53MH1808) (11801) ... 10,000,000 ..... (re. \$10,000,000)

19 By chapter 54, section 1, of the laws of 2017, as amended by chapter 54,  
20 section 1, of the laws of 2020:

21 For the acquisition of property, design, construction and/or rehabili-  
22 tation of facilities to expand substance abuse supports and  
23 services, including treatment, recovery and prevention services to  
24 support efforts to develop, expand and/or operate substance abuse  
25 supports and services for treatment, recovery, and prevention of  
26 heroin and opiate use and addiction disorders including but not  
27 limited to the provision of housing services for affected popu-  
28 lations. Notwithstanding sections 112 and 163 of the state finance  
29 law and section 142 of the economic development law, or any other  
30 inconsistent provision of law, funds available for expenditure  
31 pursuant to this appropriation for the development, expansion,  
32 and/or operation of treatment, recovery, prevention and/or housing  
33 services for persons with heroin and opiate use and addiction disor-  
34 ders, may be allocated and distributed by the commissioner of the  
35 office of addiction services and supports, subject to approval of  
36 the director of the budget, without a competitive bid or request for  
37 proposal process. Prior to an award being granted to an applicant  
38 pursuant to this process, the commissioner shall formally notify in  
39 writing the chair of the senate finance committee and the chair of  
40 the assembly ways and means committee of the intent to grant such an  
41 award. Such notice shall include information regarding how the  
42 prospective recipient meets objective criteria established by the  
43 commissioner (53MH1708) (11801) ... 10,000,000 .... (re. \$7,138,000)

## 44 DESIGN AND CONSTRUCTION SUPERVISION (CCP)

45 Capital Projects Funds - Other  
46 Capital Projects Fund - 30000  
47 Preparation of Plans Purpose

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1 By chapter 54, section 1, of the laws of 2021:

2 For payment to the design and construction management account of the  
3 centralized services fund of the New York state office of general  
4 services or to the dormitory authority of the state of New York for  
5 the purpose of preparation and review of plans, specifications,  
6 estimates, services, construction management and supervision,  
7 inspection, studies, appraisals, surveys, testing and environmental  
8 impact statements for new projects (53PP2130) (81088) .....  
9 4,000,000 ..... (re. \$4,000,000)

10 By chapter 54, section 1, of the laws of 2020:

11 For payment to the design and construction management account of the  
12 centralized services fund of the New York state office of general  
13 services or to the dormitory authority of the state of New York for  
14 the purpose of preparation and review of plans, specifications,  
15 estimates, services, construction management and supervision,  
16 inspection, studies, appraisals, surveys, testing and environmental  
17 impact statements for new projects (53PP2030) (81088) .....  
18 4,000,000 ..... (re. \$4,000,000)

19 By chapter 54, section 1, of the laws of 2019:

20 For payment to the design and construction management account of the  
21 centralized services fund of the New York state office of general  
22 services or to the dormitory authority of the state of New York for  
23 the purpose of preparation and review of plans, specifications,  
24 estimates, services, construction management and supervision,  
25 inspection, studies, appraisals, surveys, testing and environmental  
26 impact statements for new projects (53PP1930) (81088) .....  
27 5,000,000 ..... (re. \$5,000,000)

28 By chapter 54, section 1, of the laws of 2018:

29 For payment to the design and construction management account of the  
30 centralized services fund of the New York state office of general  
31 services or to the dormitory authority of the state of New York for  
32 the purpose of preparation and review of plans, specifications,  
33 estimates, services, construction management and supervision,  
34 inspection, studies, appraisals, surveys, testing and environmental  
35 impact statements for new projects (53PP1830) (81088) .....  
36 5,000,000 ..... (re. \$1,866,000)

37 Capital Projects Funds - Other  
38 Mental Hygiene Facilities Capital Improvement Fund  
39 DASNY-OASAS Administration Account - 32308  
40 Preparation of Plans Purpose

41 By chapter 54, section 1, of the laws of 2021:

42 For payment to the design and construction management account of the  
43 centralized services fund of the New York state office of general  
44 services or to the dormitory authority of the state of New York for  
45 the purpose of preparation and review of plans, specifications,

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1 estimates, services, construction management and supervision,  
 2 inspection, studies, appraisals, surveys, testing and environmental  
 3 impact statements for new projects (53DC2130) (81088) .....  
 4 2,000,000 ..... (re. \$1,697,000)

## 5 FACILITIES MAINTENANCE AND OPERATIONS (CCP)

6 Capital Projects Funds - Other  
 7 Capital Projects Fund - 30000  
 8 Maintenance and Operations Purpose

9 By chapter 54, section 1, of the laws of 2021:

10 For the maintenance and operation of various facilities and systems  
 11 including personal services, fringe benefits and indirect costs  
 12 (53FM21M0) (81107) ... 3,000,000 ..... (re. \$2,533,000)

13 By chapter 54, section 1, of the laws of 2020:

14 For the maintenance and operation of various facilities and systems  
 15 including personal services, fringe benefits and indirect costs  
 16 (53FM20M0) (81107) ... 3,000,000 ..... (re. \$1,784,000)

## 17 INSTITUTIONAL SERVICES PROGRAM (CCP)

18 Capital Projects Funds - Other  
 19 Capital Projects Fund - 30000  
 20 Minor Rehabilitation Purpose

21 By chapter 54, section 1, of the laws of 2021:

22 For minor alterations and improvements to various facilities, includ-  
 23 ing the payment of liabilities incurred prior to April 1, 2021,  
 24 provided, however, that no expenditures may be made from this appro-  
 25 priation until a comprehensive plan of projects has been approved by  
 26 the director of the budget (53HD2189) (11833) .....  
 27 2,000,000 ..... (re. \$2,000,000)

28 By chapter 54, section 1, of the laws of 2020:

29 For minor alterations and improvements to various facilities, includ-  
 30 ing the payment of liabilities incurred prior to April 1, 2020,  
 31 provided, however, that no expenditures may be made from this appro-  
 32 priation until a comprehensive plan of projects has been approved by  
 33 the director of the budget (53HD2089) (11833) .....  
 34 2,000,000 ..... (re. \$2,000,000)

35 By chapter 54, section 1, of the laws of 2019:

36 For minor alterations and improvements to various facilities, includ-  
 37 ing the payment of liabilities incurred prior to April 1, 2019,  
 38 provided, however, that no expenditures may be made from this appro-  
 39 priation until a comprehensive plan of projects has been approved by  
 40 the director of the budget (53HD1989) (11833) .....  
 41 1,000,000 ..... (re. \$1,000,000)

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1 By chapter 54, section 1, of the laws of 2018:

2 For minor alterations and improvements to various facilities, includ-  
3 ing the payment of liabilities incurred prior to April 1, 2018,  
4 provided, however, that no expenditures may be made from this appro-  
5 priation until a comprehensive plan of projects has been approved by  
6 the director of the budget (53HD1889) (11833) .....  
7 1,000,000 ..... (re. \$1,000,000)

8 By chapter 54, section 1, of the laws of 2017:

9 For minor alterations and improvements to various facilities, includ-  
10 ing the payment of liabilities incurred prior to April 1, 2017,  
11 provided, however, that no expenditures may be made from this appro-  
12 priation until a comprehensive plan of projects has been approved by  
13 the director of the budget (53HD1789) (11833) .....  
14 1,000,000 ..... (re. \$1,000,000)

15 By chapter 55, section 1, of the laws of 2016:

16 For minor alterations and improvements to various facilities, includ-  
17 ing the payment of liabilities incurred prior to April 1, 2016,  
18 provided, however, that no expenditures may be made from this appro-  
19 priation until a comprehensive plan of projects has been approved by  
20 the director of the budget (53HD1689) (11833) .....  
21 1,000,000 ..... (re. \$1,000,000)

22 By chapter 54, section 1, of the laws of 2015:

23 For minor alterations and improvements to various facilities, includ-  
24 ing the payment of liabilities incurred prior to April 1, 2015,  
25 provided, however, that no expenditures may be made from this appro-  
26 priation until a comprehensive plan of projects has been approved by  
27 the director of the budget (53HD1589) (11833) .....  
28 1,000,000 ..... (re. \$609,000)

29 By chapter 54, section 1, of the laws of 2014:

30 For minor alterations and improvements to various facilities, includ-  
31 ing the payment of liabilities incurred prior to April 1, 2014,  
32 provided, however, that no expenditures may be made from this appro-  
33 priation until a comprehensive plan of projects has been approved by  
34 the director of the budget (53HD1489) (11833) .....  
35 1,000,000 ..... (re. \$721,000)

36 By chapter 54, section 1, of the laws of 2013:

37 For minor alterations and improvements to various facilities, includ-  
38 ing the payment of liabilities incurred prior to April 1, 2013,  
39 provided, however, that no expenditures may be made from this appro-  
40 priation until a comprehensive plan of projects has been approved by  
41 the director of the budget (53HD1389) (11833) .....  
42 1,000,000 ..... (re. \$234,000)

43 By chapter 54, section 1, of the laws of 2012:

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1 For minor alterations and improvements to various facilities, includ-  
2 ing the payment of liabilities incurred prior to April 1, 2012,  
3 provided, however, that no expenditures may be made from this appro-  
4 priation until a comprehensive plan of projects has been approved by  
5 the director of the budget (53HD1289) (11833) .....  
6 1,000,000 ..... (re. \$248,000)

7 By chapter 54, section 1, of the laws of 2011:

8 For minor alterations and improvements to various facilities, includ-  
9 ing the payment of liabilities incurred prior to April 1, 2011,  
10 provided, however, that no expenditures may be made from this appro-  
11 priation until a comprehensive plan of projects has been approved by  
12 the director of the budget (53HD1189) (11833) .....  
13 1,000,000 ..... (re. \$137,000)

14 By chapter 54, section 1, of the laws of 2010:

15 For minor alterations and improvements to various facilities, includ-  
16 ing the payment of liabilities incurred prior to April 1, 2010,  
17 provided, however, that no expenditures may be made from this appro-  
18 priation until a comprehensive plan of projects has been approved by  
19 the director of the budget (53HD1089) (11833) .....  
20 1,000,000 ..... (re. \$38,000)

21 By chapter 54, section 1, of the laws of 2009:

22 For minor alterations and improvements to various facilities, includ-  
23 ing the payment of liabilities incurred prior to April 1, 2009,  
24 provided, however, that no expenditures may be made from this appro-  
25 priation until a comprehensive plan of projects has been approved by  
26 the director of the budget (53HD0989) (11833) .....  
27 1,000,000 ..... (re. \$96,000)

28 By chapter 54, section 1, of the laws of 2008:

29 For minor alterations and improvements to various facilities, includ-  
30 ing the payment of liabilities incurred prior to April 1, 2008,  
31 provided, however, that no expenditures may be made from this appro-  
32 priation until a comprehensive plan of projects has been approved by  
33 the director of the budget (53HD0889) (11833) .....  
34 500,000 ..... (re. \$12,000)

35 By chapter 54, section 1, of the laws of 2007:

36 For minor alterations and improvements to various facilities, includ-  
37 ing the payment of liabilities incurred prior to April 1, 2007,  
38 provided, however, that no expenditures may be made from this appro-  
39 priation until a comprehensive plan of projects has been approved by  
40 the director of the budget (53HD0789) (11833) .....  
41 500,000 ..... (re. \$30,000)

42 Capital Projects Funds - Other  
43 Mental Hygiene Facilities Capital Improvement Fund  
44 OASAS-State Facilities Account - 32311

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## 1 Preservation of Facilities Purpose

2 By chapter 54, section 1, of the laws of 2021:

3 For alterations and improvements for preservation of various facili-  
4 ties including rehabilitation projects, provided, however, that no  
5 expenditures may be made from this appropriation until a comprehen-  
6 sive plan of projects has been approved by the director of the budg-  
7 et. This appropriation may be used for the cost of potential claims  
8 against contracts awarded by the dormitory authority of the state of  
9 New York. Upon request of the commissioner of the office of  
10 addiction services and supports and approval by the director of the  
11 budget, this appropriation may be transferred or suballocated to any  
12 other department, agency, or public authority (53A22103) (81040) ...  
13 10,000,000 ..... (re. \$10,000,000)

14 By chapter 54, section 1, of the laws of 2020:

15 For alterations and improvements for preservation of various facili-  
16 ties including rehabilitation projects, provided, however, that no  
17 expenditures may be made from this appropriation until a comprehen-  
18 sive plan of projects has been approved by the director of the budg-  
19 et. This appropriation may be used for the cost of potential claims  
20 against contracts awarded by the dormitory authority of the state of  
21 New York. Upon request of the commissioner of the office of  
22 addiction services and supports and approval by the director of the  
23 budget, this appropriation may be transferred or suballocated to any  
24 other department, agency, or public authority (53A22003) (81040) ...  
25 10,000,000 ..... (re. \$10,000,000)

26 By chapter 54, section 1, of the laws of 2019, as amended by chapter 54,  
27 section 1, of the laws of 2020:

28 For alterations and improvements for preservation of various facili-  
29 ties including rehabilitation projects, provided, however, that no  
30 expenditures may be made from this appropriation until a comprehen-  
31 sive plan of projects has been approved by the director of the budg-  
32 et. This appropriation may be used for the cost of potential claims  
33 against contracts awarded by the dormitory authority of the state of  
34 New York. Upon request of the commissioner of the office of  
35 addiction services and supports and approval by the director of the  
36 budget, this appropriation may be transferred or suballocated to any  
37 other department, agency, or public authority (53A21903) (81040) ...  
38 10,000,000 ..... (re. \$10,000,000)

39 By chapter 54, section 1, of the laws of 2018, as amended by chapter 54,  
40 section 1, of the laws of 2020:

41 For alterations and improvements for preservation of various facili-  
42 ties including rehabilitation projects, provided, however, that no  
43 expenditures may be made from this appropriation until a comprehen-  
44 sive plan of projects has been approved by the director of the budg-  
45 et. This appropriation may be used for the cost of potential claims  
46 against contracts awarded by the dormitory authority of the state of

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1 New York. Upon request of the commissioner of the office of  
2 addiction services and supports and approval by the director of the  
3 budget, this appropriation may be transferred or suballocated to any  
4 other department, agency, or public authority (53A21803) (81040) ...  
5 10,000,000 ..... (re. \$7,973,000)

6 By chapter 54, section 1, of the laws of 2017, as amended by chapter 54,  
7 section 1, of the laws of 2020:

8 For alterations and improvements for preservation of various facili-  
9 ties including rehabilitation projects, provided, however, that no  
10 expenditures may be made from this appropriation until a comprehen-  
11 sive plan of projects has been approved by the director of the budg-  
12 et. This appropriation may be used for the cost of potential claims  
13 against contracts awarded by the dormitory authority of the state of  
14 New York. Upon request of the commissioner of the office of  
15 addiction services and supports and approval by the director of the  
16 budget, this appropriation may be transferred or suballocated to any  
17 other department, agency, or public authority (53A21703) (81040) ...  
18 15,000,000 ..... (re. \$12,705,000)

19 By chapter 55, section 1, of the laws of 2016, as amended by chapter 54,  
20 section 1, of the laws of 2020:

21 For alterations and improvements for preservation of various facili-  
22 ties including rehabilitation projects, provided, however, that no  
23 expenditures may be made from this appropriation until a comprehen-  
24 sive plan of projects has been approved by the director of the budg-  
25 et. This appropriation may be used for the cost of potential claims  
26 against contracts awarded by the dormitory authority of the state of  
27 New York. Upon request of the commissioner of the office of  
28 addiction services and supports and approval by the director of the  
29 budget, this appropriation may be transferred or suballocated to any  
30 other department, agency, or public authority (53A21603) (81040) ...  
31 10,000,000 ..... (re. \$5,989,000)

32 By chapter 54, section 1, of the laws of 2015, as amended by chapter 54,  
33 section 1, of the laws of 2020:

34 For alterations and improvements for preservation of various facili-  
35 ties including rehabilitation projects, provided, however, that no  
36 expenditures may be made from this appropriation until a comprehen-  
37 sive plan of projects has been approved by the director of the budg-  
38 et. This appropriation may be used for the cost of potential claims  
39 against contracts awarded by the dormitory authority of the state of  
40 New York. Upon request of the commissioner of the office of  
41 addiction services and supports and approval by the director of the  
42 budget, this appropriation may be transferred or suballocated to any  
43 other department, agency, or public authority (53A21503) (81040) ...  
44 3,000,000 ..... (re. \$2,611,000)

45 By chapter 54, section 1, of the laws of 2013, as amended by chapter 54,  
46 section 1, of the laws of 2020:



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1 For alterations and improvements for preservation of various facili-  
2 ties including rehabilitation projects, provided, however, that no  
3 expenditures may be made from this appropriation until a comprehen-  
4 sive plan of projects has been approved by the director of the budg-  
5 et. This appropriation may be used for the cost of potential claims  
6 against contracts awarded by the dormitory authority of the state of  
7 New York. Upon request of the commissioner of the office of  
8 addiction services and supports and approval by the director of the  
9 budget, this appropriation may be transferred or suballocated to any  
10 other department, agency, or public authority (53A21303) (81040) ...  
11 18,000,000 ..... (re. \$2,504,000)

12 By chapter 54, section 1, of the laws of 2012, as amended by chapter 54,  
13 section 1, of the laws of 2020:

14 For alterations and improvements for preservation of various facili-  
15 ties including rehabilitation projects, provided, however, that no  
16 expenditures may be made from this appropriation until a comprehen-  
17 sive plan of projects has been approved by the director of the budg-  
18 et. This appropriation may be used for the cost of potential claims  
19 against contracts awarded by the dormitory authority of the state of  
20 New York. Upon request of the commissioner of the office of  
21 addiction services and supports and approval by the director of the  
22 budget, this appropriation may be transferred or suballocated to any  
23 other department, agency, or public authority (53A21203) (81040) ...  
24 3,000,000 ..... (re. \$237,000)

25 By chapter 54, section 1, of the laws of 2011, as amended by chapter 54,  
26 section 1, of the laws of 2020:

27 For alterations and improvements for preservation of various facili-  
28 ties including rehabilitation projects, provided, however, that no  
29 expenditures may be made from this appropriation until a comprehen-  
30 sive plan of projects has been approved by the director of the budg-  
31 et. This appropriation may be used for the cost of potential claims  
32 against contracts awarded by the dormitory authority of the state of  
33 New York. Upon request of the commissioner of the office of  
34 addiction services and supports and approval by the director of the  
35 budget, this appropriation may be transferred or suballocated to any  
36 other department, agency, or public authority (53A21103) (81040) ...  
37 7,000,000 ..... (re. \$1,741,000)

38 By chapter 54, section 1, of the laws of 2010, as amended by chapter 54,  
39 section 1, of the laws of 2020:

40 For alterations and improvements for preservation of various facili-  
41 ties including rehabilitation projects, provided, however, that no  
42 expenditures may be made from this appropriation until a comprehen-  
43 sive plan of projects has been approved by the director of the budg-  
44 et. This appropriation may be used for the cost of potential claims  
45 against contracts awarded by the dormitory authority of the state of  
46 New York. Upon request of the commissioner of the office of  
47 addiction services and supports and approval by the director of the

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1 budget, this appropriation may be transferred or suballocated to any  
2 other department, agency, or public authority (53A21003) (81040) ...  
3 3,000,000 ..... (re. \$96,000)

4 By chapter 54, section 1, of the laws of 2009, as amended by chapter 54,  
5 section 1, of the laws of 2020:

6 For alterations and improvements for preservation of various facili-  
7 ties including rehabilitation projects, provided, however, that no  
8 expenditures may be made from this appropriation until a comprehen-  
9 sive plan of projects has been approved by the director of the budg-  
10 et. This appropriation may be used for the cost of potential claims  
11 against contracts awarded by the dormitory authority of the state of  
12 New York. Upon request of the commissioner of the office of  
13 addiction services and supports and approval by the director of the  
14 budget, this appropriation may be transferred or suballocated to any  
15 other department, agency, or public authority (53A20903) (81040) ...  
16 3,000,000 ..... (re. \$662,000)

17 By chapter 54, section 1, of the laws of 2008, as amended by chapter 54,  
18 section 1, of the laws of 2020:

19 For alterations and improvements for preservation of various facili-  
20 ties including rehabilitation projects, provided, however, that no  
21 expenditures may be made from this appropriation until a comprehen-  
22 sive plan of projects has been approved by the director of the budg-  
23 et. This appropriation may be used for the cost of potential claims  
24 against contracts awarded by the dormitory authority of the state of  
25 New York. Upon request of the commissioner of the office of  
26 addiction services and supports and approval by the director of the  
27 budget, this appropriation may be transferred or suballocated to any  
28 other department, agency, or public authority (53A20803) (81040) ...  
29 3,000,000 ..... (re. \$305,000)

30 By chapter 54, section 1, of the laws of 2007, as amended by chapter 54,  
31 section 1, of the laws of 2020:

32 For alterations and improvements for preservation of various facili-  
33 ties including rehabilitation projects, provided, however, that no  
34 expenditures may be made from this appropriation until a comprehen-  
35 sive plan of projects has been approved by the director of the budg-  
36 et. This appropriation may be used for the cost of potential claims  
37 against contracts awarded by the dormitory authority of the state of  
38 New York. Upon request of the commissioner of the office of  
39 addiction services and supports and approval by the director of the  
40 budget, this appropriation may be transferred or suballocated to any  
41 other department, agency, or public authority (53A20703) (81040) ...  
42 1,000,000 ..... (re. \$30,000)

43 By chapter 54, section 1, of the laws of 2006, as amended by chapter 54,  
44 section 1, of the laws of 2020:

45 For alterations and improvements for preservation of various facili-  
46 ties including rehabilitation projects, provided, however, that no

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1 expenditures may be made from this appropriation until a comprehensive  
2 sive plan of projects has been approved by the director of the budget.  
3 et. This appropriation may be used for the cost of potential claims  
4 against contracts awarded by the dormitory authority of the state of  
5 New York. Upon request of the commissioner of the office of  
6 addiction services and supports and approval by the director of the  
7 budget, this appropriation may be transferred or suballocated to any  
8 other department, agency, or public authority (53A20603) (81040) ...  
9 7,800,000 ..... (re. \$136,000)

10 By chapter 54, section 1, of the laws of 2003, as amended by chapter 54,  
11 section 1, of the laws of 2020:

12 For alterations and improvements for preservation of various facilities  
13 including rehabilitation projects, provided, however, that no  
14 expenditures may be made from this appropriation until a comprehensive  
15 plan of projects has been approved by the director of the budget.  
16 et. This appropriation may be used for the cost of potential claims  
17 against contracts awarded by the dormitory authority of the state of  
18 New York or the facilities development corporation. Upon request of  
19 the commissioner of the office of addiction services and supports  
20 and approval by the director of the budget, this appropriation may  
21 be transferred or suballocated to any other department, agency, or  
22 public authority (53PR0303) (81040) .....  
23 1,000,000 ..... (re. \$247,000)

24 By chapter 54, section 1, of the laws of 2001, as amended by chapter 54,  
25 section 1, of the laws of 2020:

26 For alterations and improvements for preservation of various facilities  
27 including rehabilitation projects, provided, however, that no  
28 expenditures may be made from this appropriation until a comprehensive  
29 plan of projects has been approved by the director of the budget.  
30 et. This appropriation may be used for the cost of potential claims  
31 against contracts awarded by the dormitory authority of the state of  
32 New York or the facilities development corporation. Upon request of  
33 the commissioner of the office of addiction services and supports  
34 and approval by the director of the budget, this appropriation may  
35 be transferred or suballocated to any other department, agency, or  
36 public authority (53PR0103) (81040) .....  
37 2,000,000 ..... (re. \$665,000)

## 38 NON-BONDABLE PROJECTS (CCP)

39 Capital Projects Funds - Other  
40 Capital Projects Fund - 30000  
41 Non-Bondable Purpose

42 By chapter 54, section 1, of the laws of 2021:

43 For transfer to the Mental Hygiene Capital Improvement Fund for  
44 reimbursement of the non-bondable cost of community facilities  
45 authorized by appropriations or reappropriations funded from the

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1 Mental Hygiene Capital Improvement Fund including liabilities  
2 incurred prior to April 1, 2021 or for payment to the dormitory  
3 authority of the state of New York for defeasance of bonds. Upon  
4 request of the commissioner of the office of addiction services and  
5 supports and approval by the director of the budget, this appropri-  
6 ation may be transferred to the dormitory authority of the state of  
7 New York (53NB21NB) (81042) ... 1,000,000 ..... (re. \$1,000,000)

8 By chapter 54, section 1, of the laws of 2020:

9 For transfer to the Mental Hygiene Capital Improvement Fund for  
10 reimbursement of the non-bondable cost of community facilities  
11 authorized by appropriations or reappropriations funded from the  
12 Mental Hygiene Capital Improvement Fund including liabilities  
13 incurred prior to April 1, 2020 or for payment to the dormitory  
14 authority of the state of New York for defeasance of bonds. Upon  
15 request of the commissioner of the office of addiction services and  
16 supports and approval by the director of the budget, this appropri-  
17 ation may be transferred to the dormitory authority of the state of  
18 New York (53NB20NB) (81042) ... 1,000,000 ..... (re. \$30,000)

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 For payment according to the following schedule:

2	APPROPRIATIONS	REAPPROPRIATIONS
3 General Fund .....	563,821,000	61,125,500
4 Special Revenue Funds - Federal ....	215,160,000	204,099,000
5 Special Revenue Funds - Other .....	430,113,000	29,252,000
6	-----	-----
7 All Funds .....	1,209,094,000	294,476,500
8	=====	=====

9 SCHEDULE

10 COMMUNITY TREATMENT SERVICES PROGRAM ..... 1,011,085,000  
 11 -----

12 General Fund  
 13 Local Assistance Account - 10000

14 For payment, net of disallowances, of state  
 15 financial assistance in accordance with  
 16 the mental hygiene law related to treat-  
 17 ment services.

18 Notwithstanding any other provisions of law,  
 19 no payment shall be made from this appro-  
 20 priation until the recipient agency has  
 21 demonstrated that it has applied for and  
 22 received, or received formal notification  
 23 of refusal of, all forms of third-party  
 24 reimbursement, including federal aid and  
 25 patient fees. The moneys hereby appropri-  
 26 ated are available to reimburse or advance  
 27 to localities and voluntary nonprofit  
 28 agencies for expenditures heretofore  
 29 accrued or hereafter to accrue during  
 30 local fiscal periods commencing January 1,  
 31 2022 or July 1, 2022 and for advances for  
 32 the period beginning January 1, 2023.

33 The commissioner, pursuant to such contract  
 34 and/or funding authorization letter, may  
 35 pay from this appropriation all or a  
 36 portion of the expenses incurred by such  
 37 voluntary agencies arising out of loans  
 38 obtained from the proceeds of bonds and  
 39 notes issued by the dormitory authority of  
 40 the state of New York or another author-  
 41 ized entity approved by the division of  
 42 the budget. Such expenses may include, but  
 43 shall not be limited to, amounts relating

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 to principal and interest and any other  
2 fees and charges arising from such loans.  
3 Notwithstanding any other provision of law,  
4 subject to the approval of the director of  
5 the budget, a portion of the money appro-  
6 priated herein may be made available for  
7 obligations and payments heretofore or  
8 hereafter accrued by the department of  
9 health for community alcoholism, chemical  
10 dependence, and substance abuse treatment  
11 services, including the state share of  
12 medical assistance payments.  
13 Notwithstanding any inconsistent provisions  
14 of law, moneys from this appropriation may  
15 be used for expenses of localities,  
16 nonprofit and for-profit agencies that may  
17 arise from the assumption of operational  
18 responsibilities for programs when operat-  
19 ing certificates for such programs cease  
20 to be in effect and/or programs are placed  
21 into receivership pursuant to section  
22 19.41 of the mental hygiene law.  
23 Notwithstanding sections 112 and 163 of the  
24 state finance law and section 142 of the  
25 economic development law, or any other  
26 inconsistent provision of law, funds  
27 appropriated to the department of health  
28 in accordance with a schedule based upon  
29 approved Medicaid claims for eligible home  
30 and community-based services, or other  
31 approved services as defined in section  
32 nine thousand eight hundred and seventeen  
33 of the American rescue plan act of 2021,  
34 from April 1, 2022 through March 31, 2023  
35 and made available by the department of  
36 health via sub-allocation or transfer of  
37 up to \$33,200,000 may be allocated and  
38 distributed by the commissioner of the  
39 office of addiction services and supports,  
40 subject to approval of the director of the  
41 budget, without a competitive bid or  
42 request for proposal process for the  
43 services and expenses of qualified appli-  
44 cants. All awards will be granted utiliz-  
45 ing criteria established by the commis-  
46 sioner of the office of addiction services  
47 and supports to strengthen and enhance  
48 home and community-based services consist-  
49 ent with the American rescue plan act of  
50 2021.

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## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 Notwithstanding any provision of law to the  
2 contrary, the commissioner of the office  
3 of addiction services and supports shall  
4 be authorized, subject to the approval of  
5 the director of the budget, to continue  
6 contracts which were executed on or before  
7 March 31, 2022 with entities providing  
8 services for problem gambling and chemical  
9 dependency prevention, treatment and  
10 recovery services, without any additional  
11 requirements that such contracts be  
12 subject to competitive bidding, a request  
13 for proposal process or other administra-  
14 tive procedures.

15 Notwithstanding any inconsistent provision  
16 of law except pursuant to a chapter of the  
17 laws of 2022 authorizing a 5.4 percent  
18 cost of living adjustment, for the period  
19 commencing on April 1, 2022 and ending  
20 March 31, 2023 the commissioner shall not  
21 apply any other cost of living adjustment  
22 for the purpose of establishing rates of  
23 payments, contracts or any other form of  
24 reimbursement.

25 Notwithstanding any other provision of law,  
26 the money hereby appropriated may be  
27 transferred to state operations and/or any  
28 appropriation of the office of addiction  
29 services and supports, with the approval  
30 of the director of the budget.

31 The state comptroller is hereby authorized  
32 to receive funds from the office of  
33 addiction services and supports that were  
34 returned from providers in the current  
35 fiscal year in respect of a settlement of  
36 local assistance funds from prior fiscal  
37 years and is authorized to refund such  
38 moneys to the credit of the local assist-  
39 ance account of the general fund for the  
40 purpose of reimbursing the 2022-23 appro-  
41 priation.

42 For services and expenses related to provid-  
43 ing healthcare and mental hygiene worker  
44 bonuses.

45 Funds appropriated herein shall be available  
46 in accordance with the following:

47 For services and expenses related to the  
48 administration of chemical dependency  
49 services by local governmental units  
50 (11834) ..... 3,696,000

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## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 For the state share of medical assistance  
2 payments for outpatient services (11816) .... 21,325,000  
3 For services and expenses of the medical  
4 assistance program including reinvestment  
5 in behavioral health services of general  
6 fund savings directly related to savings  
7 realized through the transition of popu-  
8 lations from the medicaid fee-for service  
9 system to a managed care model, including  
10 savings resulting from the reduction of  
11 inpatient and outpatient behavioral health  
12 services provided under the medicaid  
13 program ..... 37,000,000  
14 For services and expenses related to resi-  
15 dential services (11822) ..... 124,902,000  
16 For services and expenses related to crisis  
17 services (11823) ..... 10,688,000  
18 For services and expenses related to problem  
19 gambling, chemical dependence outpatient,  
20 and treatment support services (11815) ..... 166,477,000  
21 For expenses related to debt service  
22 payments for capital projects funded by  
23 the proceeds of bonds and notes issued by  
24 the dormitory authority of the state of  
25 New York (11824) ..... 39,983,000  
26 Notwithstanding any inconsistent provision  
27 of law, funding made available by this  
28 appropriation shall support direct salary  
29 costs and related fringe benefits associ-  
30 ated with any minimum wage increase that  
31 takes effect on or after December 31,  
32 2016, pursuant to section 652 of the labor  
33 law. Organizations eligible for funding  
34 made available by this appropriation shall  
35 be limited to those that are required to  
36 file a consolidated fiscal report with the  
37 office of addiction services and supports.  
38 Each eligible organization in receipt of  
39 funding made available by this appropri-  
40 ation shall submit written certification,  
41 in such form and at such time as the  
42 commissioner shall prescribe, attesting to  
43 how such funding will be or was used for  
44 purposes eligible under this appropri-  
45 ation. Notwithstanding any inconsistent  
46 provision of law, and subject to the  
47 approval of the director of the budget,  
48 the amounts appropriated herein may be  
49 increased or decreased by interchange or  
50 transfer without limit to any local



## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 assistance appropriation of the office of  
2 addiction services and supports, and may  
3 include advances to organizations author-  
4 ized to receive such funds to accomplish  
5 this purpose (11806) ..... 2,000,000  
6 For services and expenses of the office of  
7 addiction services and supports to imple-  
8 ment a chapter of the laws of 2022, to  
9 provide funding for a cost of living  
10 adjustment for the purpose of establishing  
11 rates of payments, contracts or any other  
12 form of reimbursement for the period April  
13 1, 2022 through March 31, 2023. Notwith-  
14 standing any other provision of law to the  
15 contrary, and subject to the approval of  
16 the director of the budget, the amounts  
17 appropriated herein may be increased or  
18 decreased by interchange or transfer with-  
19 out limit to any local assistance appro-  
20 priation, and may include advances to  
21 local governments and voluntary agencies,  
22 to accomplish this purpose (11836) ..... 33,700,000  
23 For services and expenses for the develop-  
24 ment and implementation of an adolescent  
25 clubhouse (12094) ..... 250,000  
26 For services and expenses of the office of  
27 the independent substance use disorder and  
28 mental health ombudsman (12095) ..... 1,500,000  
29 For services and expenses of jail-based  
30 substance use disorder treatment and tran-  
31 sition services. The commissioner, in  
32 consultation with local governmental  
33 units, county sheriffs and other stake-  
34 holders, shall implement a jail-based  
35 substance use disorder treatment and tran-  
36 sition services program that supports the  
37 initiation, operation and enhancement of  
38 substance use disorder treatment and tran-  
39 sition services for persons with substance  
40 use disorder who are incarcerated in jails  
41 in counties.  
42 The services to be provided by such program,  
43 subject to available appropriation, are to  
44 ensure that the participating individuals  
45 are receiving necessary supports and  
46 services in addition to the medication  
47 assisted treatment and shall be in accord-  
48 ance with plans developed by participating  
49 local governmental units, in collaboration  
50 with county sheriffs and approved by the

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 commissioner. Such plans may, to the  
 2 extent that such services and forms of  
 3 medication assisted treatment are avail-  
 4 able in the county where the program is  
 5 operated, include, but not be limited to,  
 6 the following: (a) alcohol, heroin and  
 7 opioid withdrawal management; (b) every  
 8 form of medication assisted treatments  
 9 approved for the treatment of a substance  
 10 use disorder by the federal food and drug  
 11 administration necessary to ensure that  
 12 each individual participating in the  
 13 program receives the particular form found  
 14 to be most effective at treating and meet-  
 15 ing their individual needs, as determined  
 16 by the prescriber; (c) group and individ-  
 17 ual counseling and clinical support; (d)  
 18 peer support; (e) discharge planning; and  
 19 (f) re-entry and transitional supports.  
 20 Notwithstanding sections 112 and 163 of the  
 21 state finance law and section 142 of the  
 22 economic development law, or any other  
 23 inconsistent provision of law, funds  
 24 available for expenditure pursuant to this  
 25 appropriation for the establishment of  
 26 this program, may be allocated and  
 27 distributed by the commissioner of the  
 28 office of addiction services and supports,  
 29 subject to the approval of the director of  
 30 the budget, without a competitive bid or  
 31 request for proposal process. Funding  
 32 shall be made available to local govern-  
 33 mental units pursuant to criteria estab-  
 34 lished by the office of addiction services  
 35 and supports, in consultation with local  
 36 governmental units, which shall take into  
 37 consideration the local needs and  
 38 resources as identified by local govern-  
 39 mental units, the average daily jail popu-  
 40 lation, the average number of persons  
 41 incarcerated in the jail that require  
 42 substance use disorder services and such  
 43 other factors as may be deemed necessary  
 44 (12096) ..... 8,810,000  
 45 For services and expenses of the New York  
 46 city department of education related to  
 47 the hiring of additional substance abuse  
 48 prevention and intervention specialists  
 49 (11800) ..... 2,000,000

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## AID TO LOCALITIES 2022-23

1 For services and expenses of the following  
 2 organizations:  
 3 Alcoholism and Substance Abuse Providers of  
 4 New York State ..... 250,000  
 5 Family and Children's Association ..... 800,000  
 6 Family and Children's Association Recovery  
 7 Community and Outreach Center ..... 350,000  
 8 Rockland Council on Alcoholism and Other  
 9 Drug Dependence ..... 100,000  
 10 Save the Michaels of the World, Inc. .... 500,000  
 11 For services and expenses related to an  
 12 addiction recovery supportive transporta-  
 13 tion services demonstration program ..... 250,000  
 14 -----  
 15 Program account subtotal ..... 454,581,000  
 16 -----

17 Special Revenue Funds - Federal  
 18 Federal Health and Human Services Fund  
 19 Substance Abuse Prevention and Treatment (SAPT) Account  
 20 - 25147

21 For services and expenses related to  
 22 prevention, intervention, treatment, and  
 23 recovery programs provided by the  
 24 substance abuse prevention and treatment  
 25 (SAPT) block grant.  
 26 Notwithstanding any inconsistent provision  
 27 of law, a portion of the funds hereby  
 28 appropriated may, subject to the approval  
 29 of the director of the budget, be trans-  
 30 ferred to state operations and/or any  
 31 appropriation of the office of addiction  
 32 services and supports consistent with the  
 33 terms and conditions of the SAPT block  
 34 grant award.  
 35 Notwithstanding any inconsistent provision  
 36 of law except pursuant to a chapter of the  
 37 laws of 2022 authorizing a 5.4 percent  
 38 cost of living adjustment, for the period  
 39 commencing on April 1, 2022 and ending  
 40 March 31, 2023 the commissioner shall not  
 41 apply any other cost of living adjustment  
 42 for the purpose of establishing rates of  
 43 payments, contracts or any other form of  
 44 reimbursement.  
 45 Notwithstanding any inconsistent provision  
 46 of law, \$5,000,000 of the funds hereby  
 47 appropriated may, subject to the approval  
 48 of the director of the budget, be used for

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 services and expenses associated with  
 2 federal grant awards yet to be allocated.  
 3 Appropriation authority contained herein  
 4 may be transferred to state operations  
 5 and/or any appropriation of the office of  
 6 addiction services and supports.  
 7 Notwithstanding any provision of law to the  
 8 contrary, the commissioner of the office  
 9 of addiction services and supports shall  
 10 be authorized, subject to the approval of  
 11 the director of the budget, to continue  
 12 contracts which were executed on or before  
 13 March 31, 2022 with entities providing  
 14 services for problem gambling and chemical  
 15 dependency prevention, treatment and  
 16 recovery services, without any additional  
 17 requirements that such contracts be  
 18 subject to competitive bidding, a request  
 19 for proposal process or other administra-  
 20 tive procedures.  
 21 Funds appropriated herein shall be available  
 22 in accordance with the following:  
 23 For services and expenses related to problem  
 24 gambling, chemical dependence outpatient,  
 25 and treatment support services (11815) ..... 31,789,000  
 26 For services and expenses related to resi-  
 27 dential services (11822) ..... 103,157,000  
 28 For services and expenses related to crisis  
 29 services (11823) ..... 8,558,000  
 30 -----  
 31 Program account subtotal ..... 143,504,000  
 32 -----  
 33 Special Revenue Funds - Other  
 34 Miscellaneous Special Revenue Fund  
 35 Behavioral Health Parity Compliance Account - 22246  
 36 Notwithstanding any other provision of law,  
 37 the money hereby appropriated may be  
 38 transferred to state operations and/or any  
 39 appropriation of the office of addiction  
 40 services and supports, with the approval  
 41 of the director of the budget.  
 42 For services and expenses of the office of  
 43 the independent substance use disorder and  
 44 mental health ombudsman (12095) ..... 5,000,000  
 45 -----  
 46 Program account subtotal ..... 5,000,000  
 47 -----

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## AID TO LOCALITIES 2022-23

1 Special Revenue Funds - Other  
2 Designated Miscellaneous Special Revenue Account  
3 Opioid Settlement Fund Account - 23817

4 For payments of monies from the Opioid  
5 Settlement Fund in accordance with section  
6 99-nn of the State Finance Law. Up to  
7 \$900,000 of this appropriation may be  
8 available for payment pursuant to a plan  
9 or plans drafted by the Office of the  
10 Attorney General and approved by the  
11 Office of Addiction Services and Supports  
12 which are in accordance with and necessary  
13 to effectuate Statewide Opioid Settlement  
14 Agreements as defined in Section 99-nn of  
15 the State Finance Law. Additionally, at  
16 least \$59,000,000 of this appropriation  
17 shall be held in reserve for payments to  
18 local governments pursuant to a plan or  
19 plans by the Office of Addiction Services  
20 and Supports which are consistent with  
21 Statewide Opioid Settlement Agreements.

22 Notwithstanding any other provision of law  
23 to the contrary and consistent with state-  
24 wide opioid settlement agreements, the  
25 money hereby appropriated may be trans-  
26 ferred to state operations appropriations  
27 of the office of addiction services and  
28 supports for services and expenses associ-  
29 ated with the administration of programs  
30 and activities supported by the opioid  
31 settlement fund and in accordance with the  
32 terms of statewide opioid settlement  
33 agreements, with the approval of the  
34 director of the budget.

35 Notwithstanding sections 163 of the state  
36 finance law and section 142 of the econom-  
37 ic development law, or any other incon-  
38 sistent provision of law, funds available  
39 for expenditure pursuant to this appropri-  
40 ation may be allocated and distributed by  
41 the commissioner of the office of  
42 addiction services and supports, without a  
43 competitive bid or request for proposal  
44 process.

45 Notwithstanding any provision of law to the  
46 contrary, a portion of the funds appropri-  
47 ated herein may be suballocated to other  
48 agencies for use in accordance with State-  
49 wide Opioid Settlement Agreements.

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## AID TO LOCALITIES 2022-23

1 Notwithstanding any provision of law to the  
 2 contrary, payments made pursuant to this  
 3 appropriation shall not exceed the value  
 4 of actual deposits to the Opioid Settle-  
 5 ment Fund as a result of Statewide Opioid  
 6 Settlement Agreements ..... 208,000,000  
 7 -----  
 8 Program account subtotal ..... 208,000,000  
 9 -----

10 Special Revenue Funds - Other  
 11 Miscellaneous Special Revenue Fund  
 12 Opioid Stewardship account - 22239

13 For services and expenses related to a  
 14 public health-style approach to mitigating  
 15 the impact of opioid addiction, to include  
 16 harm reduction and patient-centered  
 17 services, harm reduction services overseen  
 18 by the AIDS institute of the state depart-  
 19 ment of health, and initiatives to assist  
 20 individuals who are uninsured or underin-  
 21 sured afford treatment appointments and  
 22 medications.

23 Notwithstanding any other provision of law,  
 24 the money hereby appropriated may be  
 25 transferred to state operations and/or any  
 26 appropriation of the office of addiction  
 27 services and supports, with the approval  
 28 of the director of the budget.

29 Notwithstanding any inconsistent provisions  
 30 of law, moneys from this appropriation may  
 31 be used for expenses of localities,  
 32 nonprofit and for-profit agencies that may  
 33 arise from the assumption of operational  
 34 responsibilities for programs when operat-  
 35 ing certificates for such programs cease  
 36 to be in effect and/or programs are placed  
 37 into receivership pursuant to section  
 38 19.41 of the mental hygiene law.

39 Notwithstanding any provision of law to the  
 40 contrary, funding made available by this  
 41 appropriation may be transferred to health  
 42 research incorporated (HRI) with the  
 43 approval of the director of the budget.

44 Notwithstanding any provision of law to the  
 45 contrary, a portion of the funds appropri-  
 46 ated herein may be suballocated, subject  
 47 to the approval of the director of the  
 48 budget, to the state department of health

## DEPARTMENT OF MENTAL HYGIENE

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## AID TO LOCALITIES 2022-23

1 to accomplish the purpose of this appro-  
 2 priation ..... 200,000,000  
 3 -----  
 4 Program account subtotal ..... 200,000,000  
 5 -----  
 6 PREVENTION AND PROGRAM SUPPORT ..... 198,009,000  
 7 -----  
 8 General Fund  
 9 Local Assistance Account - 10000  
 10 For payment, net of disallowances, of state  
 11 financial assistance in accordance with  
 12 the mental hygiene law related to problem  
 13 gambling and chemical dependency school  
 14 and community-based prevention, education,  
 15 and recovery programs, including programs  
 16 targeted at youth, and program support.  
 17 Notwithstanding any other provisions of law,  
 18 no payment shall be made from this appro-  
 19 priation until the recipient agency has  
 20 demonstrated it has applied for and  
 21 received, or received formal notification  
 22 of refusal of, all forms of third-party  
 23 reimbursement, including federal aid and  
 24 patient fees. The moneys hereby appropri-  
 25 ated are available to reimburse or advance  
 26 to localities and voluntary nonprofit  
 27 agencies for expenditures heretofore  
 28 accrued or hereafter to accrue during  
 29 local fiscal periods commencing January 1,  
 30 2022 or July 1, 2022 and for advances for  
 31 the period beginning January 1, 2023.  
 32 Notwithstanding any other provision of law,  
 33 the money hereby appropriated may be  
 34 transferred to state operations and/or any  
 35 appropriation of the office of addiction  
 36 services and supports, with the approval  
 37 of the director of the budget.  
 38 Notwithstanding any inconsistent provision  
 39 of law except pursuant to a chapter of the  
 40 laws of 2022 authorizing a 5.4 percent  
 41 cost of living adjustment, for the period  
 42 commencing on April 1, 2022 and ending  
 43 March 31, 2023 the commissioner shall not  
 44 apply any other cost of living adjustment  
 45 for the purpose of establishing rates of  
 46 payments, contracts or any other form of  
 47 reimbursement.

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## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 The state comptroller is hereby authorized  
2 to receive funds from the office of  
3 addiction services and supports that were  
4 returned from providers in the current  
5 fiscal year in respect of a settlement of  
6 local assistance funds from prior fiscal  
7 years and is authorized to refund such  
8 moneys to the credit of this fund for the  
9 purpose of reimbursing the 2022-23 appro-  
10 priation.

11 For services and expenses related to provid-  
12 ing healthcare and mental hygiene worker  
13 bonuses.

14 Funds appropriated herein shall be available  
15 in accordance with the following:

16 For services and expenses related to  
17 prevention and program support (11825) ..... 72,566,000

18 For services and expenses related to recov-  
19 ery services, including housing (12097) ..... 36,674,000

20 -----

21 Program account subtotal ..... 109,240,000

22 -----

23 Special Revenue Funds - Federal  
24 Federal Health and Human Services Fund  
25 Substance Abuse Prevention and Treatment (SAPT) Account  
26 - 25147

27 For services and expenses related to  
28 prevention, intervention, treatment, and  
29 recovery programs provided by the  
30 substance abuse prevention and treatment  
31 (SAPT) block grant.

32 Notwithstanding any inconsistent provision  
33 of law, a portion of the funds hereby  
34 appropriated may, subject to the approval  
35 of the director of the budget, be trans-  
36 ferred to state operations and/or any  
37 appropriation of the office of addiction  
38 services and supports consistent with the  
39 terms and conditions of the SAPT block  
40 grant award.

41 Notwithstanding any inconsistent provision  
42 of law except pursuant to a chapter of the  
43 laws of 2022 authorizing a 5.4 percent  
44 cost of living adjustment, for the period  
45 commencing on April 1, 2022 and ending  
46 March 31, 2023 the commissioner shall not  
47 apply any other cost of living adjustment  
48 for the purpose of establishing rates of



## DEPARTMENT OF MENTAL HYGIENE

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## AID TO LOCALITIES 2022-23

1 payments, contracts or any other form of  
 2 reimbursement.  
 3 Notwithstanding any provision of law to the  
 4 contrary, the commissioner of the office  
 5 of addiction services and supports shall  
 6 be authorized, subject to the approval of  
 7 the director of the budget, to continue  
 8 contracts which were executed on or before  
 9 March 31, 2022 with entities providing  
 10 services for problem gambling and chemical  
 11 dependency prevention, treatment and  
 12 recovery services, without any additional  
 13 requirements that such contracts be  
 14 subject to competitive bidding, a request  
 15 for proposal process or other administra-  
 16 tive procedures (11825) ..... 48,656,000  
 17 For services and expenses related to recov-  
 18 ery services (12097) ..... 23,000,000  
 19 -----  
 20 Program account subtotal ..... 71,656,000  
 21 -----

22 Special Revenue Funds - Other  
 23 Chemical Dependence Service Fund  
 24 Substance Abuse Services Fund Account - 22700

25 For services and expenses of community chem-  
 26 ical dependence treatment, prevention, and  
 27 recovery services programs including  
 28 services and expenses related to staff  
 29 training, evaluation, and workforce devel-  
 30 opment activities.  
 31 Notwithstanding any provision of law, rule  
 32 or regulation to the contrary, a portion  
 33 of this appropriation related to enforce-  
 34 ment action fine and/or levy moneys may be  
 35 made available to localities and nonprofit  
 36 and for-profit agencies for payment of  
 37 expenses for facilities operating under a  
 38 receivership pursuant to section 19.41 of  
 39 the mental hygiene law. Such funds may  
 40 also be transferred to state operations  
 41 and/or any appropriation of the office of  
 42 addiction services and supports with the  
 43 approval of the director of the budget  
 44 (11825) ..... 7,313,000  
 45 -----  
 46 Program account subtotal ..... 7,313,000  
 47 -----

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## AID TO LOCALITIES 2022-23

1 Special Revenue Funds - Other  
 2 Medical Cannabis Fund  
 3 Medical Cannabis Addiction Services - 23754  
  
 4 For services and expenses of chemical  
 5 dependence, prevention, recovery, and  
 6 treatment services.  
 7 Notwithstanding any provision of law, rule  
 8 or regulation to the contrary, a portion  
 9 of this appropriation may be made avail-  
 10 able to localities and nonprofit and for-  
 11 profit agencies for payment of expenses  
 12 for facilities operating under a receiver-  
 13 ship pursuant to section 19.41 of the  
 14 mental hygiene law.  
 15 Notwithstanding any other provision of law,  
 16 the money hereby appropriated may be  
 17 transferred to state operations and/or any  
 18 appropriation of the office of addiction  
 19 services and supports, with the approval  
 20 of the director of the budget (11825) ..... 100,000  
 21 -----  
 22 Program account subtotal ..... 100,000  
 23 -----  
  
 24 Special Revenue Funds - Other  
 25 New York State Commercial Gaming Fund  
 26 Problem Gambling Services Account - 23703  
  
 27 For services and expenses of problem gambl-  
 28 ing education, prevention, recovery, and  
 29 treatment services.  
 30 Notwithstanding any provision of law, rule  
 31 or regulation to the contrary, a portion  
 32 of this appropriation may be made avail-  
 33 able to localities and nonprofit and for-  
 34 profit agencies for payment of expenses  
 35 for facilities operating under a receiver-  
 36 ship pursuant to section 19.41 of the  
 37 mental hygiene law.  
 38 Notwithstanding any provision of law to the  
 39 contrary, the commissioner of the office  
 40 of addiction services and supports shall  
 41 be authorized, subject to the approval of  
 42 the director of the budget, to continue  
 43 contracts which were executed on or before  
 44 March 31, 2022 with entities providing  
 45 services for problem gambling and chemical  
 46 dependency prevention, treatment and  
 47 recovery services, without any additional

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1 requirements that such contracts be  
2 subject to competitive bidding, a request  
3 for proposal process or other administra-  
4 tive procedures.  
5 Notwithstanding any other provision of law,  
6 the money hereby appropriated may be  
7 transferred to state operations and/or any  
8 appropriation of the office of addiction  
9 services and supports, with the approval  
10 of the director of the budget (11825) ..... 9,600,000  
11 -----  
12 Program account subtotal ..... 9,600,000  
13 -----

14 Special Revenue Funds - Other  
15 Substance Use Disorder Education and Recovery Fund  
16 Substance Use Disorder Education and Recovery Services

17 For services and expenses of substance use  
18 disorder treatment, prevention, education,  
19 and recovery services.  
20 Notwithstanding any provision of law, rule  
21 or regulation to the contrary, a portion  
22 of this appropriation may be made avail-  
23 able to localities and nonprofit and for-  
24 profit agencies for payment of expenses  
25 for facilities operating under a receiver-  
26 ship pursuant to section 19.41 of the  
27 mental hygiene law.  
28 Notwithstanding any other provision of law,  
29 the money hereby appropriated may be  
30 transferred to state operations and/or any  
31 appropriation of the office of addiction  
32 services and supports, with the approval  
33 of the director of the budget (11825) ..... 100,000

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## AID TO LOCALITIES - REAPPROPRIATIONS 2022-23

## 1 COMMUNITY TREATMENT SERVICES PROGRAM

## 2 General Fund

## 3 Local Assistance Account - 10000

## 4 By chapter 53, section 1, of the laws of 2021:

5 For additional services and expenses of jail-based substance use  
6 disorder treatment and transition services (12050) .....  
7 5,000,000 ..... (re. \$5,000,000)

8 Notwithstanding any inconsistent provision of law, the moneys hereby  
9 appropriated shall be available for payment of funds received as a  
10 result of the February 4, 2021 Final Consent Order and Judgement  
11 between the People of the State of New York and McKinsey & Company,  
12 Inc. United States (McKinsey) pertaining to McKinsey's role in  
13 assisting opioid companies in profiting from the opioid epidemic,  
14 and may be suballocated or transferred to any other state agency for  
15 treatment and prevention of opioid use disorder, including medica-  
16 tion assisted treatment. Any expenditures pursuant to this appropri-  
17 ation shall be consistent with the terms of the February 4, 2021  
18 Final Consent Order and Judgment (12005) .....  
19 32,000,000 ..... (re. \$32,000,000)

20 For services and expenses of the New York city department of education  
21 related to the hiring of additional substance abuse prevention and  
22 intervention specialists (11800) ... 2,000,000 .... (re. \$1,750,000)

23 For services and expenses of Center for Family Life and Recovery, Inc.  
24 (12006) ... 150,000 ..... (re. \$150,000)

## 25 For services and expenses of the following organizations:

26 Family and Children's Association (12089) .....  
27 600,000 ..... (re. \$600,000)

28 SAFE Foundation, Inc. (12092) ... 30,000 ..... (re. \$30,000)

29 Recovery community and outreach center (12052) .....  
30 350,000 ..... (re. \$350,000)

31 Save the Michaels of the World, Inc. (12082) .....  
32 500,000 ..... (re. \$500,000)

33 Camelot of Staten Island (11847) ... 25,000 ..... (re. \$25,000)

34 Long Island Council on Alcoholism Inc. (12007) .....  
35 25,000 ..... (re. \$25,000)

36 YES Community Counseling Center (12088) ... 45,000 ..... (re. \$45,000)

37 Drug Crisis In Our Backyard, Inc. (12008) ... 50,000 ... (re. \$50,000)

38 Hit a Home Run Against Drugs, Inc. (12009) ... 12,500 .. (re. \$12,500)

39 Alcoholism and Substance Abuse Providers of New York State (12010) ...  
40 250,000 ..... (re. \$250,000)

41 For services and expenses related to an addiction recovery supportive  
42 transportation services demonstration program (12011) .....  
43 500,000 ..... (re. \$500,000)

## 44 By chapter 53, section 1, of the laws of 2020:

45 For services and expenses of the New York City department of education  
46 related to the hiring of additional substance abuse prevention and  
47 intervention specialists (11800) ... 2,000,000 ..... (re. \$400,000)

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## AID TO LOCALITIES - REAPPROPRIATIONS 2022-23

1 Family and Children's Association (12089) .....  
 2 600,000 ..... (re. \$450,000)

3 By chapter 53, section 1, of the laws of 2020, as added by chapter 50,  
 4 section 4, of the laws of 2020:  
 5 SAFE Foundation, Inc. (12092) ... 100,000 ..... (re. \$100,000)  
 6 Recovery community and outreach center (12052) .....  
 7 350,000 ..... (re. \$263,000)  
 8 Save the Michaels of the World, Inc. (12082) .....  
 9 450,000 ..... (re. \$450,000)  
 10 Camelot of Staten Island (11847) ... 25,000 ..... (re. \$25,000)

11 By chapter 53, section 1, of the laws of 2019:  
 12 For services and expense of the New York city department of education  
 13 related to the hiring of additional substance abuse prevention and  
 14 intervention specialists (11800) ... 2,000,000 ... .. (re. \$315,000)  
 15 For services and expenses for the development and implementation of a  
 16 recovery community and outreach center (12052) .....  
 17 350,000 ..... (re. \$322,000)

18 By chapter 53, section 1, of the laws of 2019, as amended by chapter 53,  
 19 section 1, of the laws of 2020:  
 20 For services and expenses of the following organizations:  
 21 Ryan Health (12000) ... 50,000 ..... (re. \$38,000)  
 22 Elmcort Youth and Adult Activities, Inc. (12001) .....  
 23 50,000 ..... (re. \$38,000)  
 24 For services and expenses related to the development and implementa-  
 25 tion of a loan forgiveness and scholarship program to recruit and  
 26 retain staff into the office of addiction services and supports  
 27 prevention, treatment and recovery service system (12051) .....  
 28 350,000 ..... (re. \$55,000)

29 By chapter 53, section 1, of the laws of 2018:  
 30 For services and expenses of the New York city department of education  
 31 related to the hiring of additional substance abuse prevention and  
 32 intervention specialists (11800) ... 2,000,000 ..... (re. \$171,000)  
 33 For services and expenses of substance use disorder programs and  
 34 services. Notwithstanding section 24 of the state finance law or any  
 35 provision of law to the contrary, funds from this appropriation  
 36 shall be allocated only pursuant to a plan (i) approved by the  
 37 speaker of the assembly and the director of the budget which sets  
 38 forth either an itemized list of grantees with the amount to be  
 39 received by each, or the methodology for allocating such appropri-  
 40 ation, and (ii) which is thereafter included in an assembly resol-  
 41 ution calling for the expenditure of such funds, which resolution  
 42 must be approved by a majority vote of all members elected to the  
 43 assembly upon a roll call vote (12085) .....  
 44 1,500,000 ..... (re. \$1,500,000)  
 45 For services and expenses for the development and implementation of an  
 46 Adolescent Clubhouse (12094) ... 250,000 ..... (re. \$250,000)

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## AID TO LOCALITIES - REAPPROPRIATIONS 2022-23

1 By chapter 53, section 1, of the laws of 2018, as amended by chapter 53,  
2 section 1, of the laws of 2020:

3 For services and expenses of the following organizations:

4 Saratoga Hospital - Medical Management Program (12086) .....

5 250,000 ..... (re. \$49,000)

6 Legal Action Center (12002) ... 50,000 ..... (re. \$38,000)

7 Dynamic Youth Community, Inc. (12003) ... 50,000 ..... (re. \$38,000)

8 For services and expenses of the following organizations:

9 Rockland Council on Alcoholism, Inc. (11802) .....

10 50,000 ..... (re. \$50,000)

11 By chapter 53, section 1, of the laws of 2016, as amended by chapter 53,  
12 section 1, of the laws of 2020:

13 For services and expenses to support efforts to develop, expand,  
14 and/or operate substance abuse supports and services for treatment,  
15 recovery, and prevention of heroin and opiate use and addiction  
16 disorders including but not limited to the provision of housing  
17 services for affected populations. Notwithstanding any other  
18 provision of law to the contrary, the expenditures from this appro-  
19 priation, and any portion of the money hereby appropriated may be  
20 transferred from this appropriation to the local assistance, state  
21 operations, and/or capital projects appropriations of the office of  
22 addiction services and supports and/or any other appropriation of  
23 the office of addiction services and supports. Notwithstanding  
24 sections 112 and 163 of the state finance law and section 142 of the  
25 economic development law, or any other inconsistent provision of  
26 law, funds available for expenditure pursuant to this appropriation  
27 for the development, expansion, and/or operation of treatment,  
28 recovery, prevention and/or housing services for persons with heroin  
29 and opiate use and addiction disorders, may be allocated and  
30 distributed by the commissioner of the office of addiction services  
31 and supports, subject to the approval of the director of the budget,  
32 without a competitive bid or request for proposal process. Prior to  
33 an award being granted to an applicant pursuant to this process, the  
34 commissioner shall formally notify in writing the chair of the  
35 senate finance committee and the chair of the assembly ways and  
36 means committee of the intent to grant such an award. Such notice  
37 shall include information regarding how the prospective recipient  
38 meets objective criteria established by the commissioner (11803) ...  
39 25,000,000 ..... (re. \$16,575,000)

40 By chapter 53, section 1, of the laws of 2014, as amended by chapter 53,  
41 section 1, of the laws of 2015:

42 For services and expenses of opiate abuse treatment and prevention  
43 programs (11809) ... 1,000,000 ..... (re. \$50,000)

44 Special Revenue Funds - Federal

45 Federal Health and Human Services Fund

46 Substance Abuse Prevention and Treatment (SAPT) Account - 25147

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1 By chapter 53, section 1, of the laws of 2021:  
2 For services and expenses related to prevention, intervention, treat-  
3 ment, and recovery programs provided by the substance abuse  
4 prevention and treatment (SAPT) block grant.  
5 Notwithstanding any inconsistent provision of law, a portion of the  
6 funds hereby appropriated may, subject to the approval of the direc-  
7 tor of the budget, be transferred to state operations and/or any  
8 appropriation of the office of addiction services and supports  
9 consistent with the terms and conditions of the SAPT block grant  
10 award.  
11 Notwithstanding any inconsistent provision of law except pursuant to a  
12 chapter of the laws of 2021 authorizing a 1 percent cost of living  
13 adjustment, for the period commencing on April 1, 2021 and ending  
14 March 31, 2022 the commissioner shall not apply any other cost of  
15 living adjustment for the purpose of establishing rates of payments,  
16 contracts or any other form of reimbursement.  
17 Notwithstanding any inconsistent provision of law, \$5,000,000 of the  
18 funds hereby appropriated may, subject to the approval of the direc-  
19 tor of the budget, be used for services and expenses associated with  
20 federal grant awards yet to be allocated. Appropriation authority  
21 contained herein may be transferred to state operations and/or any  
22 appropriation of the office of addiction services and supports.  
23 Notwithstanding any provision of law to the contrary, the commissioner  
24 of the office of addiction services and supports shall be author-  
25 ized, subject to the approval of the director of the budget, to  
26 continue contracts which were executed on or before March 31, 2021  
27 with entities providing services for problem gambling and chemical  
28 dependency prevention, treatment and recovery services, without any  
29 additional requirements that such contracts be subject to competi-  
30 tive bidding, a request for proposal process or other administra-  
31 tive procedures.  
32 Funds appropriated herein shall be available in accordance with the  
33 following:  
34 For services and expenses related to problem gambling, chemical  
35 dependence outpatient, and treatment support services (11815) .....  
36 18,200,000 ..... (re. \$11,033,000)  
37 For services and expenses related to residential services (11822) ....  
38 59,060,000 ..... (re. \$39,877,000)  
39 For services and expenses related to crisis services (11823) .....  
40 4,900,000 ..... (re. \$3,161,000)  
41 For services and expenses associated with federal block grant awards  
42 yet to be allocated by the federal department of health and human  
43 services. Notwithstanding any inconsistent provision of law, the  
44 director of the budget is hereby authorized to transfer appropri-  
45 ation authority contained herein to any other federal fund or  
46 program within the office of addiction services and supports for aid  
47 to localities, administrative and support services, including fringe  
48 benefits, associated with the federal block grant.  
49 Notwithstanding sections 112 and 163 of the state finance law and  
50 section 142 of the economic development law, or any other inconsis-

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ent provision of law, funds available for expenditure pursuant to this appropriation for the development, expansion, and/or operation of treatment, recovery, and/or prevention services for persons with substance use disorders, may be allocated and distributed by the commissioner of the office of addiction services and supports, subject to the approval of the director of the budget, without a competitive bid or request for proposal process.

Funds shall be administered by the office of addiction services and supports consistent with federal law and requirements. The agency shall prepare annual reporting to the chairperson of the senate finance committee, the chairperson of the assembly ways and means committee, the chairperson of the senate committee on alcoholism and drug abuse, the chairperson of the assembly committee on alcoholism and drug abuse, on the disbursement of funding for each purpose. Such reports shall include: (a) description of types of projects supported by these funds; (b) total funds committed by project type; (c) total funds liquidated by project type; and (d) number of addiction and substance use disorder providers who have received direct grant payments. Such reports shall be due July 1, 2021, October 1, 2021, and annually thereafter (11835) .....  
71,344,000 ..... (re. \$71,344,000)

Special Revenue Funds - Federal  
Federal Miscellaneous Operating Grants Fund  
Opioid Crisis Grants Account - 25388

By chapter 53, section 1, of the laws of 2021:

For services and expenses associated with prevention, treatment, recovery and other opioid-related programming and activities.

Notwithstanding any other provision of law to the contrary, any of the amounts appropriated herein may be increased or decreased by interchange or transfer without limit, with any appropriation of the office of addiction services and supports or by transfer or suballocation to any department, agency or public authority for expenditures incurred in the operation of such programs with the approval of the director of the budget.

Notwithstanding sections 112 and 163 of the state finance law and section 142 of the economic development law, or any other inconsistent provision of law, funds available for expenditure pursuant to this appropriation for the development, expansion, and/or operation of treatment, recovery, and/or prevention services for persons with heroin and opiate use and addiction disorders, may be allocated and distributed by the commissioner of the office of addiction services and supports, subject to the approval of the director of the budget, without a competitive bid or request for proposal process (11809)  
... 30,000,000 ..... (re. \$30,000,000)

PREVENTION AND PROGRAM SUPPORT

Special Revenue Funds - Federal



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1 Federal Health and Human Services Fund  
2 Substance Abuse Prevention and Treatment (SAPT) Account - 25147

3 By chapter 53, section 1, of the laws of 2021:

4 For services and expenses related to prevention, intervention, treat-  
5 ment, and recovery programs provided by the substance abuse  
6 prevention and treatment (SAPT) block grant.

7 Notwithstanding any inconsistent provision of law, a portion of the  
8 funds hereby appropriated may, subject to the approval of the direc-  
9 tor of the budget, be transferred to state operations and/or any  
10 appropriation of the office of addiction services and supports  
11 consistent with the terms and conditions of the SAPT block grant  
12 award.

13 Notwithstanding any inconsistent provision of law except pursuant to a  
14 chapter of the laws of 2021 authorizing a 1 percent cost of living  
15 adjustment, for the period commencing on April 1, 2021 and ending  
16 March 31, 2022 the commissioner shall not apply any other cost of  
17 living adjustment for the purpose of establishing rates of payments,  
18 contracts or any other form of reimbursement.

19 Notwithstanding any provision of law to the contrary, the commissioner  
20 of the office of addiction services and supports shall be author-  
21 ized, subject to the approval of the director of the budget, to  
22 continue contracts which were executed on or before March 31, 2021  
23 with entities providing services for problem gambling and chemical  
24 dependency prevention, treatment and recovery services, without any  
25 additional requirements that such contracts be subject to competi-  
26 tive bidding, a request for proposal process or other administra-  
27 tive procedures (11825) .....  
28 33,000,000 ..... (re. \$20,028,000)

29 For services and expenses associated with federal block grant awards  
30 yet to be allocated by the federal department of health and human  
31 services. Notwithstanding any inconsistent provision of law, the  
32 director of the budget is hereby authorized to transfer appropri-  
33 ation authority contained herein to any other federal fund or  
34 program within the office of addiction services and supports for aid  
35 to localities, administrative and support services, including fringe  
36 benefits, associated with the federal block grant.

37 Notwithstanding sections 112 and 163 of the state finance law and  
38 section 142 of the economic development law, or any other inconsis-  
39 tent provision of law, funds available for expenditure pursuant to  
40 this appropriation for the development, expansion, and/or operation  
41 of treatment, recovery, and/or prevention services for persons with  
42 substance use disorders, may be allocated and distributed by the  
43 commissioner of the office of addiction services and supports,  
44 subject to the approval of the director of the budget, without a  
45 competitive bid or request for proposal process.

46 Funds shall be administered by the office of addiction services and  
47 supports consistent with federal law and requirements. The agency  
48 shall prepare annual reporting to the chairperson of the senate  
49 finance committee, the chairperson of the assembly ways and means

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1 committee, the chairperson of the senate committee on alcoholism and  
 2 drug abuse, the chairperson of the assembly committee on alcoholism  
 3 and drug abuse, on the disbursement of funding for each purpose.  
 4 Such reports shall include: (a) description of types of projects  
 5 supported by these funds; (b) total funds committed by project type;  
 6 (c) total funds liquidated by project type; and (d) number of  
 7 addiction and substance use disorder providers who have received  
 8 direct grant payments. Such reports shall be due July 1, 2021, Octo-  
 9 ber 1, 2021, and annually thereafter (12004) .....  
 10 28,656,000 ..... (re. \$28,656,000)

11 Special Revenue Funds - Other  
 12 Chemical Dependence Service Fund  
 13 Substance Abuse Services Fund Account - 22700

14 By chapter 53, section 1, of the laws of 2021:  
 15 For services and expenses of community chemical dependence treatment,  
 16 prevention, and recovery services programs including services and  
 17 expenses related to staff training, evaluation, and workforce devel-  
 18 opment activities.  
 19 Notwithstanding any provision of law, rule or regulation to the  
 20 contrary, a portion of this appropriation related to enforcement  
 21 action fine and/or levy moneys may be made available to localities  
 22 and nonprofit and for-profit agencies for payment of expenses for  
 23 facilities operating under a receivership pursuant to section 19.41  
 24 of the mental hygiene law. Such funds may also be transferred to  
 25 state operations and/or any appropriation of the office of addiction  
 26 services and supports with the approval of the director of the budg-  
 27 et (11825) ... 7,313,000 ..... (re. \$7,313,000)

28 By chapter 53, section 1, of the laws of 2020:  
 29 For services and expenses of community chemical dependence treatment,  
 30 prevention, and recovery services programs including services and  
 31 expenses related to staff training, evaluation, and workforce devel-  
 32 opment activities.  
 33 Notwithstanding any provision of law, rule or regulation to the  
 34 contrary, a portion of this appropriation related to enforcement  
 35 action fine and/or levy moneys may be made available to localities  
 36 and nonprofit and for-profit agencies for payment of expenses for  
 37 facilities operating under a receivership pursuant to section 19.41  
 38 of the mental hygiene law. Such funds may also be transferred to  
 39 state operations and/or any appropriation of the office of addiction  
 40 services and supports with the approval of the director of the budg-  
 41 et (11825) ... 7,313,000 ..... (re. \$7,313,000)

42 By chapter 53, section 1, of the laws of 2019, as amended by chapter 53,  
 43 section 1, of the laws of 2020:  
 44 For services and expenses of community chemical dependence treatment,  
 45 prevention, and recovery services programs including services and

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1 expenses related to staff training, evaluation, and workforce devel-  
2 opment activities.  
3 Notwithstanding any provision of law, rule or regulation to the  
4 contrary, a portion of this appropriation related to enforcement  
5 action fine and/or levy moneys may be made available to localities  
6 and nonprofit and for-profit agencies for payment of expenses for  
7 facilities operating under a receivership pursuant to section 19.41  
8 of the mental hygiene law. Such funds may also be transferred to  
9 state operations and/or any appropriation of the office of addiction  
10 services and supports with the approval of the director of the budg-  
11 et (11825) ... 7,313,000 ..... (re. \$7,313,000)

12 By chapter 53, section 1, of the laws of 2018, as amended by chapter 53,  
13 section 1, of the laws of 2020:  
14 For services and expenses of community chemical dependence treatment  
15 and prevention services programs including services and expenses  
16 related to staff training, evaluation, and workforce development  
17 activities.  
18 Notwithstanding any provision of law, rule or regulation to the  
19 contrary, a portion of this appropriation related to enforcement  
20 action fine and/or levy moneys may be made available to localities  
21 and nonprofit and for-profit agencies for payment of expenses for  
22 facilities operating under a receivership pursuant to section 19.41  
23 of the mental hygiene law. Such funds may also be transferred to  
24 state operations and/or any appropriation of the office of addiction  
25 services and supports with the approval of the director of the budg-  
26 et (11825) ... 7,313,000 ..... (re. \$7,313,000)

27 By chapter 53, section 1, of the laws of 2017, as amended by chapter 53,  
28 section 1, of the laws of 2020:  
29 For services and expenses of community chemical dependence treatment  
30 and prevention services programs including services and expenses  
31 related to staff training, evaluation, and workforce development  
32 activities.  
33 Notwithstanding any provision of law, rule or regulation to the  
34 contrary, a portion of this appropriation related to enforcement  
35 action fine and/or levy moneys may be made available to localities  
36 and nonprofit and for-profit agencies for payment of expenses for  
37 facilities operating under a receivership pursuant to section 19.41  
38 of the mental hygiene law. Such funds may also be transferred to  
39 state operations and/or any appropriation of the office of addiction  
40 services and supports with the approval of the director of the budg-  
41 et (11825) ... 13,813,000 ..... (re. \$6,844,000)

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## STATE OPERATIONS 2022-23

1 For payment according to the following schedule:

2	APPROPRIATIONS	REAPPROPRIATIONS
3 General Fund .....	141,442,000	0
4 Special Revenue Funds - Federal ....	15,177,000	3,960,000
5 Special Revenue Funds - Other .....	7,830,000	0
6	-----	-----
7 All Funds .....	164,449,000	3,960,000
8	=====	=====

9 SCHEDULE

10 EXECUTIVE DIRECTION PROGRAM ..... 87,026,000  
 11 -----

12 General Fund  
 13 State Purposes Account - 10050

14 For services and expenses related to the  
 15 executive direction program.  
 16 Notwithstanding any other provision of law,  
 17 the money hereby appropriated may be  
 18 transferred to local assistance and/or any  
 19 appropriation of the office of addiction  
 20 services and supports, and may be  
 21 increased or decreased by transfer or  
 22 suballocation between these appropriated  
 23 amounts and appropriations of the depart-  
 24 ment of health, the office of medicaid  
 25 inspector general, the office of mental  
 26 health, the office for people with devel-  
 27 opmental disabilities, and the justice  
 28 center for the protection of people with  
 29 special needs with the approval of the  
 30 director of the budget.  
 31 Up to \$2,500,000 of this appropriation may  
 32 be available for services and expenses  
 33 associated with the review of the current  
 34 system of financing and reimbursement of  
 35 addiction services provided by programs  
 36 financed under articles 25 and 41 of the  
 37 mental hygiene law, and to make recommen-  
 38 dations for changes designed to ensure  
 39 that the financing and reimbursement  
 40 system provides for the equitable  
 41 reimbursement of providers of addiction  
 42 services and is conducive to the provision  
 43 of effective and high quality services.

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## STATE OPERATIONS 2022-23

1 Notwithstanding section 163 of the state  
2 finance law and section 142 of the econom-  
3 ic development law, up to or any other  
4 inconsistent provision of law, funds  
5 available for expenditure pursuant to this  
6 appropriation for the establishment of  
7 this program, may be allocated and  
8 distributed by the commissioner of the  
9 office of addiction services and supports,  
10 subject to the approval of the director of  
11 the budget, without a competitive bid or  
12 request for proposal process.

13 Notwithstanding any other provision of law  
14 to the contrary, the OGS Interchange and  
15 Transfer Authority and the IT Interchange  
16 and Transfer Authority as defined in the  
17 2022-23 state fiscal year state operations  
18 appropriation for the budget division  
19 program of the division of the budget, are  
20 deemed fully incorporated herein and a  
21 part of this appropriation as if fully  
22 stated.

23 Notwithstanding any inconsistent provision  
24 of law, funds hereby appropriated may,  
25 subject to the approval of the director of  
26 the budget, be used for services and  
27 expenses related to the credentialing of  
28 prevention, alcohol and substance abuse,  
29 and problem gambling counselors.

30 Notwithstanding any inconsistent provision  
31 of law, funds hereby appropriated may,  
32 subject to the approval of the director of  
33 the budget, be used for services and  
34 expenses related to the operation of  
35 methadone services and a patient registry,  
36 pursuant to section 19.16 of the mental  
37 hygiene law, that shall be used for the  
38 prevention of simultaneous enrollment in  
39 multiple methadone treatment programs, as  
40 well as maintaining accurate patient  
41 dosing information.

42 Notwithstanding any other provision of law  
43 to the contrary, a portion of this appro-  
44 priation shall be available to the  
45 Research Foundation for Mental Hygiene,  
46 Inc. pursuant to a contract, subject to  
47 the approval of the director of the budg-  
48 et, to assist the office in tasks related  
49 to the executive direction program  
50 (81031).

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## STATE OPERATIONS 2022-23

1	Personal service--regular (50100) .....	48,569,000
2	Holiday/overtime compensation (50300) .....	36,000
3	Supplies and materials (57000) .....	5,477,000
4	Travel (54000) .....	575,000
5	Contractual services (51000) .....	10,451,000
6	Equipment (56000) .....	121,000
7		-----
8	Program account subtotal .....	65,229,000
9		-----

10 Special Revenue Funds - Federal  
 11 Federal Health and Human Services Fund  
 12 Substance Abuse Prevention and Treatment (SAPT) Account  
 13 - 25147

14 For services and expenses associated with  
 15 administering the substance abuse  
 16 prevention and treatment (SAPT) block  
 17 grant.

18 Notwithstanding any inconsistent provision  
 19 of law, a portion of the funds hereby  
 20 appropriated may, subject to the approval  
 21 of the director of the budget, be trans-  
 22 ferred to local assistance and/or any  
 23 appropriation of the office of addiction  
 24 services and supports consistent with the  
 25 terms and conditions of the SAPT block  
 26 grant award.

27 Notwithstanding any other provision of law  
 28 to the contrary, a portion of this appro-  
 29 priation shall be available to the  
 30 Research Foundation for Mental Hygiene,  
 31 Inc. pursuant to a contract, subject to  
 32 the approval of the director of the budg-  
 33 et, to assist the office in tasks related  
 34 to the executive direction program  
 35 (81031).

36	Personal service (50000) .....	7,400,000
37	Nonpersonal service (57050) .....	1,555,000
38	Fringe benefits (60090) .....	4,577,000
39	Indirect costs (58850) .....	435,000
40		-----
41	Program account subtotal .....	13,967,000
42		-----

43 Special Revenue Funds - Other  
 44 Chemical Dependence Service Fund  
 45 Substance Abuse Services Fund Account - 22700

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## STATE OPERATIONS 2022-23

1 For services and expenses related to chemi-  
 2 cal dependence treatment and prevention  
 3 activities.

4 Notwithstanding any inconsistent provision  
 5 of law, moneys hereby appropriated may,  
 6 subject to the approval of the director of  
 7 the budget, be transferred to local  
 8 assistance and/or any appropriation of the  
 9 office of addiction services and supports  
 10 (81031).

11	Contractual services (51000) .....	6,500,000
12		-----
13	Program account subtotal .....	6,500,000
14		-----

15 Special Revenue Funds - Other  
 16 Miscellaneous Special Revenue Fund  
 17 Conference and Special Projects Account - 22109

18 For services and expenses related to special  
 19 projects.

20 Notwithstanding any inconsistent provision  
 21 of law, moneys hereby appropriated may,  
 22 subject to the approval of the director of  
 23 the budget, be transferred to local  
 24 assistance and/or any appropriation of the  
 25 office of addiction services and supports  
 26 services.

27 Notwithstanding any other provision of law  
 28 to the contrary, the OGS Interchange and  
 29 Transfer Authority and the IT Interchange  
 30 and Transfer Authority as defined in the  
 31 2022-23 state fiscal year state operations  
 32 appropriation for the budget division  
 33 program of the division of the budget, are  
 34 deemed fully incorporated herein and a  
 35 part of this appropriation as if fully  
 36 stated (81031).

37	Supplies and materials (57000) .....	130,000
38		-----
39	Program account subtotal .....	130,000
40		-----

41 Special Revenue Funds - Other  
 42 Designated Miscellaneous Special Revenue Account  
 43 Opioid Settlement Fund Account - 23817

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## STATE OPERATIONS 2022-23

1 For the administration of programs and  
 2 activities supported by the opioid settle-  
 3 ment fund and in accordance with the terms  
 4 of the statewide opioid settlement agree-  
 5 ments.

6 Notwithstanding any other provision of law  
 7 to the contrary, a portion of this appro-  
 8 priation shall be available to the  
 9 Research Foundation for Mental Hygiene,  
 10 Inc. pursuant to a contract, subject to  
 11 the approval of the director of the budg-  
 12 et, to assist the office in tasks related  
 13 to the statewide opioid settlement agree-  
 14 ments.

15	Contractual services (51000) .....	100,000
16		-----
17	Program account subtotal .....	100,000
18		-----

19 Special Revenue Funds - Other  
 20 Miscellaneous Special Revenue Account  
 21 Opioid Stewardship Account - 22239

22 For the administration of programs and  
 23 activities supported by the opioid  
 24 stewardship account.

25 Notwithstanding any other provision of law  
 26 to the contrary, a portion of this appro-  
 27 priation shall be available to the  
 28 Research Foundation for Mental Hygiene,  
 29 Inc. pursuant to a contract, subject to  
 30 the approval of the director of the budg-  
 31 et, to assist the office in tasks related  
 32 to the opioid stewardship account.

33	Contractual services (51000) .....	100,000
34		-----
35	Program account subtotal .....	100,000
36		-----

37 Special Revenue Funds - Other  
 38 New York State Commercial Gaming Fund  
 39 Problem Gambling Services Account - 23703

40 For services and expenses of problem gambl-  
 41 ing education, prevention, recovery, and  
 42 treatment services.



## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## STATE OPERATIONS 2022-23

1	Contractual services (51000) .....	1,000,000
2		-----
3	Program account subtotal .....	1,000,000
4		-----
5	INSTITUTIONAL SERVICES .....	77,423,000
6		-----
7	General Fund	
8	State Purposes Account - 10050	
9	For services and expenses related to the	
10	institutional services program.	
11	Notwithstanding any other provision of law,	
12	the money hereby appropriated may be	
13	transferred to local assistance and/or any	
14	appropriation of the office of addiction	
15	services and supports with the approval of	
16	the director of the budget.	
17	Notwithstanding any other provision of law	
18	to the contrary, the OGS Interchange and	
19	Transfer Authority and the IT Interchange	
20	and Transfer Authority as defined in the	
21	2022-23 state fiscal year state operations	
22	appropriation for the budget division	
23	program of the division of the budget, are	
24	deemed fully incorporated herein and a	
25	part of this appropriation as if fully	
26	stated (81038).	
27	Personal service--regular (50100) .....	58,117,000
28	Temporary service (50200) .....	825,000
29	Holiday/overtime compensation (50300) .....	2,155,000
30	Supplies and materials (57000) .....	6,977,000
31	Travel (54000) .....	74,000
32	Contractual services (51000) .....	7,712,000
33	Equipment (56000) .....	353,000
34		-----
35	Program account subtotal .....	76,213,000
36		-----
37	Special Revenue Funds - Federal	
38	Federal Health and Human Services Fund	
39	Substance Abuse Prevention and Treatment (SAPT) Account	
40	- 25147	
41	For services and expenses related to inter-	
42	vention and treatment provided by the	
43	substance abuse prevention and treatment	
44	(SAPT) block grant.	

DEPARTMENT OF MENTAL HYGIENE  
OFFICE OF ADDICTION SERVICES AND SUPPORTS  
STATE OPERATIONS 2022-23

1 Notwithstanding any inconsistent provision  
2 of law, a portion of the funds hereby  
3 appropriated may, subject to the approval  
4 of the director of the budget, be trans-  
5 ferred to local assistance and/or any  
6 appropriation of the office of addiction  
7 services and supports consistent with the  
8 terms and conditions of the SAPT block  
9 grant award (81038).

10	Personal service (50000) .....	516,000
11	Nonpersonal service (57050) .....	340,000
12	Fringe benefits (60090) .....	325,000
13	Indirect costs (58850) .....	29,000
14		-----
15	Program account subtotal .....	1,210,000
16		-----

## DEPARTMENT OF MENTAL HYGIENE

## OFFICE OF ADDICTION SERVICES AND SUPPORTS

## STATE OPERATIONS - REAPPROPRIATIONS 2022-23

## 1 EXECUTIVE DIRECTION PROGRAM

2 Special Revenue Funds - Federal  
3 Federal Health and Human Services Fund  
4 Substance Abuse Prevention and Treatment (SAPT) Account - 25147

5 By chapter 50, section 1, of the laws of 2021:

6 For services and expenses associated with administering the substance  
7 abuse prevention and treatment (SAPT) block grant.

8 Notwithstanding any inconsistent provision of law, a portion of the  
9 funds hereby appropriated may, subject to the approval of the direc-  
10 tor of the budget, be transferred to local assistance and/or any  
11 appropriation of the office of addiction services and supports  
12 consistent with the terms and conditions of the SAPT block grant  
13 award (81031).

14 Personal service (50000) ... 7,400,000 ..... (re. \$2,065,000)

15 Nonpersonal service (57050) ... 1,555,000 ..... (re. \$1,555,000)

## 16 INSTITUTIONAL SERVICES

17 Special Revenue Funds - Federal  
18 Federal Health and Human Services Fund  
19 Substance Abuse Prevention and Treatment (SAPT) Account - 25147

20 By chapter 50, section 1, of the laws of 2021:

21 For services and expenses related to intervention and treatment  
22 provided by the substance abuse prevention and treatment (SAPT)  
23 block grant.

24 Notwithstanding any inconsistent provision of law, a portion of the  
25 funds hereby appropriated may, subject to the approval of the direc-  
26 tor of the budget, be transferred to local assistance and/or any  
27 appropriation of the office of addiction services and supports  
28 consistent with the terms and conditions of the SAPT block grant  
29 award (81038).

30 Nonpersonal service (57050) ... 340,000 ..... (re. \$340,000)

**New York Opioid Settlements**  
**Summary of Anticipated Receipts by Category and Use**  
**Through SFY 2023**  
(\$ in thousands)

	Distributors Payment 1 <sup>1</sup>	Distributors Payment 2	J&J Payment 1	Allergan	Endo <sup>1</sup>	Receipts Through SFY 2023
<b>Direct Payments to Local Governments</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>112,077</b>	<b>39,658</b>	<b>279,214</b>
<b>Direct Payments to LGUs via QSF/Admin./Escrow</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>57,791</b>	<b>11,958</b>	<b>197,229</b>
NYC Abatement	8,545	8,980	34,279	29,679	-	81,483
NYC Unrestricted	-	-	-	-	4,460	4,460
Nassau Abatement	2,854	2,999	11,449	3,158	-	20,461
Suffolk Abatement	3,687	3,875	14,792	4,086	-	26,440
Subdivision Direct Unrestricted Share	2,307	2,425	9,255	10,002	6,977	30,966
Subdivision Direct Share for Abatement	2,307	2,425	9,255	10,002	-	23,989
Cost to State - Unrestricted <sup>2</sup>	8,044	-	-	-	-	8,044
Five Large Cities excl. NYC <sup>3</sup>	-	-	-	865	521	1,386
<b>Direct Payments to Co-Litigants <sup>4</sup></b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>54,286</b>	<b>27,700</b>	<b>81,986</b>
Direct Payments to Nassau County	-	-	-	27,143	13,850	40,993
Direct Payments to Suffolk County	-	-	-	27,143	13,850	40,993
<b>Payments to Opioid Settlement Fund</b>	<b>36,268</b>	<b>35,200</b>	<b>92,366</b>	<b>67,542</b>	<b>10,342</b>	<b>241,717</b>
<b>Available to LGUs for Abatement</b>	<b>7,169</b>	<b>7,535</b>	<b>28,760</b>	<b>20,542</b>	<b>-</b>	<b>64,006</b>
Five Large Cities excl. NYC <sup>3</sup>	807	849	3,239	2,369	-	7,264
State Abatement Fund - Regional	6,195	6,511	24,853	17,747	-	55,305
Reserved for other litigating entities <sup>5</sup>	167	175	669	426	-	1,436
<b>State Investments</b>	<b>29,099</b>	<b>27,666</b>	<b>63,605</b>	<b>47,000</b>	<b>10,342</b>	<b>177,711</b>
State Direct Unrestricted Share	7,477	7,858	29,994	21,933	4,826	72,088
Reserved for other litigating entities	167	175	669	-	-	1,010
Remaining available for State Investments	7,310	7,683	29,326	21,933	4,826	71,078
State Abatement Fund - Lead Agency	8,545	8,980	34,279	25,067	5,516	82,387
Other Restitution	6,287	11,003	-	-	-	17,290
Cost to State	6,956	-	-	-	-	6,956
<b>Subtotal - Direct Payments to Local Governments</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>112,077</b>	<b>39,658</b>	<b>279,214</b>
<b>Subtotal - Payments to Opioid Settlement Fund</b>	<b>36,268</b>	<b>35,200</b>	<b>92,366</b>	<b>67,542</b>	<b>10,342</b>	<b>241,717</b>
<b>Total</b>	<b>64,012</b>	<b>55,904</b>	<b>171,397</b>	<b>179,619</b>	<b>50,000</b>	<b>520,932</b>

1 - Distributor 1 and Endo payments deposited in Opioid Settlement Fund in March. Direct payments to LGUs are underway as of 5/10/2022.

2 - "Cost to State" payments to LGUs flow to NYC, Five Large Cities, and Counties excluding Nassau and Suffolk by formula.

3 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.

4 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation.

5 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.

New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
All Settlements																			
Direct Payments to Local Governments	67,403	211,812	28,748	25,914	25,914	29,810	29,873	34,437	35,527	35,527	30,669	25,620	25,620	25,620	25,620	25,620	25,620	25,620	734,973
Direct Payments to LGUs via QSF/Admin./Escrow	39,703	157,526	28,748	25,914	25,914	29,810	29,873	34,437	35,527	35,527	30,669	25,620	25,620	25,620	25,620	25,620	25,620	25,620	652,987
NYC Abatement	8,545	72,938	8,980	11,240	11,240	12,930	12,957	14,937	15,410	15,410	13,302	11,113	11,113	11,113	11,113	11,113	11,113	11,113	275,678
NYC Unrestricted	4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
Nassau Abatement	2,854	17,607	2,999	3,754	3,754	4,319	4,328	4,989	5,147	5,147	4,443	3,712	3,712	3,712	3,712	3,712	3,712	3,712	85,322
Suffolk Abatement	3,687	22,752	3,875	4,850	4,850	5,579	5,591	6,445	6,649	6,649	5,740	4,795	4,795	4,795	4,795	4,795	4,795	4,795	110,234
Subdivision Direct Unrestricted Share	9,284	21,682	2,425	3,035	3,035	3,491	3,498	4,033	4,161	4,161	3,592	3,000	3,000	3,000	3,000	3,000	3,000	3,000	83,398
Subdivision Direct Share for Abatement	2,307	21,682	2,425	3,035	3,035	3,491	3,498	4,033	4,161	4,161	3,592	3,000	3,000	3,000	3,000	3,000	3,000	3,000	76,421
Cost to State - Unrestricted <sup>1</sup>	8,044	-	8,044	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,087
Five Large Cities excl. NYC <sup>2</sup>	521	865	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,386
Direct Payments to Co-Litigants <sup>3</sup>	27,700	54,286	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	81,986
Direct Payments to Nassau County	13,850	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,993
Direct Payments to Suffolk County	13,850	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,993
Payments to Opioid Settlement Fund	46,610	195,108	41,371	30,287	30,287	34,840	34,913	40,247	41,521	41,521	35,843	29,943	29,943	29,943	29,943	29,943	29,943	29,943	782,147
Available to LGUs for Abatement	7,169	56,837	7,535	9,431	9,431	10,848	10,871	12,532	12,929	12,929	11,161	9,323	9,323	9,323	9,323	9,323	9,323	9,323	226,936
Five Large Cities excl. NYC <sup>2</sup>	807	6,457	849	1,062	1,062	1,222	1,224	1,412	1,456	1,456	1,257	1,050	1,050	1,050	1,050	1,050	1,050	1,050	25,616
State Abatement Fund - Regional	6,195	49,110	6,511	8,149	8,149	9,374	9,394	10,829	11,172	11,172	9,644	8,057	8,057	8,057	8,057	8,057	8,057	8,057	196,096
Reserved for other litigating entities <sup>4</sup>	167	1,270	175	219	219	252	253	291	301	301	259	217	217	217	217	217	217	217	5,224
State Investments	39,440	138,271	33,836	20,856	20,856	23,991	24,042	27,715	28,593	28,593	24,683	20,619	20,619	20,619	20,619	20,619	20,619	20,619	555,211
State Direct Unrestricted Share	12,303	59,785	7,858	9,835	9,835	11,314	11,338	13,070	13,483	13,483	11,640	9,724	9,724	9,724	9,724	9,724	9,724	9,724	242,008
Reserved for other litigating entities	167	844	175	219	219	252	253	291	301	301	259	217	217	217	217	217	217	217	4,798
Remaining available for State Investments	12,136	58,942	7,683	9,616	9,616	11,062	11,085	12,778	13,183	13,183	11,380	9,507	9,507	9,507	9,507	9,507	9,507	9,507	237,211
State Abatement Fund - Lead Agency	14,061	68,326	8,980	11,240	11,240	12,930	12,957	14,937	15,410	15,410	13,302	11,113	11,113	11,113	11,113	11,113	11,113	11,113	276,581
Other Restitution	6,287	11,003	10,217	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,507
Cost to State	6,956	-	6,956	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,913
Total	114,012	406,920	70,119	56,201	56,201	64,650	64,786	74,684	77,048	77,048	66,512	55,563	55,563	55,563	55,563	55,563	55,563	55,563	1,517,120

1 - "Cost to State" payments to LGUs flow to NYC, 5 Large Cities, and Counties excluding Nassau and Suffolk by formula.  
2 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.  
3 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation  
4 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.

New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement	Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
Direct Payments to Local Governments	27,744	20,704	28,748	25,914	25,914	25,914	25,914	30,478	30,478	30,478	25,620	25,620	25,620	25,620	25,620	25,620	25,620	25,620	477,248
Direct Payments to LGUs via QSF/Admin./Escrow	27,744	20,704	28,748	25,914	25,914	25,914	25,914	30,478	30,478	30,478	25,620	25,620	25,620	25,620	25,620	25,620	25,620	25,620	477,248
NYC Abatement	8,545	8,980	8,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	200,026
NYC Unrestricted	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nassau Abatement	2,854	2,999	2,999	3,754	3,754	3,754	3,754	4,415	4,415	4,415	3,712	3,712	3,712	3,712	3,712	3,712	3,712	3,712	66,809
Suffolk Abatement	3,687	3,875	3,875	4,850	4,850	4,850	4,850	5,704	5,704	5,704	4,795	4,795	4,795	4,795	4,795	4,795	4,795	4,795	86,311
Subdivision Direct Unrestricted Share	2,307	2,425	2,425	3,035	3,035	3,035	3,035	3,569	3,569	3,569	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	54,007
Subdivision Direct Share for Abatement	2,307	2,425	2,425	3,035	3,035	3,035	3,035	3,569	3,569	3,569	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	54,007
Cost to State - Unrestricted <sup>1</sup>	8,044	-	8,044	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,087
Five Large Cities excl. NYC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Co-Litigants <sup>3</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Nassau County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Suffolk County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Opioid Settlement Fund	36,268	35,200	41,371	30,287	30,287	30,287	30,287	35,621	35,621	35,621	29,943	29,943	29,943	29,943	29,943	29,943	29,943	29,943	580,391
Available to LGUs for Abatement	7,169	7,535	7,535	9,431	9,431	9,431	9,431	11,091	11,091	11,091	9,323	9,323	9,323	9,323	9,323	9,323	9,323	9,323	167,823
Five Large Cities excl. NYC <sup>2</sup>	807	849	849	1,062	1,062	1,062	1,062	1,249	1,249	1,249	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	18,902
State Abatement Fund - Regional	6,195	6,511	6,511	8,149	8,149	8,149	8,149	9,584	9,584	9,584	8,057	8,057	8,057	8,057	8,057	8,057	8,057	8,057	145,019
Reserved for other litigating entities <sup>4</sup>	167	175	175	219	219	219	219	258	258	258	217	217	217	217	217	217	217	217	3,901
State Investments	29,099	27,666	33,836	20,856	20,856	20,856	20,856	24,529	24,529	24,529	20,619	20,619	20,619	20,619	20,619	20,619	20,619	20,619	412,568
State Direct Unrestricted Share	7,477	7,858	7,858	9,835	9,835	9,835	9,835	11,567	11,567	11,567	9,724	9,724	9,724	9,724	9,724	9,724	9,724	9,724	175,023
Reserved for other litigating entities	167	175	175	219	219	219	219	258	258	258	217	217	217	217	217	217	217	217	3,901
Remaining available for State Investments	7,310	7,683	7,683	9,616	9,616	9,616	9,616	11,310	11,310	11,310	9,507	9,507	9,507	9,507	9,507	9,507	9,507	9,507	171,122
State Abatement Fund - Lead Agency	8,545	8,980	8,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	200,026
Other Restitution	6,287	11,003	10,217	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,507
Cost to State	6,956	-	6,956	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,913
Total	64,012	55,904	70,119	56,201	56,201	56,201	56,201	66,099	66,099	66,099	55,563	55,563	55,563	55,563	55,563	55,563	55,563	55,563	1,057,639

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New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Johnson & Johnson Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10								Total
Direct Payments to Local Governments	-	79,031	-	-	-	3,896	3,958	3,958	5,049	5,049	5,049	-	-	-	-	-	-	-	105,990
Direct Payments to LGUs via QSF/Admin./Escrow	-	79,031	-	-	-	3,896	3,958	3,958	5,049	5,049	5,049	-	-	-	-	-	-	-	105,990
NYC Abatement	-	34,279	-	-	-	1,690	1,717	1,717	2,190	2,190	2,190	-	-	-	-	-	-	-	45,973
NYC Unrestricted	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nassau Abatement	-	11,449	-	-	-	564	573	573	731	731	731	-	-	-	-	-	-	-	15,355
Suffolk Abatement	-	14,792	-	-	-	729	741	741	945	945	945	-	-	-	-	-	-	-	19,837
Subdivision Direct Unrestricted Share	-	9,255	-	-	-	456	464	464	591	591	591	-	-	-	-	-	-	-	12,413
Subdivision Direct Share for Abatement	-	9,255	-	-	-	456	464	464	591	591	591	-	-	-	-	-	-	-	12,413
Cost to State - Unrestricted <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Co-Litigants <sup>3</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Nassau County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Suffolk County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Opioid Settlement Fund	-	92,366	-	-	-	4,553	4,626	4,626	5,901	5,901	5,901	-	-	-	-	-	-	-	123,873
Available to LGUs for Abatement	-	28,760	-	-	-	1,418	1,441	1,441	1,837	1,837	1,837	-	-	-	-	-	-	-	38,571
Five Large Cities excl. NYC <sup>2</sup>	-	3,239	-	-	-	160	162	162	207	207	207	-	-	-	-	-	-	-	4,344
State Abatement Fund - Regional	-	24,853	-	-	-	1,225	1,245	1,245	1,588	1,588	1,588	-	-	-	-	-	-	-	33,330
Reserved for other litigating entities <sup>4</sup>	-	669	-	-	-	33	33	33	43	43	43	-	-	-	-	-	-	-	897
State Investments	-	63,605	-	-	-	3,135	3,186	3,186	4,063	4,063	4,063	-	-	-	-	-	-	-	85,302
State Direct Unrestricted Share	-	29,994	-	-	-	1,479	1,502	1,502	1,916	1,916	1,916	-	-	-	-	-	-	-	40,226
Reserved for other litigating entities	-	669	-	-	-	33	33	33	43	43	43	-	-	-	-	-	-	-	897
Remaining available for State Investments	-	29,326	-	-	-	1,446	1,469	1,469	1,873	1,873	1,873	-	-	-	-	-	-	-	39,329
State Abatement Fund - Lead Agency	-	34,279	-	-	-	1,690	1,717	1,717	2,190	2,190	2,190	-	-	-	-	-	-	-	45,973
Other Restitution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	171,397	-	-	-	8,449	8,585	8,585	10,949	10,949	10,949	-	-	-	-	-	-	-	229,863

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New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Allergan Settlement	Payment 1																		Total
Direct Payments to Local Governments	-	112,077	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	112,077
Direct Payments to LGUs via QSF/Admin./Escrow	-	57,791	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,791
NYC Abatement	-	29,679	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29,679
NYC Unrestricted	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nassau Abatement	-	3,158	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,158
Suffolk Abatement	-	4,086	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,086
Subdivision Direct Unrestricted Share	-	10,002	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,002
Subdivision Direct Share for Abatement	-	10,002	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,002
Cost to State - Unrestricted <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	-	865	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	865
Direct Payments to Co-Litigants <sup>3</sup>	-	54,286	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54,286
Direct Payments to Nassau County	-	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,143
Direct Payments to Suffolk County	-	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,143
Payments to Opioid Settlement Fund	-	67,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67,542
Available to LGUs for Abatement	-	20,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,542
Five Large Cities excl. NYC <sup>2</sup>	-	2,369	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,369
State Abatement Fund - Regional	-	17,747	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,747
Reserved for other litigating entities <sup>4</sup>	-	426	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	426
State Investments	-	47,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,000
State Direct Unrestricted Share	-	21,933	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,933
Reserved for other litigating entities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Remaining available for State Investments	-	21,933	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,933
State Abatement Fund - Lead Agency	-	25,067	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25,067
Other Restitution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	179,619	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	179,619

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Endo Settlement	Payment 1																		Total
Direct Payments to Local Governments	39,658	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39,658
Direct Payments to LGUs via QSF/Admin./Escrow	11,958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,958
NYC Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NYC Unrestricted	4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
Nassau Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Suffolk Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subdivision Direct Unrestricted Share	6,977	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,977
Subdivision Direct Share for Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State - Unrestricted <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	521	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	521
Direct Payments to Co-Litigants <sup>3</sup>	27,700	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,700
Direct Payments to Nassau County	13,850	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,850
Direct Payments to Suffolk County	13,850	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,850
Payments to Opioid Settlement Fund	10,342	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,342
Available to LGUs for Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Abatement Fund - Regional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Reserved for other litigating entities <sup>4</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Investments	10,342	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,342
State Direct Unrestricted Share	4,826	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,826
Reserved for other litigating entities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Remaining available for State Investments	4,826	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,826
State Abatement Fund - Lead Agency	5,516	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,516
Other Restitution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000

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# Opioid Settlement Direct Payments to Local Governments

State Fiscal Year 2023 - Payments through 3/31/2023

(\$ in Thousands)

Region	LGU Name	Distributors Settlement - Payment 1				Distributors Settlement - Payment 2			Johnson & Johnson - Payment 1			Allergan				Endo			All Settlements - FY 2023			
		Abatement	Unrestricted	Cost to State*	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Direct**	Total	Unrestricted	Direct**	Total	Abatement	Unrestricted	Direct**	Total
Major Category Allotments		15,086	-	3,000	18,086	15,855	-	15,855	60,520	-	60,520	36,923	-	54,286	91,209	4,460	27,700	32,160	128,384	7,460	81,986	217,830
New York City	New York City	8,545	-	3,000	11,545	8,980	-	8,980	34,279	-	34,279	29,679	-	-	29,679	4,460	-	4,460	81,483	7,460	-	88,943
Long Island	Nassau	2,854	-	-	2,854	2,999	-	2,999	11,449	-	11,449	3,158	-	27,143	30,301	-	13,850	13,850	20,461	-	40,993	61,454
Long Island	Suffolk	3,687	-	-	3,687	3,875	-	3,875	14,792	-	14,792	4,086	-	27,143	31,229	-	13,850	13,850	26,440	-	40,993	67,432
Subdivision Direct - Payments to Counties		2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307	2,307
Capital Region	Albany	64	64	131	260	68	68	135	258	258	517	279	279	-	558	195	-	195	670	995	-	1,665
Capital Region	Columbia	15	15	31	61	16	16	32	61	61	122	66	66	-	131	46	-	46	158	234	-	392
Capital Region	Greene	18	18	37	74	19	19	38	73	73	147	79	79	-	159	55	-	55	190	283	-	473
Capital Region	Rensselaer	29	29	60	118	31	31	62	118	118	235	127	127	-	254	89	-	89	305	453	-	758
Capital Region	Saratoga	39	39	79	156	41	41	81	155	155	311	168	168	-	336	117	-	117	403	599	-	1,002
Capital Region	Schenectady	28	28	57	113	30	30	59	113	113	225	122	122	-	244	85	-	85	292	434	-	726
Capital Region	Warren	14	14	29	57	15	15	30	57	57	113	61	61	-	122	43	-	43	147	218	-	365
Capital Region	Washington	11	11	23	45	12	12	23	44	44	89	48	48	-	96	33	-	33	115	171	-	286
Central NY	Cayuga	21	21	42	84	22	22	44	84	84	167	90	90	-	181	63	-	63	217	322	-	539
Central NY	Cortland	12	12	25	50	13	13	26	50	50	100	54	54	-	108	38	-	38	130	193	-	323
Central NY	Madison	19	19	38	75	20	20	39	75	75	150	81	81	-	162	57	-	57	194	289	-	484
Central NY	Onondaga	146	146	297	589	153	153	307	585	585	1,171	632	632	-	1,265	441	-	441	1,517	2,255	-	3,772
Central NY	Oswego	36	36	73	144	38	38	75	143	143	287	155	155	-	310	108	-	108	372	553	-	924
Finger Lakes	Genesee	16	16	33	66	17	17	34	66	66	132	71	71	-	142	50	-	50	170	253	-	424
Finger Lakes	Livingston	16	16	32	63	16	16	33	63	63	126	68	68	-	136	47	-	47	163	242	-	405
Finger Lakes	Monroe	217	217	440	873	228	228	455	869	869	1,737	939	939	-	1,877	655	-	655	2,251	3,346	-	5,598
Finger Lakes	Ontario	30	30	61	122	32	32	64	121	121	242	131	131	-	262	91	-	91	314	467	-	781
Finger Lakes	Orleans	10	10	19	38	10	10	20	38	38	76	41	41	-	83	29	-	29	99	147	-	246
Finger Lakes	Seneca	9	9	18	36	9	9	19	36	36	72	39	39	-	77	27	-	27	93	138	-	231
Finger Lakes	Wayne	23	23	47	93	24	24	48	92	92	184	99	99	-	199	69	-	69	238	354	-	593
Finger Lakes	Wyoming	9	9	19	38	10	10	20	38	38	76	41	41	-	82	29	-	29	99	147	-	246
Finger Lakes	Yates	6	6	12	23	6	6	12	23	23	46	25	25	-	50	17	-	17	59	88	-	148
Mid-Hudson	Dutchess	101	101	206	408	106	106	212	405	405	811	438	438	-	876	306	-	306	1,051	1,562	-	2,613
Mid-Hudson	Orange	120	120	243	483	126	126	252	480	480	960	519	519	-	1,038	362	-	362	1,244	1,850	-	3,094
Mid-Hudson	Putnam	27	27	56	110	29	29	57	110	110	219	119	119	-	237	83	-	83	284	423	-	707
Mid-Hudson	Rockland	71	71	145	287	75	75	149	285	285	570	308	308	-	616	215	-	215	739	1,099	-	1,838
Mid-Hudson	Sullivan	44	44	89	176	46	46	92	175	175	350	189	189	-	378	132	-	132	453	673	-	1,127
Mid-Hudson	Ulster	57	57	116	229	60	60	119	228	228	456	246	246	-	493	172	-	172	591	878	-	1,469
Mid-Hudson	Westchester	212	212	432	857	223	223	447	852	852	1,704	921	921	-	1,842	642	-	642	2,209	3,283	-	5,492
Mohawk Valley	Fulton	11	11	22	43	11	11	22	43	43	86	46	46	-	92	32	-	32	111	165	-	276
Mohawk Valley	Herkimer	15	15	31	61	16	16	32	61	61	122	66	66	-	132	46	-	46	158	235	-	393
Mohawk Valley	Montgomery	10	10	21	42	11	11	22	42	42	84	45	45	-	91	32	-	32	109	162	-	270
Mohawk Valley	Oneida	65	65	133	263	69	69	137	262	262	523	283	283	-	565	197	-	197	678	1,008	-	1,686
Mohawk Valley	Otsego	15	15	31	62	16	16	33	62	62	124	67	67	-	134	47	-	47	161	239	-	400
Mohawk Valley	Schoharie	6	6	13	26	7	7	13	26	26	51	28	28	-	56	19	-	19	67	99	-	166
North Country	Clinton	19	19	39	77	20	20	40	77	77	154	83	83	-	166	58	-	58	199	297	-	496
North Country	Essex	8	8	17	34	9	9	18	34	34	68	37	37	-	73	26	-	26	88	131	-	219
North Country	Franklin	11	11	21	43	11	11	22	42	42	85	46	46	-	91	32	-	32	110	163	-	273
North Country	Hamilton	1	1	1	3	1	1	1	3	3	6	3	3	-	6	2	-	2	7	11	-	18
North Country	Jefferson	29	29	60	119	31	31	62	118	118	236	127	127	-	255	89	-	89	306	454	-	760
North Country	Lewis	6	6	12	23	6	6	12	23	23	46	25	25	-	50	18	-	18	60	90	-	150
North Country	St. Lawrence	28	28	58	115	30	30	60	114	114	228	123	123	-	247	86	-	86	296	440	-	736
Southern Tier	Broome	64	64	131	260	68	68	135	258	258	517	279	279	-	558	195	-	195	669	995	-	1,665
Southern Tier	Chemung	28	28	58	115	30	30	60	114	114	228	123	123	-	246	86	-	86	296	439	-	735
Southern Tier	Chenango	12	12	24	48	13	13	25	48	48	96	52	52	-	103	36	-	36	124	184	-	308
Southern Tier	Delaware	13	13	26	51	13	13	27	51	51	102	55	55	-	110	38	-	38	132	196	-	328

Opioid Settlement Direct Payments to Local Governments

State Fiscal Year 2023 - Payments through 3/31/2023

(\$ in Thousands)

Region	LGU Name	Distributors Settlement - Payment 1				Distributors Settlement - Payment 2			Johnson & Johnson - Payment 1			Allergan				Endo			All Settlements - FY 2023			
		Abatement	Unrestricted	Cost to State*	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Direct**	Total	Unrestricted	Direct**	Total	Abatement	Unrestricted	Direct**	Total
Southern Tier	Schuyler	5	5	10	19	5	5	10	19	19	39	21	21	-	42	15	-	15	50	74	-	124
Southern Tier	Steuben	26	26	53	106	28	28	55	105	105	210	114	114	-	227	79	-	79	273	405	-	678
Southern Tier	Tioga	13	13	25	50	13	13	26	50	50	100	54	54	-	108	38	-	38	130	193	-	323
Southern Tier	Tompkins	27	27	55	110	29	29	57	109	109	218	118	118	-	236	82	-	82	282	420	-	702
Western NY	Allegany	11	11	23	46	12	12	24	46	46	91	49	49	-	99	34	-	34	118	176	-	294
Western NY	Cattaraugus	20	20	42	82	21	21	43	82	82	164	89	89	-	177	62	-	62	212	316	-	528
Western NY	Chautauqua	40	40	80	159	42	42	83	159	159	317	171	171	-	343	120	-	120	411	611	-	1,022
Western NY	Erie	323	323	656	1,301	339	339	678	1,294	1,294	2,588	1,398	1,398	-	2,797	976	-	976	3,354	4,986	-	8,340
Western NY	Niagara	79	79	160	318	83	83	166	316	316	632	342	342	-	683	238	-	238	820	1,218	-	2,038
Payments to Other Cities		-	-	351	351	-	-	-	-	-	-	865	-	-	865	521	-	521	865	872	-	1,737
Capital Region	Albany	-	-	23	23	-	-	-	-	-	-	58	-	-	58	35	-	35	58	58	-	116
Finger Lakes	Rochester	-	-	79	79	-	-	-	-	-	-	195	-	-	195	117	-	117	195	196	-	391
Mid-Hudson	Yonkers	-	-	77	77	-	-	-	-	-	-	191	-	-	191	115	-	115	191	193	-	384
Mohawk Valley	Syracuse	-	-	53	53	-	-	-	-	-	-	131	-	-	131	79	-	79	131	132	-	263
Western NY	Buffalo	-	-	118	118	-	-	-	-	-	-	290	-	-	290	175	-	175	290	292	-	582
Total - Direct Payment to LGUs		17,393	2,307	5,658	20,744	18,162	2,307	18,162	62,827	2,307	62,827	40,095	2,307	56,593	94,381	7,288	30,007	34,988	131,556	10,639	84,293	221,874

Note - payments made to local government units through OAG Escrow account, not Opioid Settlement Fund, except "Direct" payment noted below.

\* Payments to localities related to the cost of litigation. All funds unrestricted.

\*\* Payments made directly to Nassau and Suffolk Counties, which were co-litigants with the State. Includes costs incurred as part of litigation. Payments are Unrestricted.

New York Opioid Settlements

OAG Escrow Account - Formula Payments to Local Government Units

(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Formula Payments to Local Government Units - All Settlements																				
Major Category Allotments		22,546	113,298	18,855	19,845	19,845	22,828	22,876	26,371	27,206	27,206	23,485	19,619	19,619	19,619	19,619	19,619	19,619	19,619	481,694
New York City	New York City	16,005	72,938	11,980	11,240	11,240	12,930	12,957	14,937	15,410	15,410	13,302	11,113	11,113	11,113	11,113	11,113	11,113	11,113	286,138
Long Island	Nassau	2,854	17,607	2,999	3,754	3,754	4,319	4,328	4,989	5,147	5,147	4,443	3,712	3,712	3,712	3,712	3,712	3,712	3,712	85,322
Long Island	Suffolk	3,687	22,752	3,875	4,850	4,850	5,579	5,591	6,445	6,649	6,649	5,740	4,795	4,795	4,795	4,795	4,795	4,795	4,795	110,234
Subdivision Direct - Payments to Counties		16,285	43,363	9,543	6,070	6,070	6,982	6,997	8,066	8,321	8,321	7,183	6,001	6,001	6,001	6,001	6,001	6,001	6,001	169,206
Capital Region	Albany	455	1,210	266	169	169	195	195	225	232	232	201	168	168	168	168	168	168	168	4,723
Capital Region	Columbia	107	285	63	40	40	46	46	53	55	55	47	39	39	39	39	39	39	39	1,111
Capital Region	Greene	129	344	76	48	48	55	56	64	66	66	57	48	48	48	48	48	48	48	1,342
Capital Region	Rensselaer	207	551	121	77	77	89	89	102	106	106	91	76	76	76	76	76	76	76	2,150
Capital Region	Saratoga	273	728	160	102	102	117	117	135	140	140	121	101	101	101	101	101	101	101	2,842
Capital Region	Schenectady	198	528	116	74	74	85	85	98	101	101	87	73	73	73	73	73	73	73	2,060
Capital Region	Warren	100	265	58	37	37	43	43	49	51	51	44	37	37	37	37	37	37	37	1,036
Capital Region	Washington	78	208	46	29	29	34	34	39	40	40	34	29	29	29	29	29	29	29	812
Central NY	Cayuga	147	392	86	55	55	63	63	73	75	75	65	54	54	54	54	54	54	54	1,529
Central NY	Cortland	88	235	52	33	33	38	38	44	45	45	39	32	32	32	32	32	32	32	915
Central NY	Madison	132	352	77	49	49	57	57	65	67	67	58	49	49	49	49	49	49	49	1,372
Central NY	Onondaga	1,030	2,742	603	384	384	442	442	510	526	526	454	379	379	379	379	379	379	379	10,700
Central NY	Oswego	252	672	148	94	94	108	108	125	129	129	111	93	93	93	93	93	93	93	2,622
Finger Lakes	Genesee	116	308	68	43	43	50	50	57	59	59	51	43	43	43	43	43	43	43	1,202
Finger Lakes	Livingston	111	294	65	41	41	47	47	55	56	56	49	41	41	41	41	41	41	41	1,149
Finger Lakes	Monroe	1,528	4,069	896	570	570	655	657	757	781	781	674	563	563	563	563	563	563	563	15,879
Finger Lakes	Ontario	213	568	125	80	80	91	92	106	109	109	94	79	79	79	79	79	79	79	2,217
Finger Lakes	Orleans	67	179	39	25	25	29	29	33	34	34	30	25	25	25	25	25	25	25	699
Finger Lakes	Seneca	63	168	37	23	23	27	27	31	32	32	28	23	23	23	23	23	23	23	655
Finger Lakes	Wayne	162	431	95	60	60	69	70	80	83	83	71	60	60	60	60	60	60	60	1,682
Finger Lakes	Wyoming	67	179	39	25	25	29	29	33	34	34	30	25	25	25	25	25	25	25	697
Finger Lakes	Yates	40	108	24	15	15	17	17	20	21	21	18	15	15	15	15	15	15	15	419
Mid-Hudson	Dutchess	713	1,900	418	266	266	306	307	353	365	365	315	263	263	263	263	263	263	263	7,413
Mid-Hudson	Orange	845	2,250	495	315	315	362	363	418	432	432	373	311	311	311	311	311	311	311	8,778
Mid-Hudson	Putnam	193	514	113	72	72	83	83	96	99	99	85	71	71	71	71	71	71	71	2,005
Mid-Hudson	Rockland	502	1,336	294	187	187	215	216	249	256	256	221	185	185	185	185	185	185	185	5,215
Mid-Hudson	Sullivan	308	819	180	115	115	132	132	152	157	157	136	113	113	113	113	113	113	113	3,196
Mid-Hudson	Ulster	401	1,068	235	149	149	172	172	199	205	205	177	148	148	148	148	148	148	148	4,168
Mid-Hudson	Westchester	1,499	3,993	879	559	559	643	644	743	766	766	661	553	553	553	553	553	553	553	15,580
Mohawk Valley	Fulton	75	200	44	28	28	32	32	37	38	38	33	28	28	28	28	28	28	28	782
Mohawk Valley	Herkimer	107	285	63	40	40	46	46	53	55	55	47	40	40	40	40	40	40	40	1,114
Mohawk Valley	Montgomery	74	197	43	28	28	32	32	37	38	38	33	27	27	27	27	27	27	27	767
Mohawk Valley	Oneida	460	1,226	270	172	172	197	198	228	235	235	203	170	170	170	170	170	170	170	4,783
Mohawk Valley	Otsego	109	291	64	41	41	47	47	54	56	56	48	40	40	40	40	40	40	40	1,135
Mohawk Valley	Schoharie	45	120	27	17	17	19	19	22	23	23	20	17	17	17	17	17	17	17	470
North Country	Clinton	135	361	79	50	50	58	58	67	69	69	60	50	50	50	50	50	50	50	1,407
North Country	Essex	60	159	35	22	22	26	26	30	31	31	26	22	22	22	22	22	22	22	621
North Country	Franklin	74	198	44	28	28	32	32	37	38	38	33	27	27	27	27	27	27	27	774
North Country	Hamilton	5	13	3	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	51
North Country	Jefferson	207	552	122	77	77	89	89	103	106	106	91	76	76	76	76	76	76	76	2,155
North Country	Lewis	41	109	24	15	15	18	18	20	21	21	18	15	15	15	15	15	15	15	425
North Country	St. Lawrence	201	535	118	75	75	86	86	100	103	103	89	74	74	74	74	74	74	74	2,088
Southern Tier	Broome	454	1,210	266	169	169	195	195	225	232	232	200	167	167	167	167	167	167	167	4,722
Southern Tier	Chemung	201	534	118	75	75	86	86	99	103	103	88	74	74	74	74	74	74	74	2,085
Southern Tier	Chenango	84	224	49	31	31	36	36	42	43	43	37	31	31	31	31	31	31	31	874
Southern Tier	Delaware	89	238	52	33	33	38	38	44	46	46	39	33	33	33	33	33	33	33	930

New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	34	90	20	13	13	15	15	17	17	17	15	12	12	12	12	12	12	12	352
Southern Tier	Steuben	185	493	109	69	69	79	80	92	95	95	82	68	68	68	68	68	68	68	1,924
Southern Tier	Tioga	88	235	52	33	33	38	38	44	45	45	39	33	33	33	33	33	33	33	918
Southern Tier	Tompkins	192	511	112	71	71	82	82	95	98	98	85	71	71	71	71	71	71	71	1,993
Western NY	Allegany	80	214	47	30	30	34	34	40	41	41	35	30	30	30	30	30	30	30	834
Western NY	Cattaraugus	144	384	85	54	54	62	62	71	74	74	64	53	53	53	53	53	53	53	1,499
Western NY	Chautauqua	279	743	163	104	104	120	120	138	143	143	123	103	103	103	103	103	103	103	2,898
Western NY	Erie	2,277	6,063	1,334	849	849	976	978	1,128	1,163	1,163	1,004	839	839	839	839	839	839	839	23,658
Western NY	Niagara	556	1,482	326	207	207	239	239	276	284	284	245	205	205	205	205	205	205	205	5,782
Five Large Cities excl. NYC		872	865	351	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,087
Capital Region	Albany	58	58	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	140
Western NY	Buffalo	292	290	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	700
Finger Lakes	Rochester	196	195	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	470
Mohawk Valley	Syracuse	132	131	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	317
Mid-Hudson	Yonkers	193	191	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	461
Total - Formula Payments to Local Government Units		39,703	157,526	28,748	25,914	25,914	29,810	29,873	34,437	35,527	35,527	30,669	25,620	25,620	25,620	25,620	25,620	25,620	25,620	652,987

**New York Opioid Settlements**  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement - All Payments		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
Major Category Allotments		18,086	15,855	18,855	19,845	19,845	19,845	19,845	23,340	23,340	23,340	19,619	19,619	19,619	19,619	19,619	19,619	19,619	19,619	359,147
New York City	New York City	11,545	8,980	11,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	206,026
Long Island	Nassau	2,854	2,999	2,999	3,754	3,754	3,754	3,754	4,415	4,415	4,415	3,712	3,712	3,712	3,712	3,712	3,712	3,712	3,712	66,809
Long Island	Suffolk	3,687	3,875	3,875	4,850	4,850	4,850	4,850	5,704	5,704	5,704	4,795	4,795	4,795	4,795	4,795	4,795	4,795	4,795	86,311
Subdivision Direct - Payments to Counties		9,307	4,849	9,543	6,070	6,070	6,070	6,070	7,139	7,139	7,139	6,001	6,001	6,001	6,001	6,001	6,001	6,001	6,001	117,401
Capital Region	Albany	260	135	266	169	169	169	169	199	199	199	168	168	168	168	168	168	168	168	3,277
Capital Region	Columbia	61	32	63	40	40	40	40	47	47	47	39	39	39	39	39	39	39	39	771
Capital Region	Greene	74	38	76	48	48	48	48	57	57	57	48	48	48	48	48	48	48	48	931
Capital Region	Rensselaer	118	62	121	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,492
Capital Region	Saratoga	156	81	160	102	102	102	102	120	120	120	101	101	101	101	101	101	101	101	1,972
Capital Region	Schenectady	113	59	116	74	74	74	74	87	87	87	73	73	73	73	73	73	73	73	1,429
Capital Region	Warren	57	30	58	37	37	37	37	44	44	44	37	37	37	37	37	37	37	37	719
Capital Region	Washington	45	23	46	29	29	29	29	34	34	34	29	29	29	29	29	29	29	29	563
Central NY	Cayuga	84	44	86	55	55	55	55	64	64	64	54	54	54	54	54	54	54	54	1,061
Central NY	Cortland	50	26	52	33	33	33	33	39	39	39	32	32	32	32	32	32	32	32	635
Central NY	Madison	75	39	77	49	49	49	49	58	58	58	49	49	49	49	49	49	49	49	952
Central NY	Onondaga	589	307	603	384	384	384	384	451	451	451	379	379	379	379	379	379	379	379	7,424
Central NY	Oswego	144	75	148	94	94	94	94	111	111	111	93	93	93	93	93	93	93	93	1,819
Finger Lakes	Genesee	66	34	68	43	43	43	43	51	51	51	43	43	43	43	43	43	43	43	834
Finger Lakes	Livingston	63	33	65	41	41	41	41	48	48	48	41	41	41	41	41	41	41	41	797
Finger Lakes	Monroe	873	455	896	570	570	570	570	670	670	670	563	563	563	563	563	563	563	563	11,017
Finger Lakes	Ontario	122	64	125	80	80	80	80	94	94	94	79	79	79	79	79	79	79	79	1,538
Finger Lakes	Orleans	38	20	39	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	485
Finger Lakes	Seneca	36	19	37	23	23	23	23	28	28	28	23	23	23	23	23	23	23	23	454
Finger Lakes	Wayne	93	48	95	60	60	60	60	71	71	71	60	60	60	60	60	60	60	60	1,167
Finger Lakes	Wyoming	38	20	39	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	483
Finger Lakes	Yates	23	12	24	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	291
Mid-Hudson	Dutchess	408	212	418	266	266	266	266	313	313	313	263	263	263	263	263	263	263	263	5,143
Mid-Hudson	Orange	483	252	495	315	315	315	315	370	370	370	311	311	311	311	311	311	311	311	6,090
Mid-Hudson	Putnam	110	57	113	72	72	72	72	85	85	85	71	71	71	71	71	71	71	71	1,391
Mid-Hudson	Rockland	287	149	294	187	187	187	187	220	220	220	185	185	185	185	185	185	185	185	3,618
Mid-Hudson	Sullivan	176	92	180	115	115	115	115	135	135	135	113	113	113	113	113	113	113	113	2,217
Mid-Hudson	Ulster	229	119	235	149	149	149	149	176	176	176	148	148	148	148	148	148	148	148	2,892
Mid-Hudson	Westchester	857	447	879	559	559	559	559	657	657	657	553	553	553	553	553	553	553	553	10,810
Mohawk Valley	Fulton	43	22	44	28	28	28	28	33	33	33	28	28	28	28	28	28	28	28	542
Mohawk Valley	Herkimer	61	32	63	40	40	40	40	47	47	47	40	40	40	40	40	40	40	40	773
Mohawk Valley	Montgomery	42	22	43	28	28	28	28	32	32	32	27	27	27	27	27	27	27	27	532
Mohawk Valley	Oneida	263	137	270	172	172	172	172	202	202	202	170	170	170	170	170	170	170	170	3,319
Mohawk Valley	Otsego	62	33	64	41	41	41	41	48	48	48	40	40	40	40	40	40	40	40	788
Mohawk Valley	Schoharie	26	13	27	17	17	17	17	20	20	20	17	17	17	17	17	17	17	17	326
North Country	Clinton	77	40	79	50	50	50	50	59	59	59	50	50	50	50	50	50	50	50	976
North Country	Essex	34	18	35	22	22	22	22	26	26	26	22	22	22	22	22	22	22	22	431
North Country	Franklin	43	22	44	28	28	28	28	33	33	33	27	27	27	27	27	27	27	27	537
North Country	Hamilton	3	1	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	36
North Country	Jefferson	119	62	122	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,495
North Country	Lewis	23	12	24	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	295
North Country	St. Lawrence	115	60	118	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,449
Southern Tier	Broome	260	135	266	169	169	169	169	199	199	199	167	167	167	167	167	167	167	167	3,276
Southern Tier	Chemung	115	60	118	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,446
Southern Tier	Chenango	48	25	49	31	31	31	31	37	37	37	31	31	31	31	31	31	31	31	606
Southern Tier	Delaware	51	27	52	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	645

New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	19	10	20	13	13	13	13	15	15	15	12	12	12	12	12	12	12	12	244
Southern Tier	Steuben	106	55	109	69	69	69	69	81	81	81	68	68	68	68	68	68	68	68	1,335
Southern Tier	Tioga	50	26	52	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	637
Southern Tier	Tompkins	110	57	112	71	71	71	71	84	84	84	71	71	71	71	71	71	71	71	1,382
Western NY	Allegany	46	24	47	30	30	30	30	35	35	35	30	30	30	30	30	30	30	30	578
Western NY	Cattaraugus	82	43	85	54	54	54	54	63	63	63	53	53	53	53	53	53	53	53	1,040
Western NY	Chautauqua	159	83	163	104	104	104	104	122	122	122	103	103	103	103	103	103	103	103	2,011
Western NY	Erie	1,301	678	1,334	849	849	849	849	998	998	998	839	839	839	839	839	839	839	839	16,415
Western NY	Niagara	318	166	326	207	207	207	207	244	244	244	205	205	205	205	205	205	205	205	4,011
Five Large Cities excl. NYC		351	-	351	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	701
Capital Region	Albany	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Western NY	Buffalo	118	-	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	235
Finger Lakes	Rochester	79	-	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	158
Mohawk Valley	Syracuse	53	-	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	106
Mid-Hudson	Yonkers	77	-	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	155
Total - Distributors Settlement		27,744	20,704	28,748	25,914	25,914	25,914	25,914	30,478	30,478	30,478	25,620	25,620	25,620	25,620	25,620	25,620	25,620	25,620	477,248

**New York Opioid Settlements**  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement - Abatement and Unrestricted		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
Major Category Allotments *		15,086	15,855	15,855	19,845	19,845	19,845	19,845	23,340	23,340	23,340	19,619	19,619	19,619	19,619	19,619	19,619	19,619	19,619	353,147
New York City	New York City	8,545	8,980	8,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	200,026
Long Island	Nassau	2,854	2,999	2,999	3,754	3,754	3,754	3,754	4,415	4,415	4,415	3,712	3,712	3,712	3,712	3,712	3,712	3,712	3,712	66,809
Long Island	Suffolk	3,687	3,875	3,875	4,850	4,850	4,850	4,850	5,704	5,704	5,704	4,795	4,795	4,795	4,795	4,795	4,795	4,795	4,795	86,311
Subdivision Direct - Payments to Counties **		4,614	4,849	4,849	6,070	6,070	6,070	6,070	7,139	7,139	7,139	6,001	6,001	6,001	6,001	6,001	6,001	6,001	6,001	108,014
Capital Region	Albany	129	135	135	169	169	169	169	199	199	199	168	168	168	168	168	168	168	168	3,015
Capital Region	Columbia	30	32	32	40	40	40	40	47	47	47	39	39	39	39	39	39	39	39	709
Capital Region	Greene	37	38	38	48	48	48	48	57	57	57	48	48	48	48	48	48	48	48	857
Capital Region	Rensselaer	59	62	62	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,373
Capital Region	Saratoga	77	81	81	102	102	102	102	120	120	120	101	101	101	101	101	101	101	101	1,814
Capital Region	Schenectady	56	59	59	74	74	74	74	87	87	87	73	73	73	73	73	73	73	73	1,315
Capital Region	Warren	28	30	30	37	37	37	37	44	44	44	37	37	37	37	37	37	37	37	661
Capital Region	Washington	22	23	23	29	29	29	29	34	34	34	29	29	29	29	29	29	29	29	518
Central NY	Cayuga	42	44	44	55	55	55	55	64	64	64	54	54	54	54	54	54	54	54	976
Central NY	Cortland	25	26	26	33	33	33	33	39	39	39	32	32	32	32	32	32	32	32	584
Central NY	Madison	37	39	39	49	49	49	49	58	58	58	49	49	49	49	49	49	49	49	876
Central NY	Onondaga	292	307	307	384	384	384	384	451	451	451	379	379	379	379	379	379	379	379	6,831
Central NY	Oswego	71	75	75	94	94	94	94	111	111	111	93	93	93	93	93	93	93	93	1,674
Finger Lakes	Genesee	33	34	34	43	43	43	43	51	51	51	43	43	43	43	43	43	43	43	768
Finger Lakes	Livingston	31	33	33	41	41	41	41	48	48	48	41	41	41	41	41	41	41	41	733
Finger Lakes	Monroe	433	455	455	570	570	570	570	670	670	670	563	563	563	563	563	563	563	563	10,137
Finger Lakes	Ontario	60	64	64	80	80	80	80	94	94	94	79	79	79	79	79	79	79	79	1,415
Finger Lakes	Orleans	19	20	20	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	446
Finger Lakes	Seneca	18	19	19	23	23	23	23	28	28	28	23	23	23	23	23	23	23	23	418
Finger Lakes	Wayne	46	48	48	60	60	60	60	71	71	71	60	60	60	60	60	60	60	60	1,074
Finger Lakes	Wyoming	19	20	20	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	445
Finger Lakes	Yates	11	12	12	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	268
Mid-Hudson	Dutchess	202	212	212	266	266	266	266	313	313	313	263	263	263	263	263	263	263	263	4,732
Mid-Hudson	Orange	239	252	252	315	315	315	315	370	370	370	311	311	311	311	311	311	311	311	5,603
Mid-Hudson	Putnam	55	57	57	72	72	72	72	85	85	85	71	71	71	71	71	71	71	71	1,280
Mid-Hudson	Rockland	142	149	149	187	187	187	187	220	220	220	185	185	185	185	185	185	185	185	3,329
Mid-Hudson	Sullivan	87	92	92	115	115	115	115	135	135	135	113	113	113	113	113	113	113	113	2,040
Mid-Hudson	Ulster	114	119	119	149	149	149	149	176	176	176	148	148	148	148	148	148	148	148	2,660
Mid-Hudson	Westchester	425	447	447	559	559	559	559	657	657	657	553	553	553	553	553	553	553	553	9,946
Mohawk Valley	Fulton	21	22	22	28	28	28	28	33	33	33	28	28	28	28	28	28	28	28	499
Mohawk Valley	Herkimer	30	32	32	40	40	40	40	47	47	47	40	40	40	40	40	40	40	40	711
Mohawk Valley	Montgomery	21	22	22	28	28	28	28	32	32	32	27	27	27	27	27	27	27	27	490
Mohawk Valley	Oneida	130	137	137	172	172	172	172	202	202	202	170	170	170	170	170	170	170	170	3,053
Mohawk Valley	Otsego	31	33	33	41	41	41	41	48	48	48	40	40	40	40	40	40	40	40	725
Mohawk Valley	Schoharie	13	13	13	17	17	17	17	20	20	20	17	17	17	17	17	17	17	17	300
North Country	Clinton	38	40	40	50	50	50	50	59	59	59	50	50	50	50	50	50	50	50	898
North Country	Essex	17	18	18	22	22	22	22	26	26	26	22	22	22	22	22	22	22	22	397
North Country	Franklin	21	22	22	28	28	28	28	33	33	33	27	27	27	27	27	27	27	27	494
North Country	Hamilton	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	33
North Country	Jefferson	59	62	62	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,376
North Country	Lewis	12	12	12	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	271
North Country	St. Lawrence	57	60	60	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,333
Southern Tier	Broome	129	135	135	169	169	169	169	199	199	199	167	167	167	167	167	167	167	167	3,014
Southern Tier	Chemung	57	60	60	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,331
Southern Tier	Chenango	24	25	25	31	31	31	31	37	37	37	31	31	31	31	31	31	31	31	558
Southern Tier	Delaware	25	27	27	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	593



New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	10	10	10	13	13	13	13	15	15	15	12	12	12	12	12	12	12	12	225
Southern Tier	Steuben	52	55	55	69	69	69	69	81	81	81	68	68	68	68	68	68	68	68	1,228
Southern Tier	Tioga	25	26	26	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	586
Southern Tier	Tompkins	54	57	57	71	71	71	71	84	84	84	71	71	71	71	71	71	71	71	1,272
Western NY	Allegany	23	24	24	30	30	30	30	35	35	35	30	30	30	30	30	30	30	30	532
Western NY	Cattaraugus	41	43	43	54	54	54	54	63	63	63	53	53	53	53	53	53	53	53	957
Western NY	Chautauqua	79	83	83	104	104	104	104	122	122	122	103	103	103	103	103	103	103	103	1,850
Western NY	Erie	645	678	678	849	849	849	849	998	998	998	839	839	839	839	839	839	839	839	15,102
Western NY	Niagara	158	166	166	207	207	207	207	244	244	244	205	205	205	205	205	205	205	205	3,691
Five Large Cities excl. NYC		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Region	Albany	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Western NY	Buffalo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Finger Lakes	Rochester	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mohawk Valley	Syracuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	Yonkers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total - Distributors Abatement and Unrestricted		19,700	20,704	20,704	25,914	25,914	25,914	25,914	30,478	30,478	30,478	25,620	25,620	25,620	25,620	25,620	25,620	25,620	25,620	461,161

\* All funds reserved for abatement  
\*\* 50% reserved for abatement, 50% unrestricted

**New York Opioid Settlements**  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement - "Cost to State" Direct Payments		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
<b>Major Category Allotments ***</b>		<b>3,000</b>	-	<b>3,000</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>6,000</b>
New York City	New York City	3,000	-	3,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,000
Long Island	Nassau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long Island	Suffolk	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Subdivision Direct - Payments to Counties ***</b>		<b>4,693</b>	-	<b>4,693</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>9,386</b>
Capital Region	Albany	131	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	262
Capital Region	Columbia	31	-	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62
Capital Region	Greene	37	-	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74
Capital Region	Rensselaer	60	-	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	119
Capital Region	Saratoga	79	-	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	158
Capital Region	Schenectady	57	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	114
Capital Region	Warren	29	-	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57
Capital Region	Washington	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	45
Central NY	Cayuga	42	-	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85
Central NY	Cortland	25	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51
Central NY	Madison	38	-	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	76
Central NY	Onondaga	297	-	297	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	594
Central NY	Oswego	73	-	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	145
Finger Lakes	Genesee	33	-	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67
Finger Lakes	Livingston	32	-	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	64
Finger Lakes	Monroe	440	-	440	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	881
Finger Lakes	Ontario	61	-	61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	123
Finger Lakes	Orleans	19	-	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39
Finger Lakes	Seneca	18	-	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36
Finger Lakes	Wayne	47	-	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93
Finger Lakes	Wyoming	19	-	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39
Finger Lakes	Yates	12	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23
Mid-Hudson	Dutchess	206	-	206	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	411
Mid-Hudson	Orange	243	-	243	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	487
Mid-Hudson	Putnam	56	-	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	111
Mid-Hudson	Rockland	145	-	145	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	289
Mid-Hudson	Sullivan	89	-	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	177
Mid-Hudson	Ulster	116	-	116	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	231
Mid-Hudson	Westchester	432	-	432	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	864
Mohawk Valley	Fulton	22	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
Mohawk Valley	Herkimer	31	-	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62
Mohawk Valley	Montgomery	21	-	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
Mohawk Valley	Oneida	133	-	133	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	265
Mohawk Valley	Otsego	31	-	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	63
Mohawk Valley	Schoharie	13	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
North Country	Clinton	39	-	39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	78
North Country	Essex	17	-	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34
North Country	Franklin	21	-	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
North Country	Hamilton	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
North Country	Jefferson	60	-	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120
North Country	Lewis	12	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24
North Country	St. Lawrence	58	-	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	116
Southern Tier	Broome	131	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	262
Southern Tier	Chemung	58	-	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	116
Southern Tier	Chenango	24	-	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	48
Southern Tier	Delaware	26	-	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52

New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	10	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
Southern Tier	Steuben	53	-	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	107
Southern Tier	Tioga	25	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51
Southern Tier	Tompkins	55	-	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	111
Western NY	Allegany	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Western NY	Cattaraugus	42	-	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
Western NY	Chautauqua	80	-	80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	161
Western NY	Erie	656	-	656	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,312
Western NY	Niagara	160	-	160	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	321
Five Large Cities excl. NYC ***		351	-	351	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	701
Capital Region	Albany	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Western NY	Buffalo	118	-	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	235
Finger Lakes	Rochester	79	-	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	158
Mohawk Valley	Syracuse	53	-	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	106
Mid-Hudson	Yonkers	77	-	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	155
Total - Distributors "Cost to State"		8,044	-	8,044	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,087

\*\*\* All payments to LGUs are unrestricted

**New York Opioid Settlements**  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Johnson & Johnson Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10									Total
Major Category Allotments *		-	60,520	-	-	-	2,983	3,031	3,031	3,866	3,866	3,866	-	-	-	-	-	-	-	81,165
New York City	New York City	-	34,279	-	-	-	1,690	1,717	1,717	2,190	2,190	2,190	-	-	-	-	-	-	-	45,973
Long Island	Nassau	-	11,449	-	-	-	564	573	573	731	731	731	-	-	-	-	-	-	-	15,355
Long Island	Suffolk	-	14,792	-	-	-	729	741	741	945	945	945	-	-	-	-	-	-	-	19,837
Subdivision Direct - Payments to Counties **		-	18,511	-	-	-	912	927	927	1,183	1,183	1,183	-	-	-	-	-	-	-	24,825
Capital Region	Albany	-	517	-	-	-	25	26	26	33	33	33	-	-	-	-	-	-	-	693
Capital Region	Columbia	-	122	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	163
Capital Region	Greene	-	147	-	-	-	7	7	7	9	9	9	-	-	-	-	-	-	-	197
Capital Region	Rensselaer	-	235	-	-	-	12	12	12	15	15	15	-	-	-	-	-	-	-	315
Capital Region	Saratoga	-	311	-	-	-	15	16	16	20	20	20	-	-	-	-	-	-	-	417
Capital Region	Schenectady	-	225	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	302
Capital Region	Warren	-	113	-	-	-	6	6	6	7	7	7	-	-	-	-	-	-	-	152
Capital Region	Washington	-	89	-	-	-	4	4	4	6	6	6	-	-	-	-	-	-	-	119
Central NY	Cayuga	-	167	-	-	-	8	8	8	11	11	11	-	-	-	-	-	-	-	224
Central NY	Cortland	-	100	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	134
Central NY	Madison	-	150	-	-	-	7	8	8	10	10	10	-	-	-	-	-	-	-	201
Central NY	Onondaga	-	1,171	-	-	-	58	59	59	75	75	75	-	-	-	-	-	-	-	1,570
Central NY	Oswego	-	287	-	-	-	14	14	14	18	18	18	-	-	-	-	-	-	-	385
Finger Lakes	Genesee	-	132	-	-	-	6	7	7	8	8	8	-	-	-	-	-	-	-	176
Finger Lakes	Livingston	-	126	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	169
Finger Lakes	Monroe	-	1,737	-	-	-	86	87	87	111	111	111	-	-	-	-	-	-	-	2,330
Finger Lakes	Ontario	-	242	-	-	-	12	12	12	15	15	15	-	-	-	-	-	-	-	325
Finger Lakes	Orleans	-	76	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	102
Finger Lakes	Seneca	-	72	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	96
Finger Lakes	Wayne	-	184	-	-	-	9	9	9	12	12	12	-	-	-	-	-	-	-	247
Finger Lakes	Wyoming	-	76	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	102
Finger Lakes	Yates	-	46	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	62
Mid-Hudson	Dutchess	-	811	-	-	-	40	41	41	52	52	52	-	-	-	-	-	-	-	1,088
Mid-Hudson	Orange	-	960	-	-	-	47	48	48	61	61	61	-	-	-	-	-	-	-	1,288
Mid-Hudson	Putnam	-	219	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	294
Mid-Hudson	Rockland	-	570	-	-	-	28	29	29	36	36	36	-	-	-	-	-	-	-	765
Mid-Hudson	Sullivan	-	350	-	-	-	17	18	18	22	22	22	-	-	-	-	-	-	-	469
Mid-Hudson	Ulster	-	456	-	-	-	22	23	23	29	29	29	-	-	-	-	-	-	-	611
Mid-Hudson	Westchester	-	1,704	-	-	-	84	85	85	109	109	109	-	-	-	-	-	-	-	2,286
Mohawk Valley	Fulton	-	86	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	115
Mohawk Valley	Herkimer	-	122	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	163
Mohawk Valley	Montgomery	-	84	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	113
Mohawk Valley	Oneida	-	523	-	-	-	26	26	26	33	33	33	-	-	-	-	-	-	-	702
Mohawk Valley	Otsego	-	124	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	167
Mohawk Valley	Schoharie	-	51	-	-	-	3	3	3	3	3	3	-	-	-	-	-	-	-	69
North Country	Clinton	-	154	-	-	-	8	8	8	10	10	10	-	-	-	-	-	-	-	206
North Country	Essex	-	68	-	-	-	3	3	3	4	4	4	-	-	-	-	-	-	-	91
North Country	Franklin	-	85	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	114
North Country	Hamilton	-	6	-	-	-	0	0	0	0	0	0	-	-	-	-	-	-	-	8
North Country	Jefferson	-	236	-	-	-	12	12	12	15	15	15	-	-	-	-	-	-	-	316
North Country	Lewis	-	46	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	62
North Country	St. Lawrence	-	228	-	-	-	11	11	11	15	15	15	-	-	-	-	-	-	-	306
Southern Tier	Broome	-	517	-	-	-	25	26	26	33	33	33	-	-	-	-	-	-	-	693
Southern Tier	Chemung	-	228	-	-	-	11	11	11	15	15	15	-	-	-	-	-	-	-	306
Southern Tier	Chenango	-	96	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	128
Southern Tier	Delaware	-	102	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	136

New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	-	39	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	52
Southern Tier	Steuben	-	210	-	-	-	10	11	11	13	13	13	-	-	-	-	-	-	-	282
Southern Tier	Tioga	-	100	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	135
Southern Tier	Tompkins	-	218	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	292
Western NY	Allegany	-	91	-	-	-	4	5	5	6	6	6	-	-	-	-	-	-	-	122
Western NY	Cattaraugus	-	164	-	-	-	8	8	8	10	10	10	-	-	-	-	-	-	-	220
Western NY	Chautauqua	-	317	-	-	-	16	16	16	20	20	20	-	-	-	-	-	-	-	425
Western NY	Erie	-	2,588	-	-	-	128	130	130	165	165	165	-	-	-	-	-	-	-	3,471
Western NY	Niagara	-	632	-	-	-	31	32	32	40	40	40	-	-	-	-	-	-	-	848
Five Large Cities excl. NYC		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Region	Albany	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Western NY	Buffalo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Finger Lakes	Rochester	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mohawk Valley	Syracuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	Yonkers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total - Johnson & Johnson		-	79,031	-	-	-	3,896	3,958	3,958	5,049	5,049	5,049	-	-	-	-	-	-	-	105,990

\* All funds reserved for Abatement  
\*\* 50% reserved for abatement, 50% unrestricted

New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Allergan Settlement		Payment 1																		Total
Major Category Allotments *		-	36,923	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36,923
New York City	New York City	-	29,679	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29,679
Long Island	Nassau	-	3,158	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,158
Long Island	Suffolk	-	4,086	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,086
Subdivision Direct - Payments to Counties **		-	20,003	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,003
Capital Region	Albany	-	558	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	558
Capital Region	Columbia	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	131
Capital Region	Greene	-	159	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	159
Capital Region	Rensselaer	-	254	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	254
Capital Region	Saratoga	-	336	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	336
Capital Region	Schenectady	-	244	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	244
Capital Region	Warren	-	122	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	122
Capital Region	Washington	-	96	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	96
Central NY	Cayuga	-	181	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	181
Central NY	Cortland	-	108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	108
Central NY	Madison	-	162	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	162
Central NY	Onondaga	-	1,265	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,265
Central NY	Oswego	-	310	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	310
Finger Lakes	Genesee	-	142	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	142
Finger Lakes	Livingston	-	136	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	136
Finger Lakes	Monroe	-	1,877	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,877
Finger Lakes	Ontario	-	262	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	262
Finger Lakes	Orleans	-	83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
Finger Lakes	Seneca	-	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77
Finger Lakes	Wayne	-	199	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	199
Finger Lakes	Wyoming	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82
Finger Lakes	Yates	-	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
Mid-Hudson	Dutchess	-	876	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	876
Mid-Hudson	Orange	-	1,038	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,038
Mid-Hudson	Putnam	-	237	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	237
Mid-Hudson	Rockland	-	616	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	616
Mid-Hudson	Sullivan	-	378	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	378
Mid-Hudson	Ulster	-	493	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	493
Mid-Hudson	Westchester	-	1,842	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,842
Mohawk Valley	Fulton	-	92	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	92
Mohawk Valley	Herkimer	-	132	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	132
Mohawk Valley	Montgomery	-	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	91
Mohawk Valley	Oneida	-	565	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	565
Mohawk Valley	Otsego	-	134	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	134
Mohawk Valley	Schoharie	-	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56
North Country	Clinton	-	166	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	166
North Country	Essex	-	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	73
North Country	Franklin	-	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	91
North Country	Hamilton	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
North Country	Jefferson	-	255	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	255
North Country	Lewis	-	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
North Country	St. Lawrence	-	247	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	247
Southern Tier	Broome	-	558	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	558
Southern Tier	Chemung	-	246	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	246
Southern Tier	Chenango	-	103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	103
Southern Tier	Delaware	-	110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	110

New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	-	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42
Southern Tier	Steuben	-	227	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	227
Southern Tier	Tioga	-	108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	108
Southern Tier	Tompkins	-	236	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	236
Western NY	Allegany	-	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99
Western NY	Cattaraugus	-	177	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	177
Western NY	Chautauqua	-	343	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	343
Western NY	Erie	-	2,797	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,797
Western NY	Niagara	-	683	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	683
Five Large Cities excl. NYC *		-	865	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	865
Capital Region	Albany	-	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58
Western NY	Buffalo	-	290	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	290
Finger Lakes	Rochester	-	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	195
Mohawk Valley	Syracuse	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	131
Mid-Hudson	Yonkers	-	191	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	191
Total - Allergan		-	57,791	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,791

\* All funds reserved for abatement  
\*\* 50% reserved for abatement, 50% unrestricted

New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Endo Settlement		Payment 1																		Total
Major Category Allotments ***		4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
New York City	New York City	4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
Long Island	Nassau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long Island	Suffolk	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subdivision Direct - Payments to Counties ***		6,977	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,977
Capital Region	Albany	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	195
Capital Region	Columbia	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Capital Region	Greene	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	55
Capital Region	Rensselaer	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89
Capital Region	Saratoga	117	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	117
Capital Region	Schenectady	85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85
Capital Region	Warren	43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
Capital Region	Washington	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33
Central NY	Cayuga	63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	63
Central NY	Cortland	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38
Central NY	Madison	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57
Central NY	Onondaga	441	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	441
Central NY	Oswego	108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	108
Finger Lakes	Genesee	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
Finger Lakes	Livingston	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Finger Lakes	Monroe	655	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	655
Finger Lakes	Ontario	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	91
Finger Lakes	Orleans	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
Finger Lakes	Seneca	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27
Finger Lakes	Wayne	69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	69
Finger Lakes	Wyoming	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
Finger Lakes	Yates	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
Mid-Hudson	Dutchess	306	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	306
Mid-Hudson	Orange	362	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	362
Mid-Hudson	Putnam	83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
Mid-Hudson	Rockland	215	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	215
Mid-Hudson	Sullivan	132	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	132
Mid-Hudson	Ulster	172	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	172
Mid-Hudson	Westchester	642	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	642
Mohawk Valley	Fulton	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
Mohawk Valley	Herkimer	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Mohawk Valley	Montgomery	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
Mohawk Valley	Oneida	197	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	197
Mohawk Valley	Otsego	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Mohawk Valley	Schoharie	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19
North Country	Clinton	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58
North Country	Essex	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
North Country	Franklin	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
North Country	Hamilton	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
North Country	Jefferson	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89
North Country	Lewis	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18
North Country	St. Lawrence	86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86
Southern Tier	Broome	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	195
Southern Tier	Chemung	86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86
Southern Tier	Chenango	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36
Southern Tier	Delaware	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38



New York Opioid Settlements  
OAG Escrow Account - Formula Payments to Local Government Units  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15
Southern Tier	Steuben	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	79
Southern Tier	Tioga	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38
Southern Tier	Tompkins	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82
Western NY	Allegany	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34
Western NY	Cattaraugus	62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62
Western NY	Chautauqua	120	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120
Western NY	Erie	976	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	976
Western NY	Niagara	238	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	238
Five Large Cities excl. NYC ***		521	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	521
Capital Region	Albany	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35
Western NY	Buffalo	175	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	175
Finger Lakes	Rochester	117	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	117
Mohawk Valley	Syracuse	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	79
Mid-Hudson	Yonkers	115	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	115
Total - Endo		11,958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,958

\*\*\* All payments to LGUs are unrestricted

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Available to LGUs for Abatement																				
Five Large Cities excl. NYC		807	6,457	849	1,062	1,062	1,222	1,224	1,412	1,456	1,456	1,257	1,050	1,050	1,050	1,050	1,050	1,050	1,050	25,616
Capital Region	Albany	54	432	57	71	71	82	82	95	98	98	84	70	70	70	70	70	70	70	1,715
Western NY	Buffalo	271	2,166	285	356	356	410	411	473	488	488	422	352	352	352	352	352	352	352	8,591
Finger Lakes	Rochester	182	1,453	191	239	239	275	276	318	328	328	283	236	236	236	236	236	236	236	5,766
Mohawk Valley	Syracuse	122	979	129	161	161	185	186	214	221	221	191	159	159	159	159	159	159	159	3,886
Mid-Hudson	Yonkers	178	1,426	187	235	235	270	270	312	322	322	278	232	232	232	232	232	232	232	5,658
State Abatement Fund - Regional		6,195	49,110	6,511	8,149	8,149	9,374	9,394	10,829	11,172	11,172	9,644	8,057	8,057	8,057	8,057	8,057	8,057	8,057	196,096
Capital Region		589	4,666	619	774	774	891	893	1,029	1,061	1,061	916	765	765	765	765	765	765	765	18,631
Central NY		627	4,974	659	825	825	949	951	1,097	1,132	1,132	977	816	816	816	816	816	816	816	19,861
Finger Lakes		901	7,139	946	1,185	1,185	1,363	1,366	1,574	1,624	1,624	1,402	1,171	1,171	1,171	1,171	1,171	1,171	1,171	28,507
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		1,697	13,454	1,784	2,232	2,232	2,568	2,573	2,967	3,061	3,061	2,642	2,207	2,207	2,207	2,207	2,207	2,207	2,207	53,721
Mohawk Valley		331	2,627	348	436	436	501	503	579	598	598	516	431	431	431	431	431	431	431	10,490
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		275	2,183	289	362	362	417	418	481	497	497	429	358	358	358	358	358	358	358	8,717
Southern Tier		505	4,004	531	664	664	764	766	883	911	911	786	657	657	657	657	657	657	657	15,989
Western NY		1,269	10,063	1,334	1,670	1,670	1,921	1,925	2,219	2,289	2,289	1,976	1,651	1,651	1,651	1,651	1,651	1,651	1,651	40,180
Guarantees to Other Litigating Entities		167	1,270	175	219	219	252	253	291	301	301	259	217	217	217	217	217	217	217	5,224
Capital Region	Saratoga Springs City	7	59	8	10	10	11	11	13	13	13	11	10	10	10	10	10	10	10	233
Capital Region	Schenectady City	9	69	9	11	11	13	13	15	15	15	13	11	11	11	11	11	11	11	273
Central NY	Auburn City	10	79	10	13	13	15	15	17	18	18	15	13	13	13	13	13	13	13	312
Finger Lakes	Geneva City	4	32	4	5	5	6	6	7	7	7	6	5	5	5	5	5	5	5	128
Mid-Hudson	Kingston City	11	57	12	15	15	17	17	20	20	20	17	15	15	15	15	15	15	15	322
Mid-Hudson	Mount Vernon City	5	43	6	7	7	8	8	9	10	10	8	7	7	7	7	7	7	7	169
Mid-Hudson	Poughkeepsie City	16	124	16	20	20	23	24	27	28	28	24	20	20	20	20	20	20	20	492
Mid-Hudson	Poughkeepsie Town	11	56	12	15	15	17	17	19	20	20	17	14	14	14	14	14	14	14	321
Mohawk Valley	Amsterdam City	3	25	3	4	4	5	5	5	6	6	5	4	4	4	4	4	4	4	98
Mohawk Valley	Herkimer Village	2	14	2	2	2	3	3	3	3	3	3	2	2	2	2	2	2	2	57
Mohawk Valley	Rome City	8	65	9	11	11	12	12	14	15	15	13	11	11	11	11	11	11	11	258
Mohawk Valley	Troy City	13	100	13	16	16	19	19	22	23	23	19	16	16	16	16	16	16	16	397
Mohawk Valley	Utica City	23	186	24	30	30	35	35	41	42	42	36	30	30	30	30	30	30	30	735
North Country	Ogdensburg City	2	19	2	3	3	4	4	4	4	4	4	3	3	3	3	3	3	3	75
North Country	Plattsburgh City	3	28	4	5	5	5	5	6	6	6	5	5	5	5	5	5	5	5	110
Southern Tier	Ithaca City	8	67	9	11	11	13	13	15	15	15	13	11	11	11	11	11	11	11	264
Western NY	Amherst Town	17	137	18	22	22	26	26	30	31	31	27	22	22	22	22	22	22	22	542
Western NY	Cheektowaga Town	4	34	4	6	6	6	6	7	8	8	7	5	5	5	5	5	5	5	133
Western NY	Lackawanna City	2	19	2	3	3	4	4	4	4	4	4	3	3	3	3	3	3	3	75
Western NY	Lancaster Town	3	22	3	4	4	4	4	5	5	5	4	4	4	4	4	4	4	4	88
Western NY	Tonawanda Town	4	36	5	6	6	7	7	8	8	8	7	6	6	6	6	6	6	6	141
Total - Available to LGUs for Abatement		7,169	56,837	7,535	9,431	9,431	10,848	10,871	12,532	12,929	12,929	11,161	9,323	9,323	9,323	9,323	9,323	9,323	9,323	226,936

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region</b>																			
Capital Region	659	5,226	692	866	866	997	999	1,151	1,188	1,188	1,025	856	856	856	856	856	856	856	<b>20,852</b>
Central NY	637	5,053	670	838	838	964	966	1,114	1,149	1,149	992	829	829	829	829	829	829	829	<b>20,174</b>
Finger Lakes	1,086	8,625	1,142	1,429	1,429	1,644	1,647	1,899	1,959	1,959	1,691	1,413	1,413	1,413	1,413	1,413	1,413	1,413	<b>34,401</b>
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	1,919	15,160	2,016	2,524	2,524	2,903	2,909	3,354	3,460	3,460	2,987	2,495	2,495	2,495	2,495	2,495	2,495	2,495	<b>60,683</b>
Mohawk Valley	503	3,997	528	661	661	760	762	879	906	906	782	654	654	654	654	654	654	654	<b>15,921</b>
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	281	2,230	296	370	370	426	426	492	507	507	438	366	366	366	366	366	366	366	<b>8,902</b>
Southern Tier	513	4,071	540	675	675	777	779	898	926	926	799	668	668	668	668	668	668	668	<b>16,253</b>
Western NY	1,571	12,475	1,651	2,067	2,067	2,377	2,382	2,746	2,833	2,833	2,446	2,043	2,043	2,043	2,043	2,043	2,043	2,043	<b>49,750</b>
<b>Total</b>	<b>7,169</b>	<b>56,837</b>	<b>7,535</b>	<b>9,431</b>	<b>9,431</b>	<b>10,848</b>	<b>10,871</b>	<b>12,532</b>	<b>12,929</b>	<b>12,929</b>	<b>11,161</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>226,936</b>

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
Five Large Cities excl. NYC		807	849	849	1,062	1,062	1,062	1,062	1,249	1,249	1,249	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	18,902
Capital Region	Albany	54	57	57	71	71	71	71	84	84	84	70	70	70	70	70	70	70	70	1,266
Western NY	Buffalo	271	285	285	356	356	356	356	419	419	419	352	352	352	352	352	352	352	352	6,340
Finger Lakes	Rochester	182	191	191	239	239	239	239	281	281	281	236	236	236	236	236	236	236	236	4,255
Mohawk Valley	Syracuse	122	129	129	161	161	161	161	189	189	189	159	159	159	159	159	159	159	159	2,867
Mid-Hudson	Yonkers	178	187	187	235	235	235	235	276	276	276	232	232	232	232	232	232	232	232	4,175
State Abatement Fund - Regional		6,195	6,511	6,511	8,149	8,149	8,149	8,149	9,584	9,584	9,584	8,057	8,057	8,057	8,057	8,057	8,057	8,057	8,057	145,019
Capital Region		589	619	619	774	774	774	774	911	911	911	765	765	765	765	765	765	765	765	13,778
Central NY		627	659	659	825	825	825	825	971	971	971	816	816	816	816	816	816	816	816	14,688
Finger Lakes		901	946	946	1,185	1,185	1,185	1,185	1,393	1,393	1,393	1,171	1,171	1,171	1,171	1,171	1,171	1,171	1,171	21,082
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		1,697	1,784	1,784	2,232	2,232	2,232	2,232	2,626	2,626	2,626	2,207	2,207	2,207	2,207	2,207	2,207	2,207	2,207	39,728
Mohawk Valley		331	348	348	436	436	436	436	513	513	513	431	431	431	431	431	431	431	431	7,757
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		275	289	289	362	362	362	362	426	426	426	358	358	358	358	358	358	358	358	6,447
Southern Tier		505	531	531	664	664	664	664	781	781	781	657	657	657	657	657	657	657	657	11,825
Western NY		1,269	1,334	1,334	1,670	1,670	1,670	1,670	1,964	1,964	1,964	1,651	1,651	1,651	1,651	1,651	1,651	1,651	1,651	29,714
Guarantees to Other Litigating Entities		167	175	175	219	219	219	219	258	258	258	217	217	217	217	217	217	217	217	3,901
Capital Region	Saratoga Springs City	7	8	8	10	10	10	10	11	11	11	10	10	10	10	10	10	10	10	172
Capital Region	Schenectady City	9	9	9	11	11	11	11	13	13	13	11	11	11	11	11	11	11	11	201
Central NY	Auburn City	10	10	10	13	13	13	13	15	15	15	13	13	13	13	13	13	13	13	230
Finger Lakes	Geneva City	4	4	4	5	5	5	5	6	6	6	5	5	5	5	5	5	5	5	95
Mid-Hudson	Kingston City	11	12	12	15	15	15	15	17	17	17	15	15	15	15	15	15	15	15	262
Mid-Hudson	Mount Vernon City	5	6	6	7	7	7	7	8	8	8	7	7	7	7	7	7	7	7	125
Mid-Hudson	Poughkeepsie City	16	16	16	20	20	20	20	24	24	24	20	20	20	20	20	20	20	20	363
Mid-Hudson	Poughkeepsie Town	11	12	12	15	15	15	15	17	17	17	14	14	14	14	14	14	14	14	261
Mohawk Valley	Amsterdam City	3	3	3	4	4	4	4	5	5	5	4	4	4	4	4	4	4	4	72
Mohawk Valley	Herkimer Village	2	2	2	2	2	2	2	3	3	3	2	2	2	2	2	2	2	2	42
Mohawk Valley	Rome City	8	9	9	11	11	11	11	13	13	13	11	11	11	11	11	11	11	11	190
Mohawk Valley	Troy City	13	13	13	16	16	16	16	19	19	19	16	16	16	16	16	16	16	16	293
Mohawk Valley	Utica City	23	24	24	30	30	30	30	36	36	36	30	30	30	30	30	30	30	30	542
North Country	Ogdensburg City	2	2	2	3	3	3	3	4	4	4	3	3	3	3	3	3	3	3	55
North Country	Plattsburgh City	3	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	81
Southern Tier	Ithaca City	8	9	9	11	11	11	11	13	13	13	11	11	11	11	11	11	11	11	194
Western NY	Amherst Town	17	18	18	22	22	22	22	26	26	26	22	22	22	22	22	22	22	22	400
Western NY	Cheektowaga Town	4	4	4	6	6	6	6	6	6	6	5	5	5	5	5	5	5	5	98
Western NY	Lackawanna City	2	2	2	3	3	3	3	4	4	4	3	3	3	3	3	3	3	3	55
Western NY	Lancaster Town	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	65
Western NY	Tonawanda Town	4	5	5	6	6	6	6	7	7	7	6	6	6	6	6	6	6	6	104
Total - Available to LGUs for Abatement		7,169	7,535	7,535	9,431	9,431	9,431	9,431	11,091	11,091	11,091	9,323	9,323	9,323	9,323	9,323	9,323	9,323	9,323	167,823

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region - Distributors Settlement</b>																			
Capital Region	659	692	692	866	866	866	866	1,019	1,019	1,019	856	856	856	856	856	856	856	856	15,417
Central NY	637	670	670	838	838	838	838	986	986	986	829	829	829	829	829	829	829	829	14,918
Finger Lakes	1,086	1,142	1,142	1,429	1,429	1,429	1,429	1,681	1,681	1,681	1,413	1,413	1,413	1,413	1,413	1,413	1,413	1,413	25,431
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	1,919	2,016	2,016	2,524	2,524	2,524	2,524	2,968	2,968	2,968	2,495	2,495	2,495	2,495	2,495	2,495	2,495	2,495	44,914
Mohawk Valley	503	528	528	661	661	661	661	778	778	778	654	654	654	654	654	654	654	654	11,765
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	281	296	296	370	370	370	370	435	435	435	366	366	366	366	366	366	366	366	6,583
Southern Tier	513	540	540	675	675	675	675	794	794	794	668	668	668	668	668	668	668	668	12,019
Western NY	1,571	1,651	1,651	2,067	2,067	2,067	2,067	2,431	2,431	2,431	2,043	2,043	2,043	2,043	2,043	2,043	2,043	2,043	36,775
Total	7,169	7,535	7,535	9,431	9,431	9,431	9,431	11,091	11,091	11,091	9,323	9,323	9,323	9,323	9,323	9,323	9,323	9,323	167,823

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Johnson & Johnson Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10									Total
Five Large Cities excl. NYC		-	3,239	-	-	-	160	162	162	207	207	207	-	-	-	-	-	-	-	4,344
Capital Region	Albany	-	217	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	291
Western NY	Buffalo	-	1,086	-	-	-	54	54	54	69	69	69	-	-	-	-	-	-	-	1,457
Finger Lakes	Rochester	-	729	-	-	-	36	37	37	47	47	47	-	-	-	-	-	-	-	978
Mohawk Valley	Syracuse	-	491	-	-	-	24	25	25	31	31	31	-	-	-	-	-	-	-	659
Mid-Hudson	Yonkers	-	715	-	-	-	35	36	36	46	46	46	-	-	-	-	-	-	-	960
State Abatement Fund - Regional		-	24,853	-	-	-	1,225	1,245	1,245	1,588	1,588	1,588	-	-	-	-	-	-	-	33,330
Capital Region		-	2,361	-	-	-	116	118	118	151	151	151	-	-	-	-	-	-	-	3,167
Central NY		-	2,517	-	-	-	124	126	126	161	161	161	-	-	-	-	-	-	-	3,376
Finger Lakes		-	3,613	-	-	-	178	181	181	231	231	231	-	-	-	-	-	-	-	4,845
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		-	6,808	-	-	-	336	341	341	435	435	435	-	-	-	-	-	-	-	9,131
Mohawk Valley		-	1,329	-	-	-	66	67	67	85	85	85	-	-	-	-	-	-	-	1,783
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		-	1,105	-	-	-	54	55	55	71	71	71	-	-	-	-	-	-	-	1,482
Southern Tier		-	2,026	-	-	-	100	101	101	129	129	129	-	-	-	-	-	-	-	2,718
Western NY		-	5,092	-	-	-	251	255	255	325	325	325	-	-	-	-	-	-	-	6,829
Guarantees to Other Litigating Entities		-	669	-	-	-	33	33	33	43	43	43	-	-	-	-	-	-	-	897
Capital Region	Saratoga Springs City	-	29	-	-	-	1	1	1	2	2	2	-	-	-	-	-	-	-	40
Capital Region	Schenectady City	-	34	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	46
Central NY	Auburn City	-	39	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	53
Finger Lakes	Geneva City	-	16	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	22
Mid-Hudson	Kingston City	-	45	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	60
Mid-Hudson	Mount Vernon City	-	21	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	29
Mid-Hudson	Poughkeepsie City	-	62	-	-	-	3	3	3	4	4	4	-	-	-	-	-	-	-	83
Mid-Hudson	Poughkeepsie Town	-	45	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	60
Mohawk Valley	Amsterdam City	-	12	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	17
Mohawk Valley	Herkimer Village	-	7	-	-	-	0	0	0	0	0	0	-	-	-	-	-	-	-	10
Mohawk Valley	Rome City	-	33	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	44
Mohawk Valley	Troy City	-	50	-	-	-	2	3	3	3	3	3	-	-	-	-	-	-	-	67
Mohawk Valley	Utica City	-	93	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	125
North Country	Ogdensburg City	-	9	-	-	-	0	0	0	1	1	1	-	-	-	-	-	-	-	13
North Country	Plattsburgh City	-	14	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	19
Southern Tier	Ithaca City	-	33	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	45
Western NY	Amherst Town	-	69	-	-	-	3	3	3	4	4	4	-	-	-	-	-	-	-	92
Western NY	Cheektowaga Town	-	17	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	23
Western NY	Lackawanna City	-	10	-	-	-	0	0	0	1	1	1	-	-	-	-	-	-	-	13
Western NY	Lancaster Town	-	11	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	15
Western NY	Tonawanda Town	-	18	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	24
Total - Available to LGUs for Abatement		-	28,760	-	-	-	1,418	1,441	1,441	1,837	1,837	1,837	-	-	-	-	-	-	-	38,571

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region - Johnson &amp; Johnson Settlement</b>																			
Capital Region	-	2,642	-	-	-	130	132	132	169	169	169	-	-	-	-	-	-	-	3,543
Central NY	-	2,557	-	-	-	126	128	128	163	163	163	-	-	-	-	-	-	-	3,429
Finger Lakes	-	4,358	-	-	-	215	218	218	278	278	278	-	-	-	-	-	-	-	5,845
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	-	7,697	-	-	-	379	386	386	492	492	492	-	-	-	-	-	-	-	10,323
Mohawk Valley	-	2,016	-	-	-	99	101	101	129	129	129	-	-	-	-	-	-	-	2,704
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	-	1,128	-	-	-	56	57	57	72	72	72	-	-	-	-	-	-	-	1,513
Southern Tier	-	2,060	-	-	-	102	103	103	132	132	132	-	-	-	-	-	-	-	2,762
Western NY	-	6,302	-	-	-	311	316	316	403	403	403	-	-	-	-	-	-	-	8,452
Total	-	28,760	-	-	-	1,418	1,441	1,441	1,837	1,837	1,837								38,571

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Allergan Settlement		Payment 1																		Total
Five Large Cities excl. NYC		-	2,369	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,369
Capital Region	Albany	-	159	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	159
Western NY	Buffalo	-	794	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	794
Finger Lakes	Rochester	-	533	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	533
Mohawk Valley	Syracuse	-	359	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	359
Mid-Hudson	Yonkers	-	523	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	523
State Abatement Fund - Regional		-	17,747	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,747
Capital Region		-	1,686	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,686
Central NY		-	1,798	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,798
Finger Lakes		-	2,580	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,580
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		-	4,862	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,862
Mohawk Valley		-	949	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	949
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		-	789	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	789
Southern Tier		-	1,447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,447
Western NY		-	3,636	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,636
Guarantees to Other Litigating Entities		-	426	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	426
Capital Region	Saratoga Springs City	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22
Capital Region	Schenectady City	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25
Central NY	Auburn City	-	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
Finger Lakes	Geneva City	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12
Mid-Hudson	Kingston City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	Mount Vernon City	-	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
Mid-Hudson	Poughkeepsie City	-	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Mid-Hudson	Poughkeepsie Town	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mohawk Valley	Amsterdam City	-	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Mohawk Valley	Herkimer Village	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Mohawk Valley	Rome City	-	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24
Mohawk Valley	Troy City	-	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37
Mohawk Valley	Utica City	-	68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	68
North Country	Ogdensburg City	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
North Country	Plattsburgh City	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10
Southern Tier	Ithaca City	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25
Western NY	Amherst Town	-	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
Western NY	Cheektowaga Town	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12
Western NY	Lackawanna City	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Western NY	Lancaster Town	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
Western NY	Tonawanda Town	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13
Total - Available to LGUs for Abatement		-	20,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,542



**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region - Allergan Settlement</b>																			
Capital Region	-	1,892	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,892
Central NY	-	1,827	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,827
Finger Lakes	-	3,125	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,125
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	-	5,447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,447
Mohawk Valley	-	1,452	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,452
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	-	806	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	806
Southern Tier	-	1,472	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,472
Western NY	-	4,522	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,522
Total	-	20,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,542

# **New York State Opioid Settlement Fund Advisory Board**

**June 28, 2022 - Meeting**

**Empire State Plaza**

## **Administrative Items**

Board members requested to adjust the agenda to address the nominations of the chair and vice-chair, then the adoption of the bylaws, followed by the adoption of the charter, and then return to the original order of the agenda.

## **Nomination and Selection of Chair and Vice Chair**

### **Election of Chair**

Dr. Steven Giordano was nominated by board member William McGoldrick and the nomination was seconded by board member Avi Israel. After remarks on his qualifications for the position, Dr. Giordano was selected to act as the Chair of the OSFAB with 18 votes.

### **Election of the Vice-Chair**

Joyce Rivera was nominated by Ashley Livingston and Seconded by Avi Israel. Deborah Pantin was nominated for the position by William McGoldrick and Seconded by Dr. Lawrence Brown. After remarks by both members regarding their qualifications, Joyce Rivera received 6 votes (Waldman, Israel, Rivera, J., Rivera, C, Livingston, Smith, Tisha), and Deborah Pantin received 9 (McGoldrick, Lavinge, Marquesano, OMH Commissioner Designee Tom Smith, Constantino, Brown, More, Watkins, Lynch) with abstentions from Dr. Steven Giordano, Dr. Ashwin Vasan, OASAS Commissioner designee Sean Byrne, DOB Director Designee Peggy O'Shea, and DOH Commissioner designee Kristin Proud. There was some discussion as to whether both members could act as vice-chairs. It was determined that the statute calls for the selection of one vice-chair.

## **Adoption of the Meeting Minutes**

Meeting minutes adopted including amendment under Matters Discussed section, second paragraph as follows:

*Members also proposed a spending rubric for recommendations on where money should be spent geographically **and with a public health lens.***

9 members abstained from voting.

## **By-Law Adoption Process**

Chair Dr. Steven Giordano led the Board Members through the suggested amendments to the Board Bylaws submitted by Board Members Dr. Justine Waldman and Ashley Livingston and each amendment was voted on with specific changes as follows:

**Article II, Section 6:** After Board Members discussed diversity and balance of the Board, the proposed amendment was accepted.

**Section 6b:** Accepted with correct citation to Public Officers Law § 103-a.

**Article III:** Accepted with language changes to be based upon the “discretion of the Chair provided it meets open meetings law for notice, etc.”

**Section 4:** Motion to leave as is (unedited) with the phrase “if possible” included back into the section was accepted.

**Section 4:** Change from “Materials will include” to “Materials may include” with the rest of changes accepted.

**Section 5:** Changes to “Chair of the Board” from “Executive Secretary” accepted.

**Section 7:** Changed Opiate to Opioid and annually the Board will develop a framework with the addition of “for recommendations”, and then accepted the rest of the language.

**Section 8:** Reference to “Annually the board will develop/”MODIFY”..., the modify language was also suggested for Section 7 unclear if the vote was for both or just section 8.

**Section 10C:** Suggested amendment was rejected and removed.

**Amended Section 12:** Motion to accept old Section 10 failed. Language changes were made and accepted to: “The Board shall issue guidelines regarding participation of members of the public in Board meetings.” to “The Board shall allow participation of members of the public in Board meetings during the public participation portion of the meeting.”

**Article IV:** New suggested section about recusal by commissioners was removed.

## **Board Charter**

Chair asked to table the discussion on the charter to get to other agenda items. After discussion, Board members agreed to individually review the charter and come to the next meeting prepared with comments. Board members noted that the Board mission needs additional work.

## **Closing Comments and Subsequent Agenda**

Board members discussed the potential for multiple meetings, including two-day intensive meetings and/or retreats. OASAS General Counsel advised that OASAS would need to look into alternative meeting spaces for a two-day meeting.

Board moved to accept the operating principals in the charter. OASAS General Counsel stated there are legal concerns regarding accepting the operating principals, including requiring full procurement of all monies from the Opioid Settlement Fund. Discussion by OASAS regarding the standard procurement process and exemptions to the process per the budget language.

DOB designee Peggy O'Shea advised the Board that the Executive and both houses of the legislature negotiated the budget and a commitment was made to disclose and present all the information on the settlement fund, scorecard, and OASAS appropriations to the Board. This information was provided by email and DOB was present to provide a high-level overview.

Board members and DOB designee discussed the scorecard and side letter. Subsequently, motion was made and passed to formally disapprove allocations of the settlement funds. Abstentions from OASAS Commissioner designee Sean Byrne, DOB Director Designee Peggy O'Shea, OMH Commissioner designee Tom Smith, and DOH Commissioner designee Kristin Proud. Board members requested that letters be sent to counsel for the Senate and Assembly, requesting clarification on the impact on the scorecard and side letter on the Board's ability to make recommendations for settlement funds

Motion was made to prevent settlement fund dollars be spend before the board supported the expenditures. Discussed that prior motion to disapprove allocations and requirements of letter.

Chair advised that the next Board meeting would be scheduled via doodle poll. Meeting adjourned.

# **New York State Opioid Settlement Fund Advisory Board**

**July 18 and 19, 2022**

## **Tentative Agenda**

### **Day 1**

**July 18th (11am-5pm)**

Introductions	11:00am-11:05am
Remarks of Chair	11:05am-11:20am
Review and Approval of Minutes from June 28th Meeting	11:20am-11:25am
Review and Approve Revised Bylaws	11:25am -12:00pm
Review and Adoption of Board Charter	11:35am-12:30pm
Lunch	
Financials Presentation	1:00pm – 2:30pm
Break	2:30pm – 2:45pm
Board Recommendations	2:45pm – 5:00pm

### **Day 2**

**July 19<sup>th</sup> (8:30am-12:00pm)**

Board Spending Recommendations	8:30am – 12:00pm
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## **New York State Opioid Settlement Fund Advisory Board**

### **Bylaws**

#### **Article I: Purpose, Responsibilities and Duties**

**Section 1.** The Opioid Settlement Fund Advisory Board (hereinafter the Board) is established under the Office of Addiction Services and Supports (OASAS) pursuant to section 25.18 of the mental hygiene law to provide recommendations to the Governor and the Legislature on how funding received by the opioid settlement fund shall be allocated.

**Section 2.** Recommendations of the Board shall be evidence-based and may take into consideration federal, state, or local initiatives and activities that have shown to be effective in preventing and treating substance use disorders as well as maintaining recovery and assisting with the collateral effects of substance use disorders for individuals and their families.

**Section 3.** Such recommendations shall take into account any gaps in access to services or programs identified as eligible expenditures and incorporate mechanisms for measurable outcomes for determining the effectiveness of funds expended.

**Section 4.** On or about November 1<sup>st</sup> of each calendar year, beginning in 2022, the Board, with the assistance of the Executive Secretary, shall provide their recommendations for how such funds shall be appropriated, consistent with mental hygiene law and the terms of the opioid settlement agreements, by a written report to the following:

- (a) The Governor;
- (b) The Temporary President of the Senate;
- (c) The Speaker of the Assembly;
- (d) The Chair of the Senate Finance Committee;
- (e) The Chair of the Assembly Ways and Means Committee;
- (f) The Chair of the Senate Alcoholism and Substance Abuse Committee; and,
- (g) The Chair of the Assembly Alcoholism and Drug Abuse Committee.

**Section 5.** OASAS shall appoint at least one staff person to serve as the Executive Secretary of the Board.

#### **Article II: Membership and Officers of the Board**

**Section 1.** The Board shall consist of twenty-one (21) members as follows:

- (a) The Commissioner of the OASAS, the Commissioner of the Office of Mental Health (OMH), the Commissioner of the Department of Health (DOH), and the Director of the Division of the Budget (DOB), or their designee(s);
- (b) Two appointments by the Governor;
- (c) Three appointments by the temporary president of the Senate;
- (d) Three appointments by the speaker of the Assembly;
- (e) One appointment by the Attorney General;
- (f) Seven appointments from a list of nominees submitted by the association of counties and selected as follows:
  - i. Three from the governor;
  - ii. one from the temporary president of the senate;
  - iii. one from the speaker of the assembly;
  - iv. one from the minority leader of the senate;
  - v. one from the minority leader of the assembly.

**Section 2.** Each member shall be appointed to serve a three-year term. Any vacancy shall be filled in the manner of the original appointment for the remainder of the term.

**Section 3.** The officers of the Board shall be a Chair and a Vice Chair. The Chair and Vice-Chair shall be elected by a simple majority from among the members of the Board constituting a quorum by the members of the Board.

**Section 4.** The Officers of the Board shall perform the duties ordinarily associated with their respective offices.

**Section 5.** The appointed members, commissioners and director shall receive no compensation for their services but shall be reimbursed their actual and necessary expenses incurred in the performance of their duties.

**Section 6.** Every effort shall be made to ensure a balanced and diverse Board, representing the geographic regions and racial and ethnic demographics of the state as well as those with lived experience. Meetings of the Board shall be conducted in accordance with the federal Americans with Disabilities Act.

- (a) Annually the board will assess the balance and diversity of the board and make recommendations to meet said goal.
- (b) All efforts will be made to ensure adequate access for attendance to the board meeting including the option to attend any board meeting via videoconferencing; consistent with §103-a of the Public Officers Law.

**Section 7.** Each duly appointed member of the Board shall be expected to carry out all duties of membership until they resign or a successor has been appointed after the expiration of said member's term.

**Section 8.** The Chair shall supervise the Board's work and ensure the efficient operation of the Board. The Chair may consult with Robert's Rules of Order on operational questions, to the extent such rules are consistent with State law. Unless otherwise provided by the Board, the Chair shall have the power to represent the Board before the Governor, the Legislature, or public authorities.

**Section 9.** In the absence or disability of the Chair, the Vice Chair shall perform the duties of the Chair. In the absence of the Chair and Vice Chair from any meeting, the Board may elect one of its members to preside during such absence.

**Section 10.** The Chair, Vice-Chair and Executive Secretary shall be responsible for ensuring that all votes on Board recommendations are conducted consistent with these bylaws; New York State laws, rules and regulations; and the terms of the opioid settlement agreements.

### **Article III. Meetings of the Board**

**Section 1.** The Board shall meet at least quarterly in each full calendar year.

- (a) Based upon the discretion of the Chair and in compliance with the Open Meetings Law, it is expected that board meetings will be planned out at least one quarter in advance in order to accommodate the goal of having a balanced and diverse board and make it possible for board members to attend the meetings in person.

**Section 2.** Meetings of the Board shall be noticed and conducted in accordance with the requirements of the Open Meetings Law as set forth in Article 7 of the Public Officers Law. Minutes shall be taken at all open meetings of the Board, which minutes shall consist of a record or summary of all motions, proposals, resolutions, and any other matter formally voted upon and the vote thereon. At the start of each meeting, the minutes from the previous meeting shall be considered by the Board for formal approval, with corrections and clarifications to be noted and incorporated.

**Section 3.** A majority of the voting members of the Board shall constitute a quorum.

**Section 4.** The Executive Secretary shall notify each member of the Board by sending notice to each member at least ten days before any meeting, if possible. Board members shall designate a regular mail address and/or an electronic mail address for the receipt of Board notices. Materials may include:

- (a) A video invite to help ensure that all board members can attend the meeting consistent with §103 of the Public Officers law.
- (b) Minutes of the previous board meeting.
- (c) Agenda.
- (d) Approved/ expected absences.
- (e) Guests expected to present or take part in the meeting to include but not limited to. other officials within organizations for ex: General Counsel(s).
- (f) Designee(s) for officials.



- (g) Presentations with included PDF's or PowerPoints of the presentation.
- (h) Financial reports.
- (i) Other materials as requested by the board.

**Section 5.** Except as otherwise provided in these Bylaws, in the event that urgent questions requiring action by the Board should develop between meetings, such questions shall be transmitted by the Chair of the Board to the Board members for their individual response, and the majority decision shall be formally adopted at the next regular meeting at which a quorum is present.

**Section 6.** All recommendations submitted by members of the Board shall be on a form developed by OASAS. All recommendations made by Board members shall be adopted as recommendations of the Board, with a vote taken to indicate the level of support for each recommendation, consistent with the terms of the opioid settlement agreements. For each recommendation, the record and final report of recommendations shall identify the number of votes in active support, support with reservations, willingness to abide by the decision of others, opposition, and abstention for each recommendation. Each abstention, including an abstention required because of a conflict of interest under Article IV, shall be counted as a vote for the purpose of establishing a quorum. Members present at a meeting shall indicate their vote or shall be recorded as abstaining. The normal method of voting shall be by raising a hand. If the Chair or any other member expresses a doubt about the outcome of a vote, the vote shall be verified. To verify a vote, a roll call shall be done with each member indicating their vote. On the request of any member of the Board, a roll call vote shall be taken and entered in the minutes.

**Section 7.** As outlined in the Opioid Settlement Fund Advisory Board (OSFAB ) Charter, annually the board will develop/modify a framework for recommendations which will be used by all who submit recommendations and will accompany the form developed by OASAS.

**Section 8.** As outlined in the (OSFAB) Charter, annually the board will develop/modify a rubric of estimated funding allotments for each of the allowable uses within the overlay of a public health lens. Both the framework and rubric will need to be approved by the board before recommendations (that must meet the above criteria) will be assessed by the board.

**Section 9.** Recommendations on approved uses.

- (a) The Board may make recommendations on the addition or removal of approved uses, as currently defined in the various opioid settlement agreements, in response to the changing substance use disorder needs in the state.
- (b) Recommendations on the removal of an approved use on expenditure of opioid settlement funding shall require three-fourths (3/4) approval of present Board members.

**Section 10.** Board members are expected to attend all Board meetings.

- (a) If a member of the Board is not able to attend a meeting, they shall give the Chair or Executive Secretary at least twenty-four (24) hours prior notice, except in case of an emergency in which case notice shall be provided as soon as practicable. The

Executive Secretary shall note in the minutes of the meeting all members that are not in attendance at the meeting but have provided proper notice that they would be unable to attend.

- (b) If a member of the Board fails to attend three (3) consecutive regular meetings of the Board, unless such absence is for good cause and is excused by the Chair, the member's seat on the Board may be deemed vacant for purposes of nomination and appointment of a successor.

**Section 11.** Upon adoption of these by-laws and consistent with Article 7 of Public Officers Laws, one or more members of the Board may participate in any meeting of the Board by means of videoconference where an illness, disability, caregiving responsibility or other significant and unexpected factor or event precludes physical attendance. All persons participating in the meeting by videoconference must be able to hear and see each other at the same time. Participation by such means shall constitute presence in person at such meeting.

Section 12. The Board shall allow participation of members of the public in Board meetings during the public participation portion of the meeting.

#### **Article IV. Code of Ethics and Conflicts of Interest**

##### **Section 1. Code of Ethics**

(a) Members of the Board shall not take any action to recommend funding from the opioid settlement fund to any entity in which they or their family members have any interest, direct or indirect, or receive any commission or profit whatsoever, direct or indirect. Members of the Board shall recuse themselves from any discussion or vote relating to such interest.

(b) Members should exercise their duties and responsibilities as Board members in the public interest of the inhabitants of the state, regardless of their affiliation with, or relationship to, any facility, agency or program, category of provider, or interest group.

(c) The standards which should guide the conduct of Board members are set forth in Public Officers Law Section 74. If a Board member is uncertain as to the application of the Code of Ethics, the Public Officers Law or any of the provisions of this Article IV, they should seek advice from the Chair or Executive Secretary.

**Section 2.** Prior to the first meeting of the Board in each calendar year, and throughout the year if needed to update information and keep the Board current, each member shall submit to the Executive Secretary a written statement on a form provided identifying each agency or facility licensed, certified, funded or otherwise authorized by OASAS, OMH or DOH or service which would be included within the definition of "eligible expenditures" under Mental Hygiene

Law §25.18 in which they or a member of their family has an interest, financial or otherwise, whether as owner, officer, director, fiduciary employee, consultant or supplier of goods or services. For purposes of this Article, "family member" shall mean any person living in the same household as the individual and any person who is a direct relative of that individual's grandparents or the spouse of such relative. Such materials shall be reviewed by the Chair and Vice Chair and a record of such conflicts maintained by the Executive Secretary.

**Section 3. Absolute Disqualification.** When a Board member or a member of their family has an interest, financial or otherwise, whether as owner, officer, director, fiduciary employee, consultant or supplier of goods or services, to or in a program, agency or facility licensed, certified, funded or otherwise authorized by OASAS, OMH or DOH, or service which would be included within the definition of "eligible expenditures" under Mental Hygiene Law §25.18, which program, agency or facility has a recommendation for funding pending before the Board for consideration, that member shall be deemed to have a conflict of interest and shall:

- (a) promptly identify such interest to the Board at any such meeting;
- (b) refrain from any action or discussion that could reasonably be interpreted as an attempt to influence the vote or recommendation of a Board member or OASAS, OMH, DOH or DOB staff at any time prior to or at any Board meeting at which the recommendation is to be considered, provided, however, that such member may remain in the meeting and may only answer questions directed to that member by another member of the Board; and,
- (c) not participate in any vote of the Board on that recommendation.

**Section 4. Disclosure and Possible Disqualification.** When a Board member or a member of their family has an interest, financial or otherwise, or when a Board member or a member of their family has an interest or association that might reasonably be construed to raise an appearance of conflict of interest, they shall, at the time of formal consideration of such recommendation and prior to any discussion with regard thereto, disclose such interest or association. A Board member who so discloses may elect to abstain from discussion or vote with respect to such recommendation and shall so state for the record immediately after their disclosure of interest.

**Section 5.** Prior to discussion or vote on a recommendation, the Board members shall disclose all actual or potential conflicts and, when appropriate, explain the conflicts. When a member does not disclose an actual or potential conflict, the Chair may remind such member of any known actual or potential conflict of interest. The Chair may also, at their discretion, request members to disclose any conversation or correspondence they have had with other Board members regarding the recommendation.

**Section 6.** The minutes of each meeting of the Board shall reflect all disclosures, discussions, votes, and abstentions regarding conflicts of interest.

**Section 7.** Failure to disclose a conflict or abide by a disqualification. Where a member fails to disclose an actual or possible conflict or abide by a disqualification as required under Mental Hygiene Law section 25.18 and these By-laws, such recommendation or vote shall be

invalidated and recounted as an abstention. Where there is a question as to whether an actual or possible conflict exists, the Chair shall decide on any conflict discovered. The Chair may, at their discretion, review any potential conflict or disqualification with the OASAS Ethics Officer.

## **Article V. Office of the Board – Executive Secretary**

**Section 1.** The official headquarters of the Board, at which the official copy of its minutes, records, documents, and other materials shall be kept, shall be the OASAS.

**Section 2.** The Executive Secretary shall be responsible for maintaining all minutes, records, documents, and other materials of the Board and shall make access available to all materials to all members of the Board during regular business hours.

**Section 3.** The Executive Secretary shall prepare the minutes of each meeting as soon as practicable following each meeting and shall send a copy of said minutes to each member of the Board as soon as practicable. The minutes, as approved or corrected by the Board, shall serve as the legal and public record of a meeting of the Board.

**Section 4.** The Executive Secretary shall maintain copies of the current annual statement submitted by each Board member in accordance with Article IV hereof which reflects their interests and those of their relatives and a copy of the current list of all Board members that indicates the manner of appointment of said member.

**Section 5.** Whenever the Executive Secretary is absent from OASAS, another staff member shall be designated to be in charge of all materials of the Board.

**Section 6.** In collaboration with the Chair, the Executive Secretary shall prepare and send official notice of recommendations to the Board and to the Governor and Legislature in accordance with the provisions in the mental hygiene law.

**Section 7.** In collaboration with the Chair, the Executive Secretary shall administer the daily business of the Board and shall work with the Public Officer of OASAS in making available records requested under the Freedom of Information Law and in making announcements to the media and public of scheduled meetings as required by the Open Meetings Law, and shall otherwise act as the official representative of the Board.

**Section 8.** In collaboration with the Chair, the Executive Secretary shall coordinate and provide notice of Board meetings consistent with Article 7 of Public Officers law and perform such other duties as are customarily attached to that office.

## **Article VI. Amendment of the Bylaws**

These bylaws may be amended by the affirmative vote of a majority of the members of the Board at any regular or special meeting, provided that notice of the proposed amendment and a copy of the proposed amendment has been sent by the Executive Secretary to each member of the Board at least thirty (30) days prior to the meeting.

## Opioioid Settlement Fund Advisory Board Charter

**Mission:** *The mission of the Opioid Settlement Fund Advisory Board is to ~~annually review and make~~ provide recommendations on how funding received by the opioid settlement fund pursuant to section ninety-nine- nn of the state finance law shall be spent by the legislature. ~~the effective use of opioid settlement funding to impact the dual goals of (1) increasing access to addiction services for individuals with or at risk of substance use disorder and (2) decreasing opioid related overdose and other negative consequences associated with substance use.~~*

### Individual Board Member Ethics: Individual board members will at all times:

- (a) Disclose any real or perceived conflicts of interest that may be associated with any recommendations discussed by the Board.
- (b) Operate with no preconceived funding amounts that must be allocated to any specific permissible use category.

**Board Ethos:** Members of the Opioid Settlement Fund Advisory Board (OSFAB) agree to act in accordance with the terms of the statute, the settlement agreements, the bylaws accepted by the board and in the best interests of all New Yorkers with, or at risk of developing, a substance use disorder.

- (a) In order to achieve the expected provisions, with the recognition that the Overdose Epidemic is indeed a public health emergency, the board agrees that all recommendations will be assessed through a public health lens taking into account population health data, social determinants of health, and health disparity data.
- (b) The board also recognizes that equity is a major contributor to achieving outcomes that align with ending this epidemic. The members of the board agree that it is of the utmost importance that all processes utilized by this board are transparent, and deliberately and intentionally elevate the voices that have been systematically silenced and that recommendations from the board look to provide funding toward evidence-based services that have been typically underfunded.

**Board Scope:** The board scope can be found in section 25.18(C)(1) and is as below:

Recommendations shall be evidence-based and may take into consideration federal, state or local initiatives and activities that have shown to be effective in preventing and treating substance use disorders as well as maintaining recovery and assisting with the collateral effects of substance use disorders for individuals and their families or support system. Such recommendations shall also take into account any gaps in access to services or programs identified as eligible expenditures and incorporate mechanisms for measurable outcomes for

determining the effectiveness of funds expended. The office and any other relevant agency that provides or regulates eligible expenditures shall provide any necessary staff, resources and technical assistance to assist with the functions of the advisory board. Such assistance shall be supported pursuant to an appropriation by the legislature, in accordance with the statewide opioid settlement agreements.

(a) The board recognizes the eligible expenditures that can be found in 25.19(A)

(b) Given the enormity of the task at hand, the board is in agreement that it is the duty of this board, to develop both a framework for how recommendations will be presented to the board, and a rubric of estimated funding allotments for each of the allowable uses within the overlay of a public health lens as outlined above. Annually the board will reassess both the framework and the rubric and make appropriate changes to both, before hearing or assessing new recommendations.

(c) The Board recognizes that both the framework for assessing initial recommendations and the rubric outlining expenditure amounts will be indispensable in terms of meeting it's annual obligation as described in section 25.18(C)10:

On or before November first of each year, beginning one year after the initial deposit of monies in the opioid settlement fund, the relevant commissioners, shall provide a written report to the governor, temporary president of the senate, speaker of the assembly, chair of the senate finance committee, chair of the assembly ways and means committee, chair of the senate alcoholism and substance abuse committee , chair of the assembly alcoholism and drug abuse committee, and the opioid settlement advisory board. Such reports shall be presented as a consolidated dashboard and be made publicly available on the respective offices' websites. The report shall, to the extent practicable after making all diligent efforts to obtain such information, include the following : (i) the baseline funding for any entity that receives funding from the opioid settlement fund, prior to the receipt of such opioid settlement funds; (ii) how funds deposited in the opioid settlement fund had been utilized in the preceding calendar year, including but not limited to: (A) the amount of money disbursed from the fund and the award process used for such disbursement, if applicable; (B) the names of the recipients, the amounts awarded to such recipient and details about the purpose such funds were awarded for, including what specific services and programs the funds were used on and what populations such services or programs served; (C) the main criteria utilized to determine the award, including how the program or service assists to reduce the effects of substance use disorders; (D) an analysis of the effectiveness of the services and/or programs that received opioid settlement funding in their efforts to reduce the effects of the overdose and substance use disorder epidemic. Such analysis shall utilize evidence-based uniform metrics when reviewing the effects the service and/or program had on prevention, harm reduction, treatment, and recovery advancements; (E) any relevant information provided by the New York subdivisions pursuant to this section; and (F) any other information the commissioner deems necessary to help inform future appropriations and funding decisions, and ensure such funding is not being used to supplant local, state, or federal funding.

~~Members of the Opioid Settlement Fund Advisory Board (OSFAB) agree to act in the best interests of all New Yorkers with, or at risk of developing, a substance use disorder. Funding~~

~~recommendations will be made in accordance with the terms of the statute, the settlement agreements, and the bylaws adopted by the OSFAB.~~

~~Recommendations will be directed in accordance with the permissible uses as outlined in the settlement agreements and the statute and will address:-~~

- ~~1. Evidence-based prevention education and campaigns, including school-based prevention services;-~~
- ~~2. Statewide public education campaigns to increase awareness of services and decrease stigma;-~~
- ~~3. Substance use disorder treatment and early recovery programing, including programs aimed at addressing co-occurring disorders, expanding access to medication for addiction treatment, expanding services in correctional settings and other services across the service delivery spectrum;-~~
- ~~4. Harm reduction services to address the adverse health consequences associated with substance use;-~~
- ~~5. Housing services;-~~
- ~~6. Community-based services that reduce the likelihood of criminal justice involvement;-~~
- ~~7. Programs geared toward pregnant and parenting persons; and/or~~
- ~~8. Vocational and educational training for individual with or at risk of substance use disorder.—~~

**Board Operating Principals:** In order to deliver upon the Board’s obligations and as outlined in both sections 25.18(c)(1) and 25.18(c)(10) it is the responsibility of the Government Representatives to provide data as described but not limited to what is outlined below, and it is the duty of the board to conduct several items of business both annually and quarterly before hearing submission requests.

**(a) Board Bylaw Tasks**

- i. Annual analysis of the board demographics with recommendations
- ii. Annual summary by the Chair of board member conflict of interest statements
- iii. Quarterly decisions on meeting dates

**(b) Quarterly Opioid Settlement Fund Status Updates**

- i. Balance of dollars currently in the fund along with clear explanations of each amount withdrawn or disbursed from the fund since the board last (or was first) convened
- ii. Explanation of amounts that would have been under board purview but were disbursed
- iii. Explanation of amounts that were disbursed, but were not under board purview
- iv. Expectation of fund growth for the next quarter

**(c) Annual Presentations by OMH, OASAS and DOH on:**

- i. Public health data and gaps in needed services

- ii. Information about all programs that currently address each of the allowable uses
- iii. Current budget for each program- along with current source of budget
- iv. Outcome measures from each program
- v. Gaps in funding
- vi. Programmatic wish list
- vii. Current best practices along with the data that substantiates the best practice for each of the uses as this may not match current programming

**(d) Annual development of or amendment to the framework for the submission of recommendations for board assessment. Recommendations to be presented to the board shall at least include:**

- i. The OASAS Opioid Settlement Fund Advisory Board Recommendation Form.
- ii. Current funding source.
- iii. Evidence for the program.
- iv. Evidence that stakeholders have weighed in on the program.
- v. As the board recognizes it would be unethical for funds to be disbursed to any one organization, all recommendations must include evidence that the funds are to be distributed through a competitive Request For Proposal (RFP) process that is fair and accessible especially to organizations with a prioritization for unserved and underserved communities.

**(e) Annual development of or amendment to the rubric of estimated funding allotments for each of the allowable uses within the overlay of a public health lens**

**Board members agree to:-**

- ~~• Disclose any real or perceived conflicts of interest that may be associated with any recommendations discussed by the Board.~~
- ~~• Operate with no preconceived funding amounts that must be allocated to any specific permissible use category.~~
- ~~• Submit recommendations for consideration that are evidence-based and identify techniques for evaluation of effectiveness.~~
- ~~• Make recommendations in accordance with the categories outlined above, unless the Board votes to adopt additional permissible uses in response to the changing nature of substance use in New York State.~~
- ~~• Assist in the development of an annual report detailing the recommendations and evaluation of previous funding utilization.~~





**Department  
of Health**

# **AIDS Institute Office of Drug User Health**

## **Overview of the Naloxone Initiative**

# Opioid Overdose Prevention Initiative

**Authority**    PHL §3309 and 10 NYCRR 80.138    (*April 2006*)

**Mission**    Reduce mortality from opioid overdose

**Model**    Support a network of community partners (registered programs) in training non-medical persons to:



Recognize an overdose



Call 911



Administer naloxone



Provide support until EMS arrives



Department  
of Health

# Opioid Overdose Prevention Initiative

```
graph LR; A((Naloxone Access Points)) --- B[Pharmacies  
(Standing Orders and Patient-specific Dispensing)]; A --- C[REGISTERED PROGRAMS]; C --- D[Health care facilities]; C --- E[Health care providers (MDs, DOs, PAs, NPs)]; C --- F[Treatment programs]; C --- G[Syringe exchange programs]; C --- H[Other not-for-profit CBOs]; C --- I[Local health departments]; C --- J[State and local government agencies]; C --- K[Public safety agencies]; C --- L[School districts]; C --- M[Colleges, universities and trade schools]; C --- N[Shelters];
```

## Naloxone Access Points

Pharmacies  
(Standing Orders and Patient-specific Dispensing)

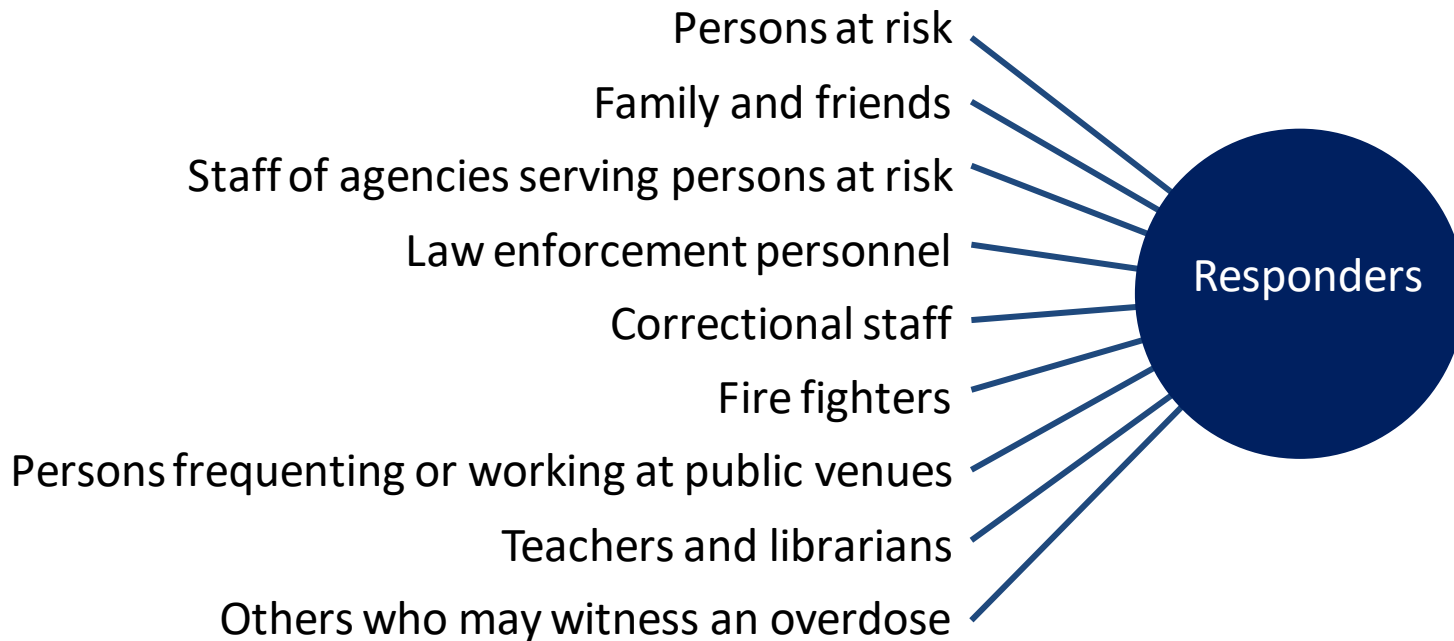
### REGISTERED PROGRAMS

Health care facilities  
Health care providers (MDs, DOs, PAs, NPs)  
Treatment programs  
Syringe exchange programs  
Other not-for-profit CBOs  
Local health departments  
State and local government agencies  
Public safety agencies  
School districts  
Colleges, universities and trade schools  
Shelters



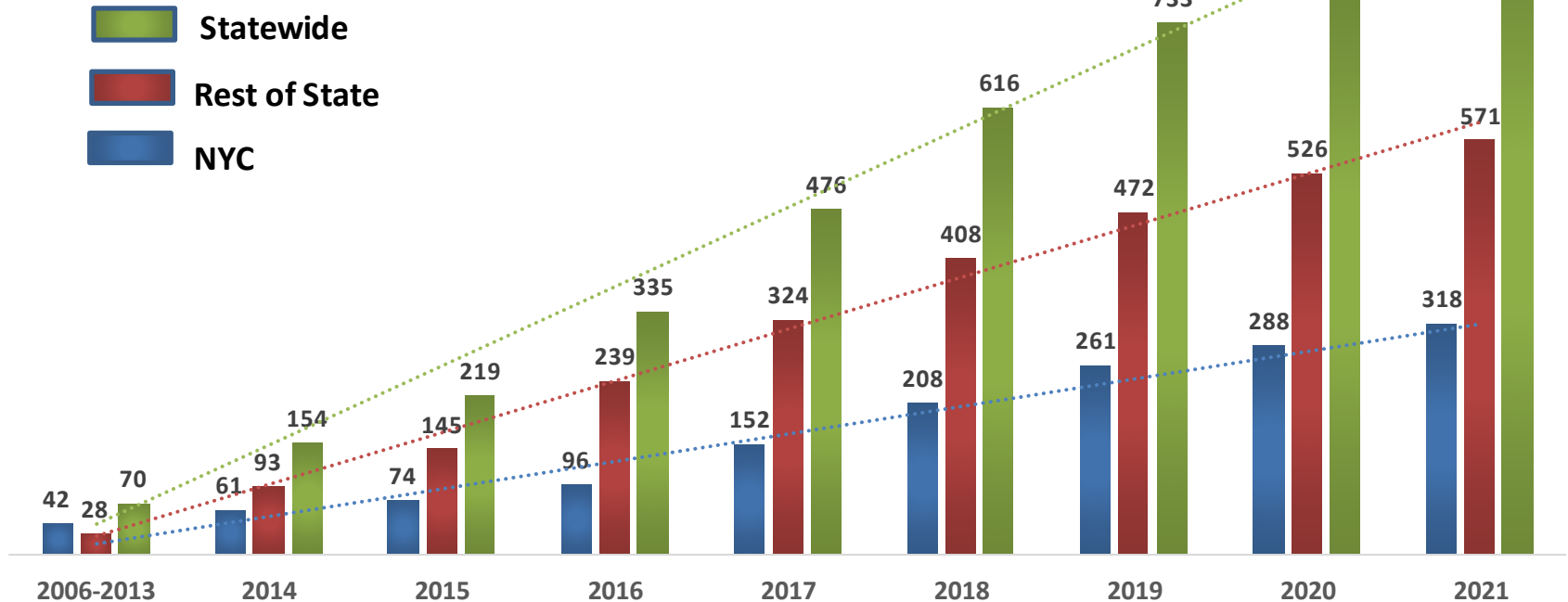
Department  
of Health

# Opioid Overdose Prevention Initiative



# Registered Programs as of January 1, 2022

## Year-end Totals

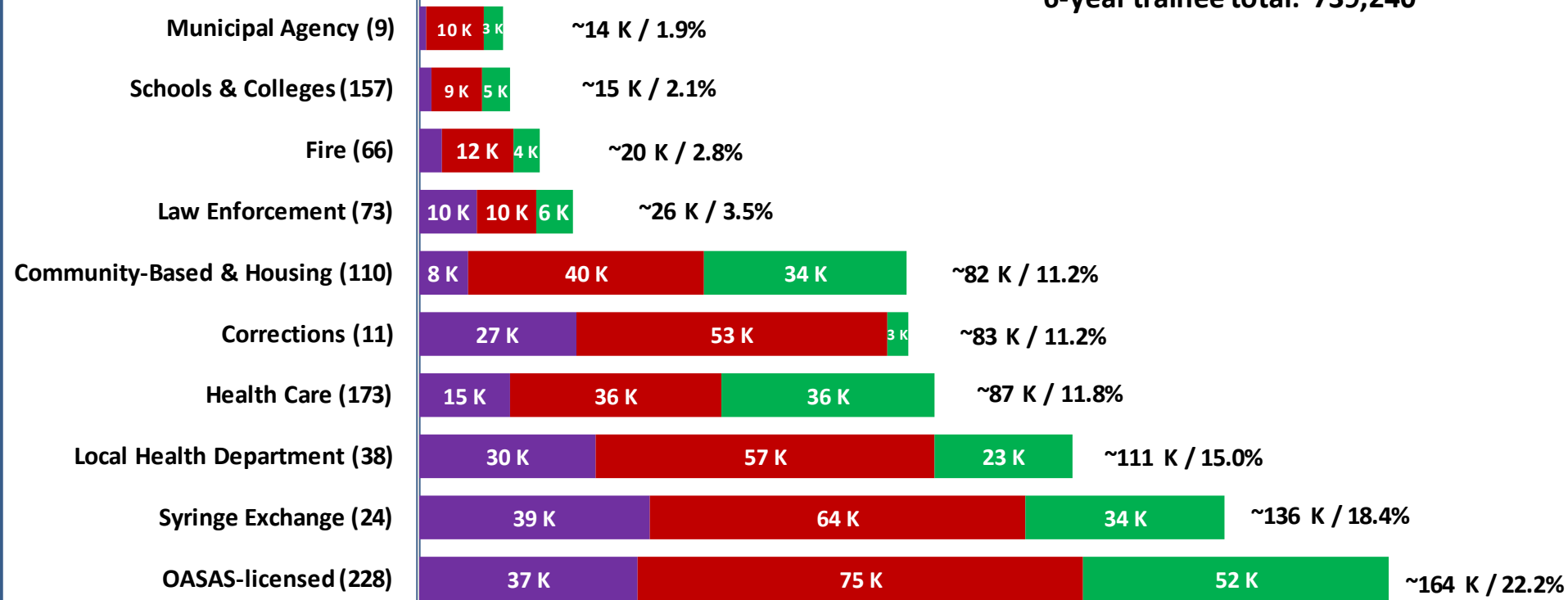


# Individuals Trained by Registered Programs by Organization Type: 2016-2021

Number of registered programs on 12/21/2021: 889

6-year trainee total: 739,240

Organization Type (# of Registrations)



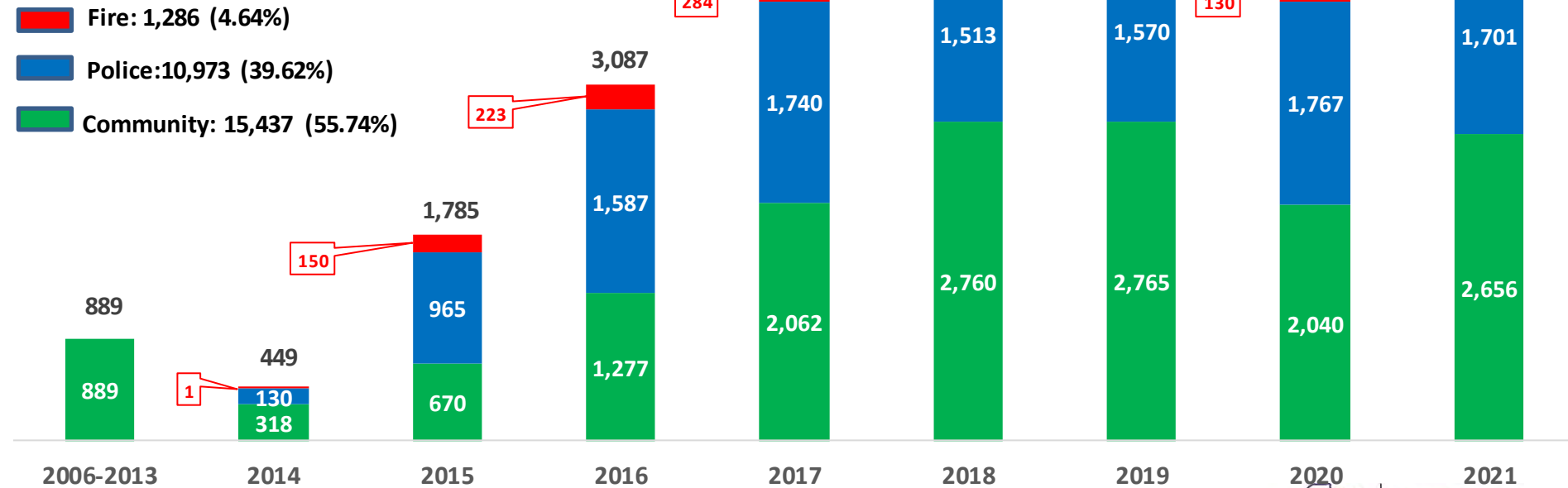
2016-17 2018-19 2020-21



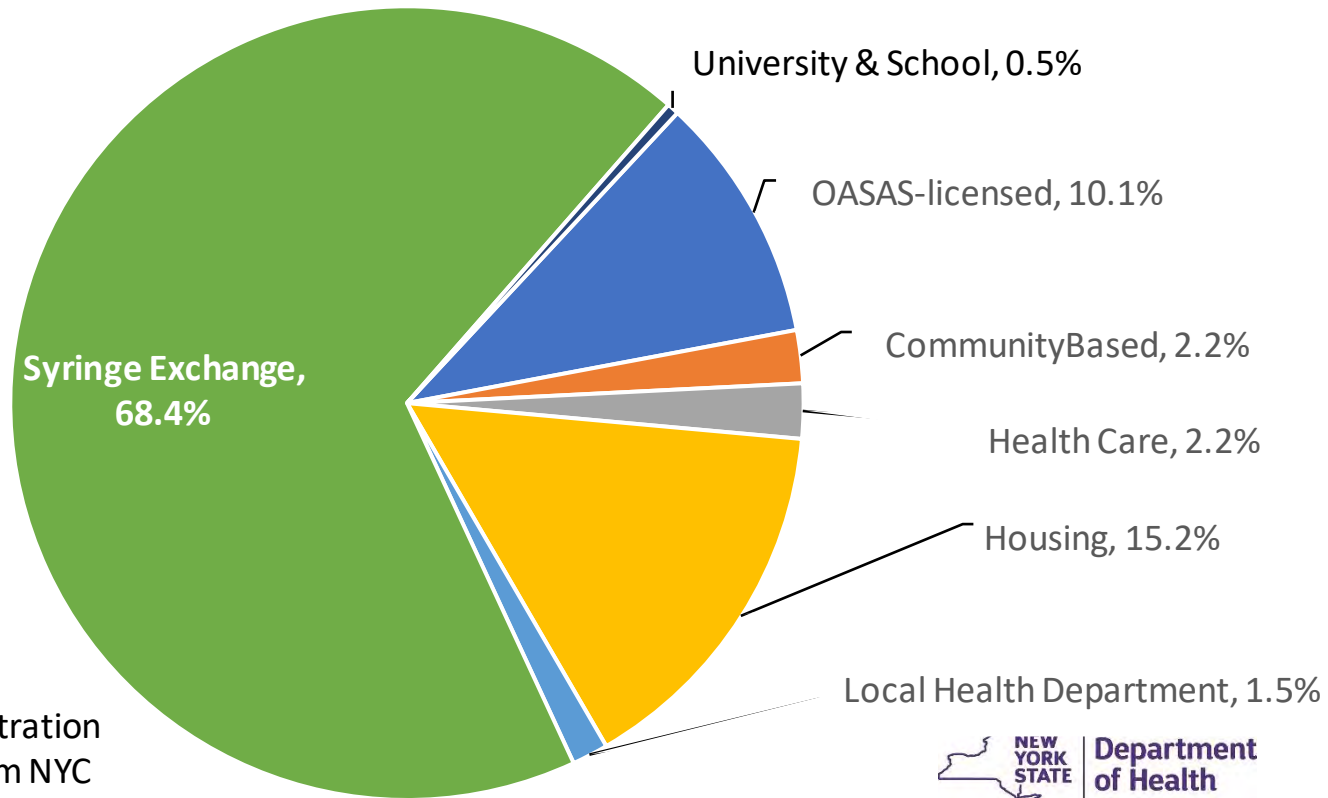
Department  
of Health

Training data from reports submitted by registered programs through 3/15/2022

# Community and Public Safety Reported Naloxone Administrations By Year and Responder Type 2006-2021 (27,696 administrations)



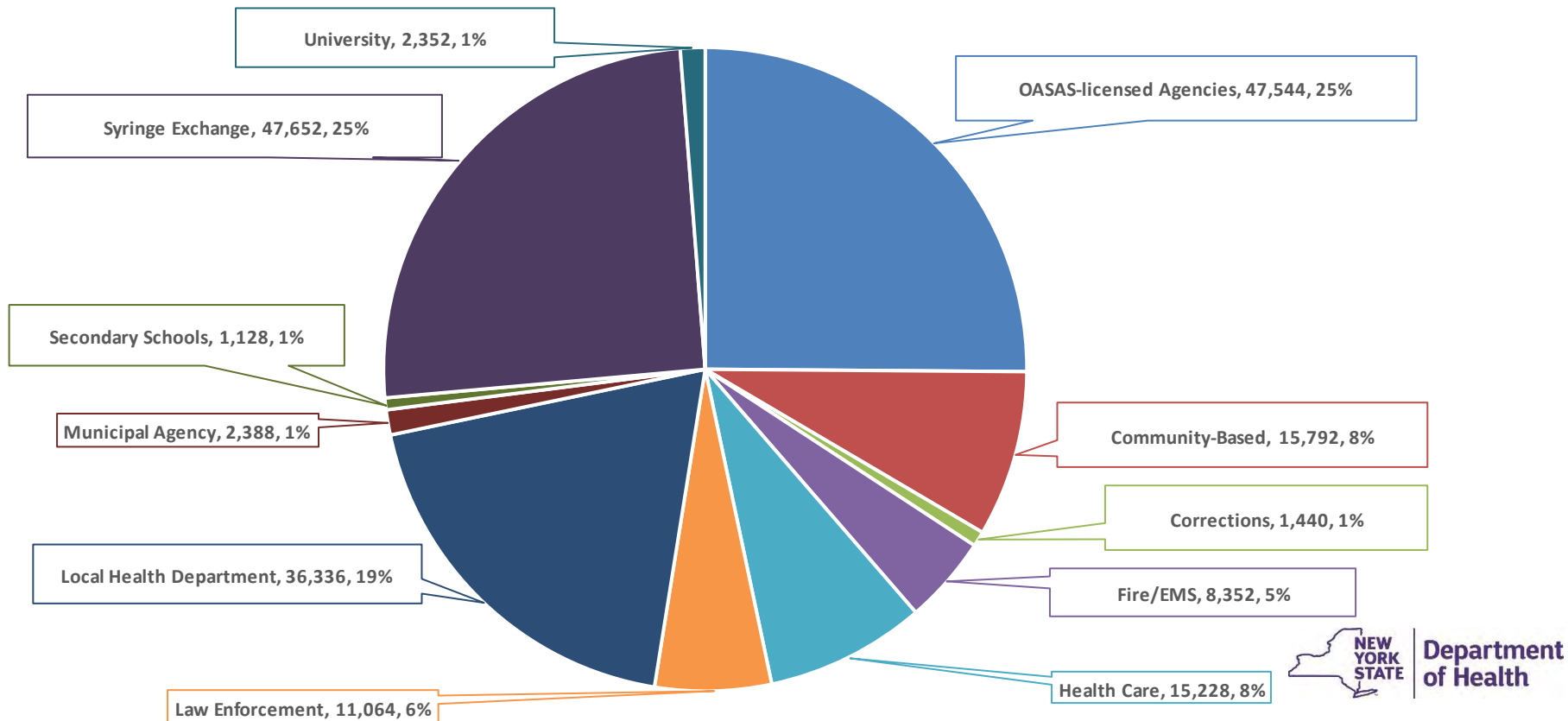
## Reported Community (Non-Public Safety) Naloxone Administrations by Agency Type: 2019-2021 (n = 7,521) Data as of May 2, 2022

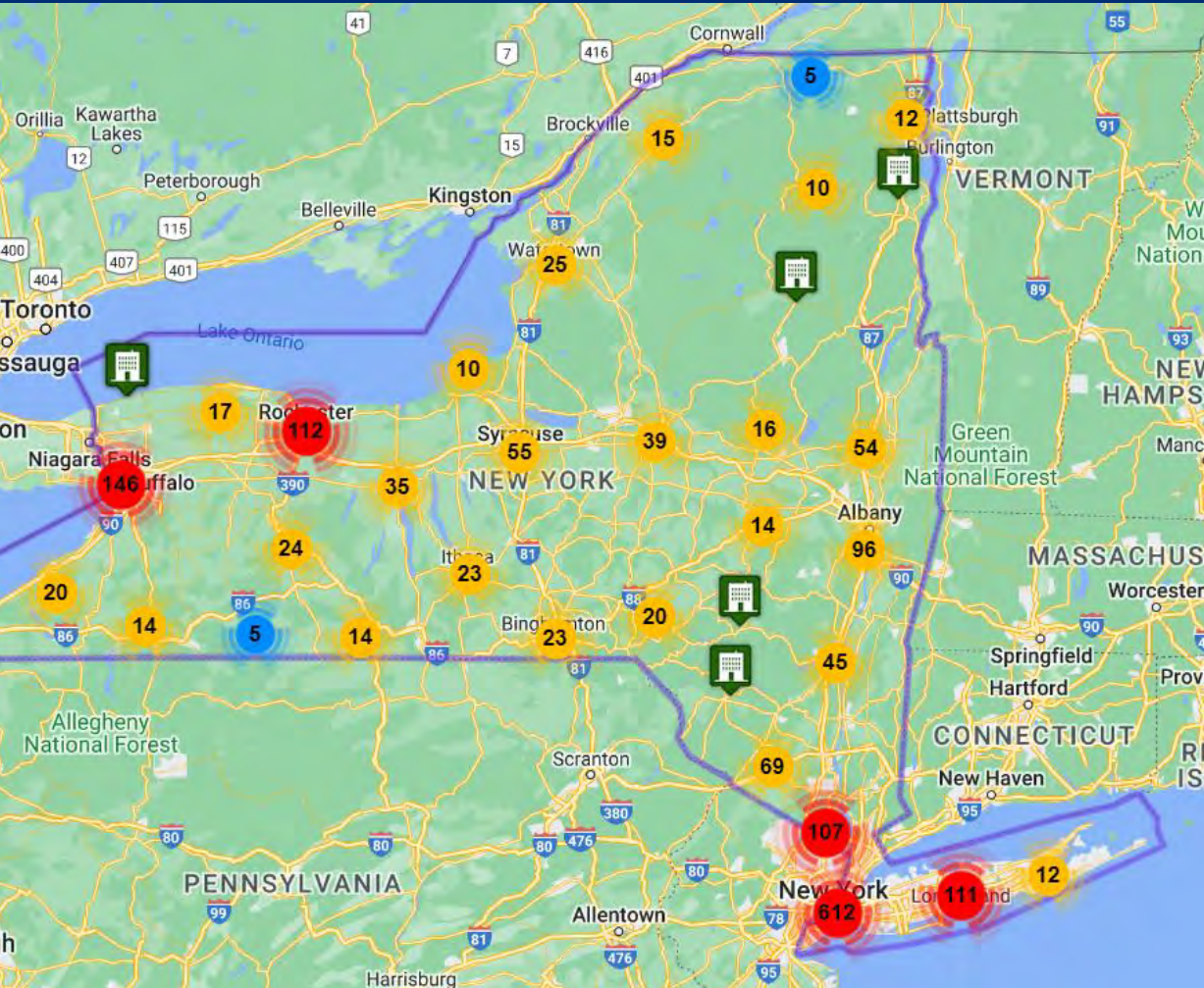


Note: Most reported administration in Housing category were from NYC Department of Homeless Services



# Two-dose Naloxone Kits Distributed by NYSDOH in State Fiscal Year 2021-22 by Agency Type





## To find sites of registered OOPPs:

- <https://providerdirectory.aidsinstitute.ny.org/>
- Select (✓) Opioid Overdose Prevention Program
- Filter by desired geographical footprint (e.g. zip, county) or by program name
- Select Search
- Results are mapped and listed



**Office of  
Mental Health**

# **An Introduction to New York's Public Mental Health System**

Thomas Smith, MD  
Chief Medical Officer  
NYS Office of Mental Health

**July 25, 2022**

# Types of services

- Crisis
- Inpatient
- Outpatient
- Residential
- Care Coordination
- Other

# Public MH System Services in NYS: 7,400 Programs

## **Inpatient** (~8,700 beds)

- State Psychiatric Center
- Psychiatric unit of general hospital/Art.28
- Private psychiatric hospital/Art.31
- Residential Treatment Facility (Children youth)

## **Outpatient** (~775 programs)

- Mental Health Clinic
- Partial Hospitalization
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment (ACT)
- Continuing Day Treatment (CDT- Adult)
- Day Treatment (Children & youth)

# Public MH System Services in NYS (Cont'd)

## **Emergency** (~220 programs)

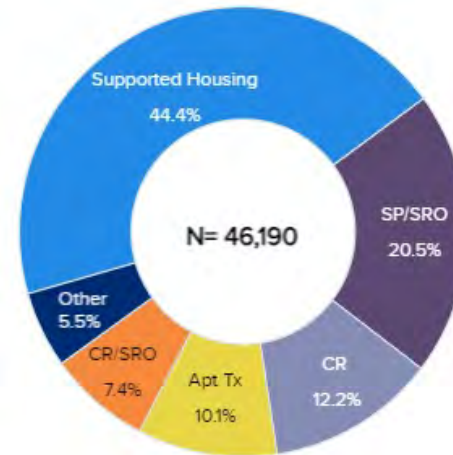
- Comprehensive Psych. Emergency Program (CPEP)
- Crisis Intervention Programs/Residences

## **Residential** (~46,000 beds)

- Treatment (Congregate and scattered site)
- Support (Congregate and scattered site)
- Unlicensed (Supported Housing)

## **Support** (~2,300 programs)

- Care coordination (Health home, care mgmt.)
- Education
- General support (outreach, mobile community services, family/peer support)
- Self-help (advocacy, psychosocial club, peer wellness ctr.)
- Vocational
- Adult and child HCBS (Medicaid version of many above support progs)



Residential beds  
statewide

# Prevalence and Utilization

## Public MH System Utilization:

- Estimated 832,509 people served in the public MH system in 2019 (PCS estimate from 1 wk=196,102)
- Of those served: estimated 86% SMI/SED

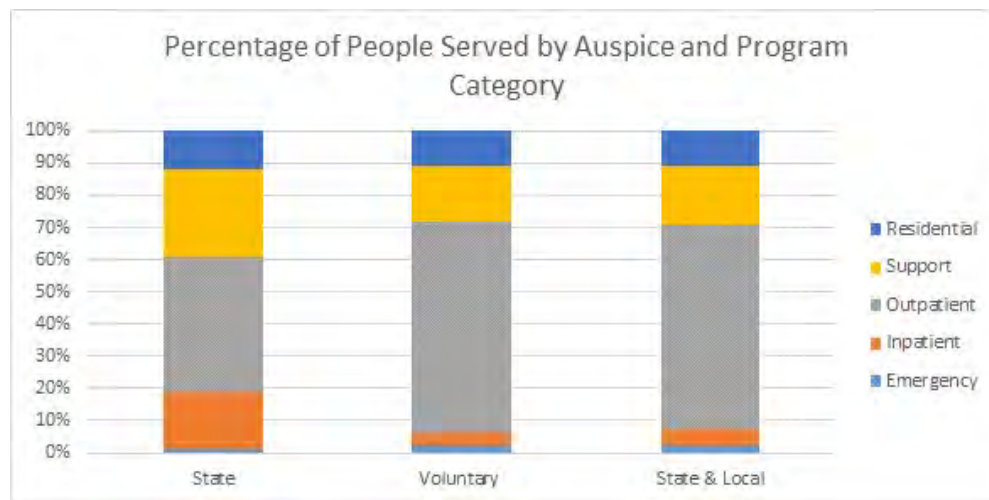
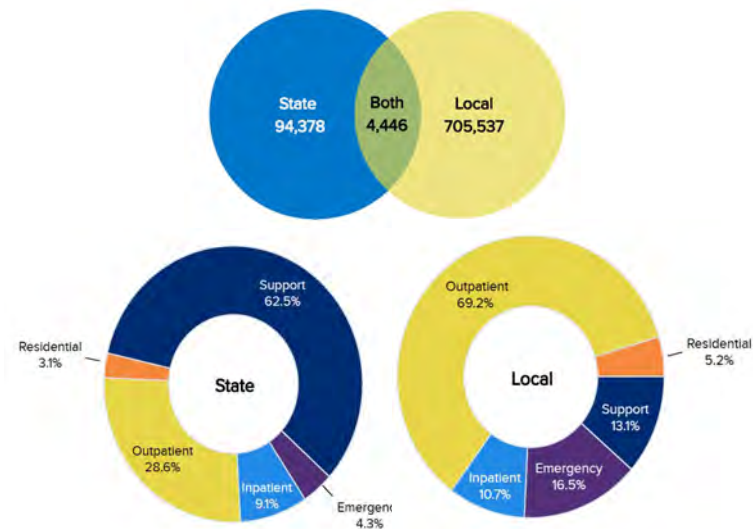
## Total Population Estimates of MH Disorders:

Any MI during year (adult): 18.83%

- SMI prevalence (adult): 5.4%
- Serious emotional disturbance: 12% (ages 9-17)

# Public Mental Health System: Utilization

Over 800,000 people were served by the public mental health system in 2019, according to preliminary Patient Characteristics Survey data.



Charts above reflect data from the 2019 Patient Characteristics Survey, when 196,102 people accessed services during the survey week, mostly in the local system.



# Crisis Services

# Emergency Departments

- Regulated by NYS Department of Health
- Medical EDs sometimes have a separate section designated for patients with acute psychiatric illness, often called Psychiatric Emergency Services (PES)

# Comprehensive Psychiatric Emergency Services

- Jointly regulated by DOH and OMH
- Patients can be admitted for up to 72 hours to an extended observation bed (EOB)
- Extra linkages in other components of the public mental health system

# Crisis Stabilization Centers

- RFP Issued, oversight by NYS Office of Mental Health
- Voluntary crisis treatment services, with an emphasis on peer and recovery support for up to 24 hours in a safe therapeutic environment.
- Urgent treatment to adults, children/adolescents, and families
- Rapid access to services to assist in diversion from a higher level of care.
- Two types of Crisis Stabilization Centers are being developed under Part 600:
  - Supportive Crisis Stabilization Centers (SCSC)
  - Intensive Crisis Stabilization Centers (ICSC)

# Crisis Stabilization Center

## **All Crisis Stabilization Services (included in Supportive Model):**

- Triage and Assessment
- Therapeutic interventions including crisis counseling, psychoeducation, crisis de-escalation/intervention
- Peer Support Services
- Care collaboration with recipient's friends, family or care providers (with consent)
- Discharge and aftercare planning

## **In addition to previous services, ICSCs also Include:**

- Psychiatric Assessment
- Initiation or adjustment of medication treatment for psychiatric or substance-related disorders, such as initiating buprenorphine



# 988, Mobile Crisis Teams, Crisis Residences

## National Suicide Prevention Lifeline to become 988 in July.

- State working to expand mobile crisis capacity in Medicaid- currently a managed-care only benefit – to address increased demand.
- Federal government providing enhanced federal funding 2022-2025
- State investments in this year's budget.

## Crisis residences

- Licensed by OMH
- Currently available for all Medicaid beneficiaries under age 21; but
- Only available to Medicaid managed care beneficiaries age 21+
- State to expand and align benefit this year.

# Inpatient Services



**Office of  
Mental Health**

# Acute Inpatient Units in General Hospitals

- ~95 units, ~5000 beds in NYS
- Average Length of Stay is 1-2 weeks
- Admissions come via ERs and CPEPs



## 6 Stand-Alone Psychiatric Hospitals

- ~450 beds
- Average length of stay 1-2 weeks.
- Admissions come from ERs and CPEPs

## 23 State Operated Psychiatric Centers

- 14 adult, 11 child, 3 forensic centers
- ~3500 beds
- ALOS varies, but can be over 1 year
- Admissions come from psychiatric units in general hospitals, jails, and prisons (not ERs or CPEPs)

# Outpatient/ Ambulatory



Office of  
Mental Health

# Mental Health Clinics

- New Name *Mental Health Outpatient Treatment and Rehabilitative Services*
- ~450 clinics, ~700k patients per year
- Mostly run by non-profit agencies and hospitals
- Provides primarily psychotherapy, group psychotherapy, medication management
- Significant impacts by workforce crisis
- Changes on horizon will allow for more peer services, services outside 4 walls of clinic
- Ongoing effort to improve capacity to treat tobacco and opioid use disorders.
- Transformation due to telehealth

# Assertive Community Treatment (ACT)

- “Hospitals without walls” for patients that are most difficult to engage in ambulatory services
- Classic caseload of 48 or 68 patients
- Staffed by MD/NP, RN, SW, vocational specialist
- Mobile
- Assisted Outpatient Treatment, Kendra’s Law
- New Youth Teams, other specialized teams

# Personalized Recovery Oriented Services PROS

- Focus on psychosocial rehabilitation with the primary objective to improve functional capacity
- Primarily group based, and services provided on site
- Some have a MH clinic to also provide treatment services
- Future redesign plans to incentivize more 1:1 and off-site services interventions

# Community Oriented Recovery and Empowerment (CORE)

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Peer Services
- Family Support and Training
- Available only to patients enrolled in special needs plans for individuals with mental health or substance use disorder conditions

**OMH Office of Chief Medical Office**  
**Office of Population Health and Evaluation**  
**OUD Related Initiatives**

NYS OMH has launched multiple initiatives to improve identification and evidence-based treatment of individuals with opioid use disorder (OUD) in OMH Psychiatric Centers and in the public mental health system statewide.

**PSYCKES OUD-Related Enhancements (2018 – present)**

**Goal:** To incorporate new OUD-related content into PSYCKES, a secure web-based application widely used by OMH licensed providers, counties, and managed care plans to improve clinical decision making and quality improvement.

**Activities:** An OUD DOH-OMH-OASAS workgroup was established and guided the development and refinement of OUD content in the PSYCKES application. The PSYCKES team managed multiple application releases and new OUD content continues to be refreshed monthly.

**Products:** New OUD content was initially released in January of 2019, refined based on input from workgroup, and continues to be maintained. Two opioid overdose risk alerts were incorporated into PSYCKES Clinical Summaries - concurrent use of opioid and benzodiazepine medications, and a history of overdose risk. In addition, four OUD quality measures were incorporated into all PSYCKES reports.

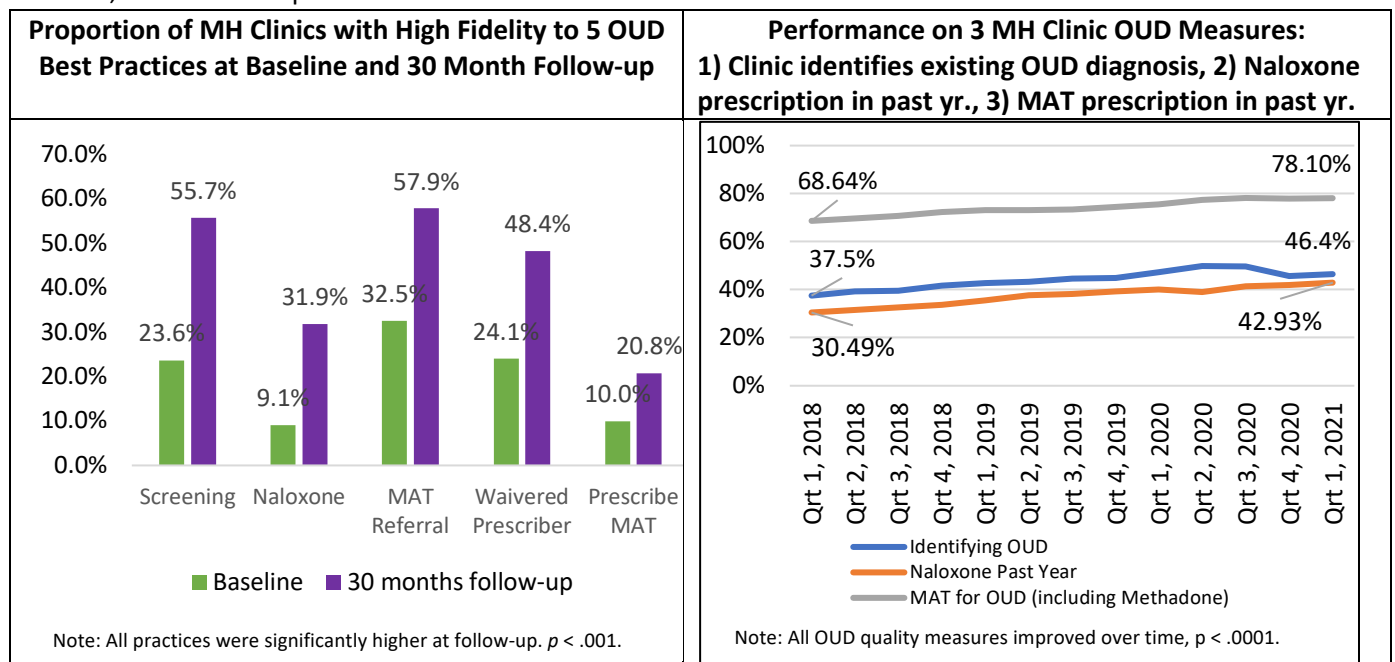
**Building Capacity for Best Practices in OUD Treatment in Mental Health Clinics (March 2019 – present)**

**Goal:** To increase capacity of OMH licensed mental health clinics to provide five best practices in the identification and treatment of OUD: 1) universal screening using an evidence-based tool, 2) naloxone prescription or kit, 3) referral, if needed, including a timely scheduled appointment with a MOUD provider and follow along supports, 4) access to X-waivered prescribers on staff, and 5) MOUD induction and maintenance services.

**Participants:** All OMH licensed clinics in NYS (485 clinics).

**Activities:** Clinics assessed their fidelity to the 5 OUD best practices every 6 months, selecting one practice to focus on each 6-month cycle. OMH offers an educational Webex every 6 months, Office hours, individual consultation with clinics, access to web-based learning modules and other resources.

**Impact to date:** Significant improvement in clinic fidelity to all five best practices, and performance on OUD quality measures significantly improved for Medicaid-enrolled clients served in OMH licensed mental health clinics. Approximately half or more of the clinics were able to achieve high fidelity on OUD best practices related to screening, MAT referrals, and waived prescribers.





### Overdose Prevention Quality Improvement Collaborative in Mental Health Clinics (2021 – present)

**Goal:** To accelerate implementation of OUD best practices and integrated treatment in mental health clinics.

**Participants:** 140 of 485 mental health clinics in the Building Capacity initiative elected to join.

**Activities:** Participating clinics complete a self-assessment and action plan, receive individual consultation, attend large-group learning collaborative calls to share innovative strategies and lessons learned, and report monthly on practices and outcomes. During Phase I (2021) clinics developed capacity to offer remote OUD treatment. In Phase II, beginning 2022, clinics reassess and develop action plans to enhance OUD treatment infrastructure and workflows, prescribers and clinicians receive training on OUD and integrated co-occurring disorder treatment, and clinics report monthly on implementation of OUD best practices.

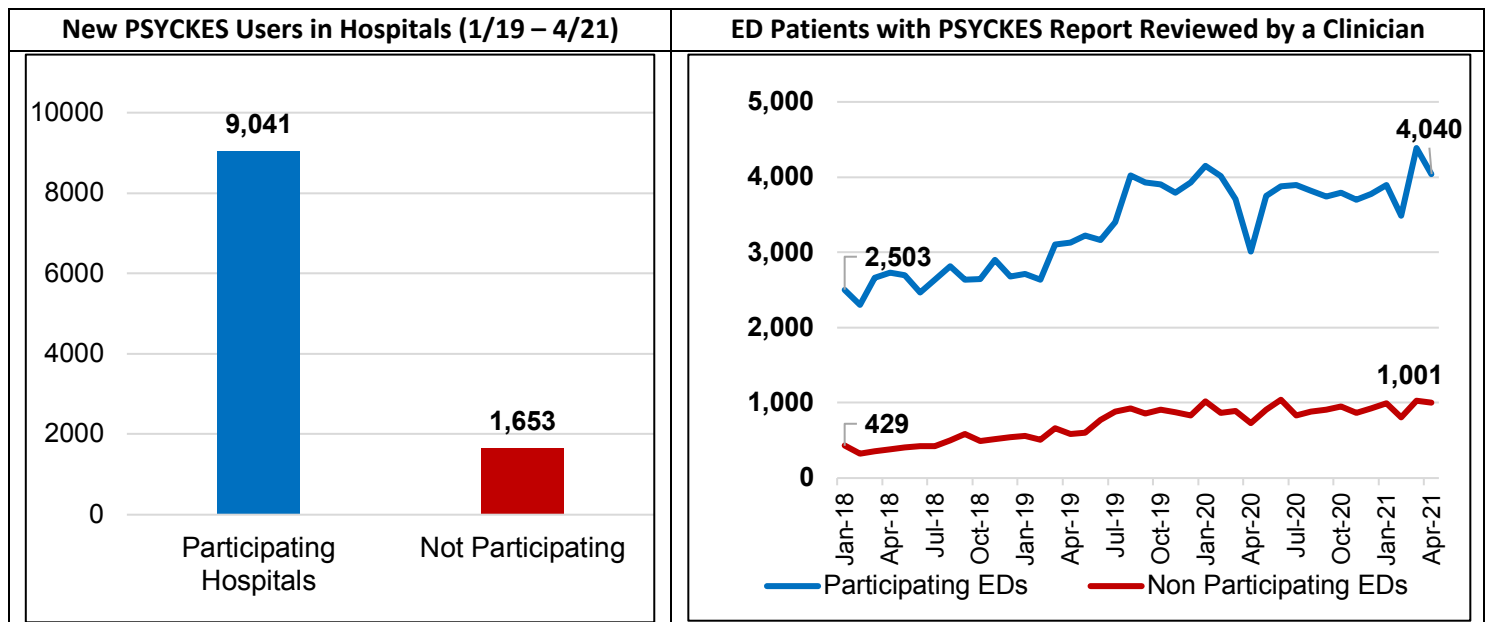
### High Risk Quality Collaborative (HQRC) for Emergency Departments (Phase I: 2019–2022, Phase II: 5/2022-ongoing)

**Goal:** To support identification and management of high behavioral health risk patients in Emergency Departments, including individuals with elevated risk for suicide, violence, opioid overdose, high utilization.

**Participants:** 63 hospitals with over 90 Emergency Department Services.

**Activities:** DOH, OASAS, Columbia/NYSPI Center for Practice Innovation, GNYHA, and HANYS partnered to support the collaborative. In Phase I (2019-2022), hospitals assessed current practices, implemented PSYCKES to support identification of individuals at risk, and participated in a Best Practices Workgroup. In Phase II (May 2022 - ), hospitals reassess infrastructure and workflows, develop action plans to support implementation of best practices, and report monthly on implementation and outcomes.

**Impact:** In Phase I, participating hospitals had five times the number of new PSYCKES users than non-participating hospitals, and nearly doubled the proportion of Emergency Department patients who had their PSYCKES Clinical Summary reviewed by a clinician (See Figures below). In addition, the Hospital Best Practices Workgroup reviewed extracted recommendations from 298 guidelines (74 documents addressing OUD), and developed 37 best practices consensus statements, including 9 related to OUD. Phase II launched May 2022.



### Substance Use and Opioid Use Disorder in the NYS Medicaid Mental Health Population (2020)

There is substantial substance use disorder comorbidity in the NYS Medicaid mental health population, with 34.4% (180,172/523,885) individuals with a mental health diagnosis also having one or more substance use disorder (SUD) diagnosis in the period. Almost 10% (8.1%, 42,648/523,885) of individuals with a mental health diagnosis had evidence of an opioid use disorder (OUD).

Similar demographic profiles emerged with prevalence of SUD/OUD, such that significantly higher prevalence was found among men, adults aged 25 and older (when compared to ages 18-24), Asian and Black are associated with significant lower prevalence (when compared to White individuals), while American Indian individuals are associated with higher prevalence (when compared to White individuals).

The prevalence of opioid use disorder in individuals with a diagnosis of PTSD, sleep/wake conditions, bipolar, ADHD and/or personality disorders ranged from 14.2% to 15.8%. The prevalence of any substance use disorder individuals with a diagnosis of personality, bipolar, PTSD, sleep/wake conditions, and/or schizophrenia ranged from 57.6% to 43.5%. Almost 1 in 5 individuals (20%+) with suicide attempt/self-harm and/or ideation also had an OUD diagnosis in the year and about ¾ also had any substance use disorder. A similar pattern was observed for individuals with any indication of economic disadvantage/housing instability. Finally, almost 1 in ten (9.1%) of individuals served in mental health clinics were observed with any OUD and 40% had evidence of any substance use disorder.

Characteristics	Mental Health population	Prevalence of Opioid Use Disorder (OUD)		Prevalence of Substance Use Disorder (SUD)	
<b>Total</b>	<b>523,885</b>	<b>42,648</b>	<b>8.1%</b>	<b>180,172</b>	<b>34.4%</b>
<b>Age Group</b>					
18-24	65,551	1,307	2.0%	15,280	23.3%
25-34	115,371	10,693	9.3%	<b>42,975</b>	<b>37.2%</b>
35-44	95,593	11,017	11.5%	39,896	41.7%
45-54	87,383	8,895	10.2%	35,257	40.3%
55-64	95,746	8,775	9.2%	36,694	38.3%
65+	64,241	1,961	3.1%	10,070	15.7%
<b>Gender</b>					
Female	316,952	19,696	6.2%	93,025	29.3%
Male	206,933	22,952	11.1%	87,147	42.1%
<b>Race</b>					
American Indian	3,365	443	13.2%	1,554	46.2%
Asian	23,760	484	2.0%	3,995	16.8%
Black (non-Hispanic)	110,286	7,454	6.8%	45,748	41.5%
Hispanic	103,816	9,949	9.6%	33,000	31.8%
Other/Unknown	35,967	1,152	3.2%	7,817	21.7%
White (non-Hispanic)	246,691	23,166	9.4%	88,058	35.7%
<b>Region</b>					
Rural	179,405	17,764	9.9%	77,706	43.3%
Urban	340,440	24,849	7.3%	101,719	29.9%
<b>Aid Category</b>					
Disability	231,343	15,818	6.8%	73,761	31.9%

Income	292,542	26,830	9.2%	106,411	36.4%
<b>Medicare</b>	138,185	5,768	4.2%	33,449	24.2%
<b>Mental Health Diagnosis</b>					
Anxiety Disorders	238,840	27,017	11.3%	92,218	38.6%
Attention Deficit Hyperactivity Disorder	39,597	5,762	14.6%	15,809	39.9%
Autism Spectrum Disorder	10,901	99	0.9%	1,033	9.5%
Bipolar and Related Disorders	91,517	13,657	14.9%	49,525	54.1%
Depressive Disorders	268,326	26,197	9.8%	99,668	37.1%
Disruptive, Impulse-Control, and Conduct Disorders	16,890	766	4.5%	4,649	27.5%
Neurocognitive Disorders (excluding Autism)	16,975	571	3.4%	3,198	18.8%
Neurodevelopmental Disorders (excluding ADHD)	26,049	404	1.6%	3,946	15.1%
Obsessive-Compulsive and Related Disorders	12,610	777	6.2%	3,193	25.3%
PTSD	70,561	11,104	15.7%	36,919	52.3%
Personality Disorders	25,987	3,700	14.2%	14,977	57.6%
Schizophrenia Spectrum and Other Psychotic Disorders	97,854	7,197	7.4%	42,610	43.5%
Sleep-Wake Disorders	10,822	1,706	15.8%	4,730	43.7%
Adjustment Disorder (and other stress related disorders, exclusive of PTSD)	66,436	4,910	7.4%	22,026	33.2%
Other Mental Disorders	25,385	2,163	8.5%	9,527	37.5%
<b>Comorbid SU diagnoses</b>					
Alcohol related disorders	45,150	11,094	24.6%	45,150	100.0%
Cannabis related disorders	42,200	10,127	24.0%	42,200	100.0%
Cocaine related disorders	25,861	11,866	45.9%	25,861	100.0%
<b>Suicide /Suicide Ideation during the year</b>					
Suicide Attempt/ Intentional Self Harm	6,085	1,453	23.9%	4,711	77.4%
Suicide Ideation	26,721	5,383	20.1%	19,862	74.3%
<b>Social determinant: Economic and Housing instability</b>	21,584	5,112	23.7%	16,295	75.5%
<b>Selected Specialty MH Outpatient Services</b>					
MH Clinic	272,478	24,806	9.1%	108,920	40.0%
ACT	6,359	473	7.4%	3,880	61.0%
PROS	10,841	845	7.8%	4,967	45.8%

### Methods:

Our study population (N=523,885) included adult individuals 18 and older with a primary mental health (MH) diagnosis and continuously enrolled in New York State Medicaid in 2020. Primary mental health diagnosis was defined as having a primary mental illness on at least 1 inpatient claim or at least 2 outpatient claims from a clinical setting. Substance use disorders, neurodevelopment (except ADHD) and neurocognitive diagnosis alone were not qualifying MH diagnosis. Logistic regression models were used to examine the cross-sectional correlates of OUD and SUD prevalence. Full definitions of each characteristic available upon request.

Note: New York State Medicaid data may not be generalizable to the entire U.S population.



# Office of Addiction Services and Supports

KATHY HOCHUL  
Governor

CHINAZO CUNNINGHAM, MD  
Commissioner

## Opioid Settlement Fund Advisory Board

July 1 , 2022

# Administrative Items

- Meetings are being recorded and live streamed
- Facilities
- Breaks



# Review and Approval of June 28, 2022 Minutes



# Review and Approval of Revised Bylaws



# Review and Adoption of Board Charter





# Lunch



# Financial Overview



# Opioid Settlements

- Settlement agreements have been reached between the State and each defendant separately, with distinct terms for each agreement.
- Moneys go either directly to recipients or to the State Opioid Settlement Fund (OSF). The Board is responsible for making recommendations on moneys in the OSF.
- Settlement agreements include payment schedules that vary from 1-18 years.
- The following settlement agreements have been reached and are included in the tables:
  - **Allergan** (\$200M) - \$20M reimburses litigation costs. Of the remaining \$180M, 62% of payments go directly to local governments (including litigation costs incurred by Nassau and Suffolk), with 38% going to the OSF.
  - **Johnson & Johnson (J&J)** (\$230M) - 46% of payments go directly to local governments, with 54% going to the OSF.
  - **Endo** (\$50M) - 79% of payments go directly to local governments (including litigation costs), with 21% going to the OSF.
  - **Distributors** (\$1.2B) - \$121M reimburses litigation costs. Of the remaining \$1.1B, 45% of payments go directly to local governments, with 55% going to the OSF.



# Opioid Settlements

- The following settlements are not included:
  - **McKinsey** (\$32.1M) - Note that this precedes the creation of the OSF and is excluded statutorily. The funds are going to opioid treatment and have been appropriated to Medication Assisted Treatment (MAT) in State correctional facilities.
  - **Mallinckrodt** (\$41.1- \$58.5M) - This was recently announced by the AG and the total amount will be determined by the payment schedule Mallinckrodt chooses by December 2023. This will be included in tables once more information is known.

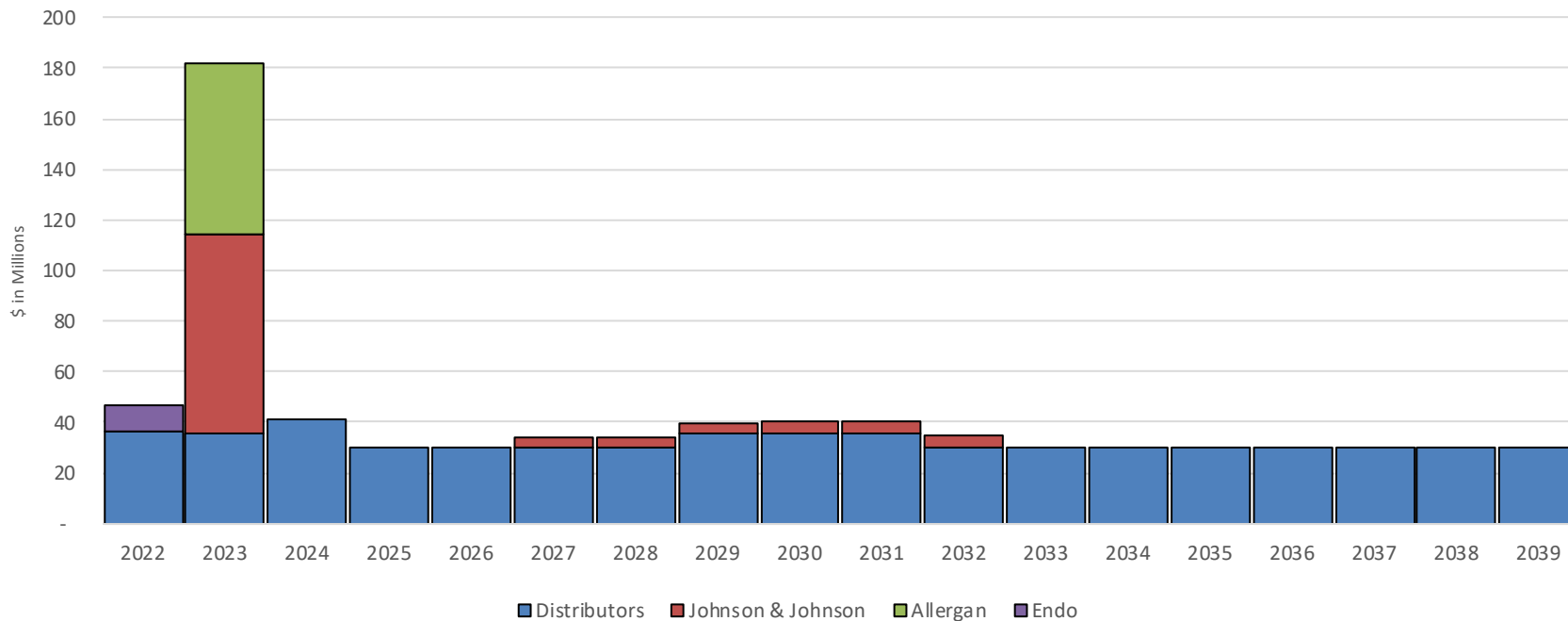


# Opioid Settlements

- Glossary of Terms Used in Opioid Settlement Tables
  - LGUs - local government units
  - Abatement - must be used for specified purposes, referred to as “Approved Uses” in the actual settlements or identified in OSF statute
  - Subdivisions - counties
  - Unrestricted - not restricted to a specific purpose; however, statute defines eligible uses for OSF moneys
  - Qualified Settlement Fund (QSF) – a trust account controlled by the third-party administrator.
- Organization of the Opioid Settlement Tables
  1. FY 2023 summary of receipts by source and use
  2. Multi-year detail of receipts by source and use
  3. FY 2023 summary of direct payments to LGUs
  4. Multi-year detail of direct payments to LGUs
  5. Multi-year detail of funds available to LGUs for abatement through the Opioid Settlement Fund.



# Opioid Settlement Fund Receipts by State Fiscal Year



# Opioid Settlements

## 5-Year Summary of Opioid Settlements (\$ in thousands)

	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	5-Year Total
<b>Direct Payments to Local Governments</b>	<b>279,214</b>	<b>28,748</b>	<b>25,914</b>	<b>25,914</b>	<b>29,810</b>	<b>389,601</b>
<b>Payments to Opioid Settlement Fund</b>	<b>241,717</b>	<b>41,371</b>	<b>30,287</b>	<b>30,287</b>	<b>34,840</b>	<b>378,501</b>
FY 2023 Enacted Budget Investments	83,820	-	-	-	-	83,820
Available for Future Investments	157,897	41,371	30,287	30,287	34,840	294,681
<i>Designated for Local Government Initiatives</i>	64,006	7,535	9,431	9,431	10,848	101,250
<i>State-Led Initiatives</i>	93,891	33,836	20,856	20,856	23,991	193,431
<b>Total</b>	<b>520,932</b>	<b>70,119</b>	<b>56,201</b>	<b>56,201</b>	<b>64,650</b>	<b>768,102</b>



# Opioid Settlements

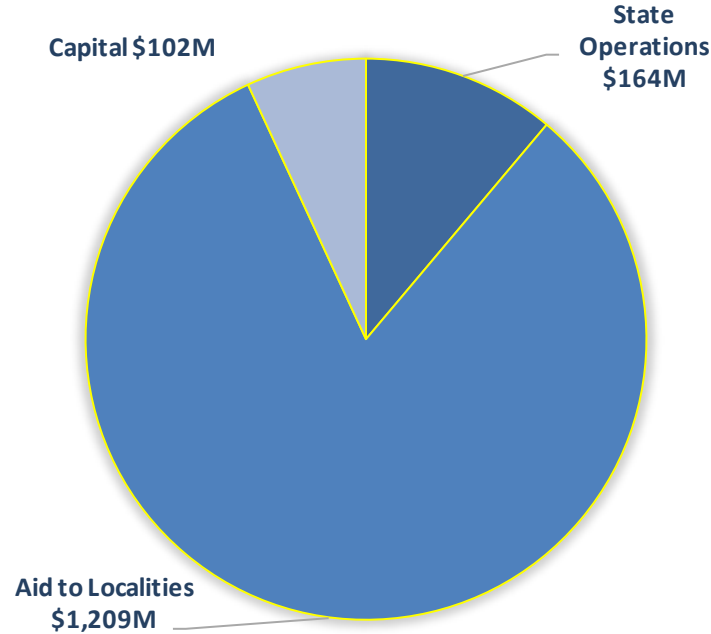
## Summary of Anticipated Opioid Settlement Receipts Through FY 2023 (\$ in thousands)

	Distributors Payment 1	Distributors Payment 2	J&J Payment 1	Allergan	Endo	Total
<b>Direct Payments to Local Governments</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>112,077</b>	<b>39,658</b>	<b>279,214</b>
Direct Payments to LGUs from OAG Escrow Account	27,744	20,704	79,031	57,791	11,958	197,229
Direct Payments to Co-Litigants	-	-	-	54,286	27,700	81,986
<b>Payments to Opioid Settlement Fund</b>	<b>36,268</b>	<b>35,200</b>	<b>92,366</b>	<b>67,542</b>	<b>10,342</b>	<b>241,717</b>
Available to LGUs for Abatement	7,169	7,535	28,760	20,542	-	64,006
State Investments	29,099	27,666	63,605	47,000	10,342	177,711
<b>Total</b>	<b>64,012</b>	<b>55,904</b>	<b>171,397</b>	<b>179,619</b>	<b>50,000</b>	<b>520,932</b>





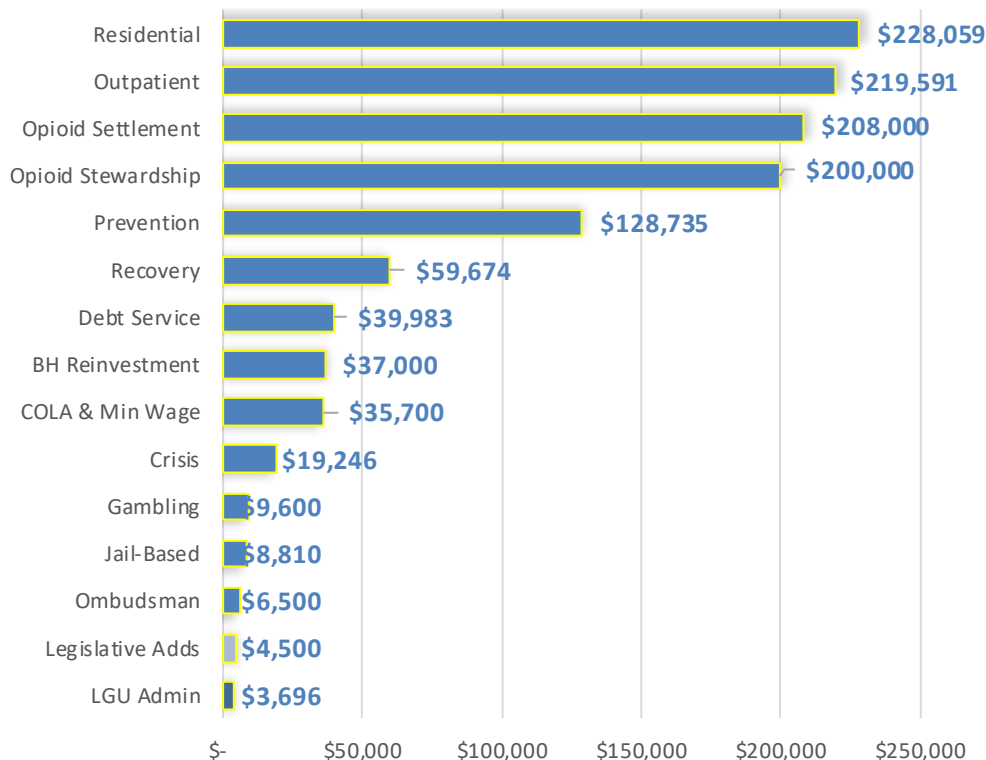
# OASAS 2022-23 Appropriations



**Total: \$1,476 M**



## OASAS ATL APPROPRIATIONS (000'S)



Funds are provided as State Aid to non-profit community and local government providers of Substance Use Disorder (SUD) and problem gambling services, as well as transferred to DASNY for capital bond payments and to DOH for Medicaid-eligible SUD-related services



# SUD Funding Outside OASAS

- Medicaid/Medicaid Managed Care for all SUD services
  - \$1.29 Billion in CY 2021
- DOCCS for MAT in State prisons
  - \$11 Million in FY 2023
  - \$11 Million reappropriation from FY 2022
  - \$11 Million planned to be appropriated in FY 2024



# Opioid Settlement Fund Appropriations

## State Operations - \$100,000

- For administration of programs and activities supported by the opioid settlement funds

## Aid To Localities - \$208 million

- Up to \$900,000 may be available for payments reserved for other litigating entities, pursuant to a plan drafted by the Office of the Attorney General and approved by the Office of Addiction Services and Supports, which are in accordance with the settlement agreements
- At least \$59 million shall be made available for payments reserved for local governments, pursuant to a plan approved by the Office of Addiction Services and Supports, which are in accordance with the settlement agreements.

## Capital - \$10 million

- For the acquisition of property, design, construction, and rehabilitation of facilities for the purpose of expanding access to addiction treatment services associated with implementing the opioid settlement agreements



# OSF Investments

FY 2023 Opioid Settlement Fund Scorecard (\$ in thousands)			
	FY 2023 Enacted	Change	Updated June 2022
<b>Receipts</b>	<b>208,161</b>	<b>33,556</b>	<b>241,717</b>
Additional Restitution	17,290	0	17,290
State Abatement - Regional	54,906	8,090	62,996
State Abatement - Lead Agency	72,515	9,872	82,387
State Direct - Unrestricted	63,450	8,638	72,088
Cost to State		6,956	6,956
<b>Disbursements</b>	<b>184,544</b>	<b>8,282</b>	<b>192,826</b>
<b>Reserved for Municipalities</b>	<b>55,724</b>	<b>8,282</b>	<b>64,006</b>
Allocated Payments	818	618	1,436
State Abatement - Regional Shares	54,906	7,664	62,570
<b>State Investments</b>	<b>128,820</b>	-	<b>128,820</b>
Expansion of Treatment Services (OASAS)	60,000	-	60,000
Statewide Transportation Initiative (OASAS)	1,000	-	1,000
Transitional Housing Initiative (OASAS)	2,300	-	2,300
MATTERS Program Expansion Initiative (DOH/OASAS)	8,000	\$83,820	8,000
NYS Overdose Prevention Program (DOH)	8,520	-	8,520
MAT in DOCCS Facilities (DOCCS)	-	-	-
Addiction Workforce College Credit Scholarship (OASAS)	4,000	-	4,000
Unallocated - to be allocated after Advisory Board Recommendations are made	45,000	-	45,000

- In the FY 2023 Enacted Budget, funds were appropriated with details in a scorecard.
- This is a crosswalk between the original scorecard and the updated numbers.
- There are \$158M in FY 2023 receipts for future opioid investments.



# Potential Opioid Settlement Fund Uses

- Evidence-based prevention education and campaigns, including school-based prevention services;
- Statewide public education campaigns to increase awareness of services and decrease stigma;
- Substance use disorder treatment and early recovery programming, including programs aimed at addressing co-occurring disorders, expanding access to medication for addiction treatment, expanding services in correctional settings and other services across the service delivery spectrum;
- Harm reduction services to address the adverse health consequences associated with substance use;
- Housing services;
- Community-based services that reduce the likelihood of criminal justice involvement;
- Programs geared toward pregnant and parenting persons; and/or
- Vocational and educational training for individual with or at risk of substance use disorder



# Board Recommendations



**New York Opioid Settlements**  
**Summary of Anticipated Receipts by Category and Use**  
**Through SFY 2023**  
(\$ in thousands)

	Distributors Payment 1 <sup>1</sup>	Distributors Payment 2	J&J Payment 1	Allergan	Endo <sup>1</sup>	Receipts Through SFY 2023
<b><u>Direct Payments to Local Governments</u></b>	<b><u>27,744</u></b>	<b><u>20,704</u></b>	<b><u>79,031</u></b>	<b><u>112,077</u></b>	<b><u>39,658</u></b>	<b><u>279,214</u></b>
<b>Direct Payments to LGUs from OAG ESCROW Account</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>57,791</b>	<b>11,958</b>	<b>197,229</b>
NYC Abatement	8,545	8,980	34,279	29,679	-	81,483
NYC Unrestricted	-	-	-	-	4,460	4,460
Nassau Abatement	2,854	2,999	11,449	3,158	-	20,461
Suffolk Abatement	3,687	3,875	14,792	4,086	-	26,440
Subdivision Direct Unrestricted Share	2,307	2,425	9,255	10,002	6,977	30,966
Subdivision Direct Share for Abatement	2,307	2,425	9,255	10,002	-	23,989
Cost to State - Unrestricted <sup>2</sup>	8,044	-	-	-	-	8,044
Five Large Cities excl. NYC <sup>3</sup>	-	-	-	865	521	1,386
<b>Direct Payments to Co-Litigants <sup>4</sup></b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>54,286</b>	<b>27,700</b>	<b>81,986</b>
Direct Payments to Nassau County	-	-	-	27,143	13,850	40,993
Direct Payments to Suffolk County	-	-	-	27,143	13,850	40,993
<b><u>Payments to Opioid Settlement Fund</u></b>	<b><u>36,268</u></b>	<b><u>35,200</u></b>	<b><u>92,366</u></b>	<b><u>67,542</u></b>	<b><u>10,342</u></b>	<b><u>241,717</u></b>
<b>Available to LGUs for Abatement</b>	<b>7,169</b>	<b>7,535</b>	<b>28,760</b>	<b>20,542</b>	<b>-</b>	<b>64,006</b>
Five Large Cities excl. NYC <sup>3</sup>	807	849	3,239	2,369	-	7,264
State Abatement Fund - Regional	6,195	6,511	24,853	17,747	-	55,305
Reserved for other litigating entities <sup>5</sup>	167	175	669	426	-	1,436
<b>State Investments</b>	<b>29,099</b>	<b>27,666</b>	<b>63,605</b>	<b>47,000</b>	<b>10,342</b>	<b>177,711</b>
State Direct Unrestricted Share	7,477	7,858	29,994	21,933	4,826	72,088
Reserved for other litigating entities	167	175	669	-	-	1,010
Remaining available for State Investments	7,310	7,683	29,326	21,933	4,826	71,078
State Abatement Fund - Lead Agency	8,545	8,980	34,279	25,067	5,516	82,387
Other Restitution	6,287	11,003	-	-	-	17,290
Cost to State	6,956	-	-	-	-	6,956
<b>Subtotal - Direct Payments to Local Governments</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>112,077</b>	<b>39,658</b>	<b>279,214</b>
<b>Subtotal - Payments to Opioid Settlement Fund</b>	<b>36,268</b>	<b>35,200</b>	<b>92,366</b>	<b>67,542</b>	<b>10,342</b>	<b>241,717</b>
<b><u>Total</u></b>	<b><u>64,012</u></b>	<b><u>55,904</u></b>	<b><u>171,397</u></b>	<b><u>179,619</u></b>	<b><u>50,000</u></b>	<b><u>520,932</u></b>

1 - Distributor 1 and Endo payments deposited in Opioid Settlement Fund in March. Direct payments to LGUs are underway as of 5/10/2022.

2 - "Cost to State" payments to LGUs flow to NYC, Five Large Cities, and Counties excluding Nassau and Suffolk by formula.

3 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.

4 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation.

5 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.



New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
All Settlements																			
Direct Payments to Local Governments	67,403	211,812	28,748	25,914	25,914	29,810	29,873	34,437	35,527	35,527	30,669	25,620	25,620	25,620	25,620	25,620	25,620	25,620	652,987
Direct Payments to LGUs from OAG ESCROW Account	39,703	157,526	28,748	25,914	25,914	29,810	29,873	34,437	35,527	35,527	30,669	25,620	25,620	25,620	25,620	25,620	25,620	25,620	652,987
NYC Abatement	8,545	72,938	8,980	11,240	11,240	12,930	12,957	14,937	15,410	15,410	13,302	11,113	11,113	11,113	11,113	11,113	11,113	11,113	275,678
NYC Unrestricted	4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
Nassau Abatement	2,854	17,607	2,999	3,754	3,754	4,319	4,328	4,989	5,147	5,147	4,443	3,712	3,712	3,712	3,712	3,712	3,712	3,712	85,322
Suffolk Abatement	3,687	22,752	3,875	4,850	4,850	5,579	5,591	6,445	6,649	6,649	5,740	4,795	4,795	4,795	4,795	4,795	4,795	4,795	110,234
Subdivision Direct Unrestricted Share	9,284	21,682	2,425	3,035	3,035	3,491	3,498	4,033	4,161	4,161	3,592	3,000	3,000	3,000	3,000	3,000	3,000	3,000	83,398
Subdivision Direct Share for Abatement	2,307	21,682	2,425	3,035	3,035	3,491	3,498	4,033	4,161	4,161	3,592	3,000	3,000	3,000	3,000	3,000	3,000	3,000	76,421
Cost to State - Unrestricted <sup>1</sup>	8,044	-	8,044	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,087
Five Large Cities excl. NYC <sup>2</sup>	521	865	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,386
Direct Payments to Co-Litigants <sup>3</sup>	27,700	54,286	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Nassau County	13,850	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Suffolk County	13,850	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Opioid Settlement Fund	46,610	195,108	41,371	30,287	30,287	34,840	34,913	40,247	41,521	41,521	35,843	29,943	29,943	29,943	29,943	29,943	29,943	29,943	782,147
Available to LGUs for Abatement	7,169	56,837	7,535	9,431	9,431	10,848	10,871	12,532	12,929	12,929	11,161	9,323	9,323	9,323	9,323	9,323	9,323	9,323	226,936
Five Large Cities excl. NYC <sup>2</sup>	807	6,457	849	1,062	1,062	1,222	1,224	1,412	1,456	1,456	1,257	1,050	1,050	1,050	1,050	1,050	1,050	1,050	25,616
State Abatement Fund - Regional	6,195	49,110	6,511	8,149	8,149	9,374	9,394	10,829	11,172	11,172	9,644	8,057	8,057	8,057	8,057	8,057	8,057	8,057	196,096
Reserved for other litigating entities <sup>4</sup>	167	1,270	175	219	219	252	253	291	301	301	259	217	217	217	217	217	217	217	5,224
State Investments	39,440	138,271	33,836	20,856	20,856	23,991	24,042	27,715	28,593	28,593	24,683	20,619	20,619	20,619	20,619	20,619	20,619	20,619	555,211
State Direct Unrestricted Share	12,303	59,785	7,858	9,835	9,835	11,314	11,338	13,070	13,483	13,483	11,640	9,724	9,724	9,724	9,724	9,724	9,724	9,724	242,008
Reserved for other litigating entities	167	844	175	219	219	252	253	291	301	301	259	217	217	217	217	217	217	217	4,798
Remaining available for State Investments	12,136	58,942	7,683	9,616	9,616	11,062	11,085	12,778	13,183	13,183	11,380	9,507	9,507	9,507	9,507	9,507	9,507	9,507	237,211
State Abatement Fund - Lead Agency	14,061	68,326	8,980	11,240	11,240	12,930	12,957	14,937	15,410	15,410	13,302	11,113	11,113	11,113	11,113	11,113	11,113	11,113	276,581
Other Restitution	6,287	11,003	10,217	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,507
Cost to State	6,956	-	6,956	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,913
Total	114,012	406,920	70,119	56,201	56,201	64,650	64,786	74,684	77,048	77,048	66,512	55,563	55,563	55,563	55,563	55,563	55,563	55,563	1,435,135

1 - "Cost to State" payments to LGUs flow to NYC, 5 Large Cities, and Counties excluding Nassau and Suffolk by formula.  
2 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.  
3 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation  
4 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.

New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement	Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
<b><u>Direct Payments to Local Governments</u></b>	<b><u>27,744</u></b>	<b><u>20,704</u></b>	<b><u>28,748</u></b>	<b><u>25,914</u></b>	<b><u>25,914</u></b>	<b><u>25,914</u></b>	<b><u>25,914</u></b>	<b><u>30,478</u></b>	<b><u>30,478</u></b>	<b><u>30,478</u></b>	<b><u>25,620</u></b>	<b><u>25,620</u></b>	<b><u>25,620</u></b>	<b><u>25,620</u></b>	<b><u>25,620</u></b>	<b><u>25,620</u></b>	<b><u>25,620</u></b>	<b><u>25,620</u></b>	<b><u>477,248</u></b>
<b>Direct Payments to LGUs from OAG ESCROW Account</b>	<b>27,744</b>	<b>20,704</b>	<b>28,748</b>	<b>25,914</b>	<b>25,914</b>	<b>25,914</b>	<b>25,914</b>	<b>30,478</b>	<b>30,478</b>	<b>30,478</b>	<b>25,620</b>	<b>25,620</b>	<b>25,620</b>	<b>25,620</b>	<b>25,620</b>	<b>25,620</b>	<b>25,620</b>	<b>25,620</b>	<b>477,248</b>
NYC Abatement	8,545	8,980	8,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	200,026
NYC Unrestricted	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nassau Abatement	2,854	2,999	2,999	3,754	3,754	3,754	3,754	4,415	4,415	4,415	3,712	3,712	3,712	3,712	3,712	3,712	3,712	3,712	66,809
Suffolk Abatement	3,687	3,875	3,875	4,850	4,850	4,850	4,850	5,704	5,704	5,704	4,795	4,795	4,795	4,795	4,795	4,795	4,795	4,795	86,311
Subdivision Direct Unrestricted Share	2,307	2,425	2,425	3,035	3,035	3,035	3,035	3,569	3,569	3,569	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	54,007
Subdivision Direct Share for Abatement	2,307	2,425	2,425	3,035	3,035	3,035	3,035	3,569	3,569	3,569	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	54,007
Cost to State - Unrestricted <sup>1</sup>	8,044	-	8,044	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,087
Five Large Cities excl. NYC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Direct Payments to Co-Litigants <sup>3</sup></b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Direct Payments to Nassau County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Suffolk County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b><u>Payments to Opioid Settlement Fund</u></b>	<b><u>36,268</u></b>	<b><u>35,200</u></b>	<b><u>41,371</u></b>	<b><u>30,287</u></b>	<b><u>30,287</u></b>	<b><u>30,287</u></b>	<b><u>30,287</u></b>	<b><u>35,621</u></b>	<b><u>35,621</u></b>	<b><u>35,621</u></b>	<b><u>29,943</u></b>	<b><u>29,943</u></b>	<b><u>29,943</u></b>	<b><u>29,943</u></b>	<b><u>29,943</u></b>	<b><u>29,943</u></b>	<b><u>29,943</u></b>	<b><u>29,943</u></b>	<b><u>580,391</u></b>
<b>Available to LGUs for Abatement</b>	<b>7,169</b>	<b>7,535</b>	<b>7,535</b>	<b>9,431</b>	<b>9,431</b>	<b>9,431</b>	<b>9,431</b>	<b>11,091</b>	<b>11,091</b>	<b>11,091</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>167,823</b>
Five Large Cities excl. NYC <sup>2</sup>	807	849	849	1,062	1,062	1,062	1,062	1,249	1,249	1,249	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	18,902
State Abatement Fund - Regional	6,195	6,511	6,511	8,149	8,149	8,149	8,149	9,584	9,584	9,584	8,057	8,057	8,057	8,057	8,057	8,057	8,057	8,057	145,019
Reserved for other litigating entities <sup>4</sup>	167	175	175	219	219	219	219	258	258	258	217	217	217	217	217	217	217	217	3,901
<b>State Investments</b>	<b>29,099</b>	<b>27,666</b>	<b>33,836</b>	<b>20,856</b>	<b>20,856</b>	<b>20,856</b>	<b>20,856</b>	<b>24,529</b>	<b>24,529</b>	<b>24,529</b>	<b>20,619</b>	<b>20,619</b>	<b>20,619</b>	<b>20,619</b>	<b>20,619</b>	<b>20,619</b>	<b>20,619</b>	<b>20,619</b>	<b>412,568</b>
State Direct Unrestricted Share	7,477	7,858	7,858	9,835	9,835	9,835	9,835	11,567	11,567	11,567	9,724	9,724	9,724	9,724	9,724	9,724	9,724	9,724	175,023
Reserved for other litigating entities	167	175	175	219	219	219	219	258	258	258	217	217	217	217	217	217	217	217	3,901
Remaining available for State Investments	7,310	7,683	7,683	9,616	9,616	9,616	9,616	11,310	11,310	11,310	9,507	9,507	9,507	9,507	9,507	9,507	9,507	9,507	171,122
State Abatement Fund - Lead Agency	8,545	8,980	8,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	200,026
Other Restitution	6,287	11,003	10,217	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,507
Cost to State	6,956	-	6,956	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,913
<b><u>Total</u></b>	<b><u>64,012</u></b>	<b><u>55,904</u></b>	<b><u>70,119</u></b>	<b><u>56,201</u></b>	<b><u>56,201</u></b>	<b><u>56,201</u></b>	<b><u>56,201</u></b>	<b><u>66,099</u></b>	<b><u>66,099</u></b>	<b><u>66,099</u></b>	<b><u>55,563</u></b>	<b><u>55,563</u></b>	<b><u>55,563</u></b>	<b><u>55,563</u></b>	<b><u>55,563</u></b>	<b><u>55,563</u></b>	<b><u>55,563</u></b>	<b><u>55,563</u></b>	<b><u>1,057,639</u></b>

1 - "Cost to State" payments to LGUs flow to NYC, 5 Large Cities, and Counties excluding Nassau and Suffolk by formula.  
2 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.  
3 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation  
4 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.

New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Johnson & Johnson Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10								Total
Direct Payments to Local Governments	-	79,031	-	-	-	3,896	3,958	3,958	5,049	5,049	5,049	-	-	-	-	-	-	-	105,990
Direct Payments to LGUs from OAG ESCROW Account	-	79,031	-	-	-	3,896	3,958	3,958	5,049	5,049	5,049	-	-	-	-	-	-	-	105,990
NYC Abatement	-	34,279	-	-	-	1,690	1,717	1,717	2,190	2,190	2,190	-	-	-	-	-	-	-	45,973
NYC Unrestricted	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nassau Abatement	-	11,449	-	-	-	564	573	573	731	731	731	-	-	-	-	-	-	-	15,355
Suffolk Abatement	-	14,792	-	-	-	729	741	741	945	945	945	-	-	-	-	-	-	-	19,837
Subdivision Direct Unrestricted Share	-	9,255	-	-	-	456	464	464	591	591	591	-	-	-	-	-	-	-	12,413
Subdivision Direct Share for Abatement	-	9,255	-	-	-	456	464	464	591	591	591	-	-	-	-	-	-	-	12,413
Cost to State - Unrestricted <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Co-Litigants <sup>3</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Nassau County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Payments to Suffolk County	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Opioid Settlement Fund	-	92,366	-	-	-	4,553	4,626	4,626	5,901	5,901	5,901	-	-	-	-	-	-	-	123,873
Available to LGUs for Abatement	-	28,760	-	-	-	1,418	1,441	1,441	1,837	1,837	1,837	-	-	-	-	-	-	-	38,571
Five Large Cities excl. NYC <sup>2</sup>	-	3,239	-	-	-	160	162	162	207	207	207	-	-	-	-	-	-	-	4,344
State Abatement Fund - Regional	-	24,853	-	-	-	1,225	1,245	1,245	1,588	1,588	1,588	-	-	-	-	-	-	-	33,330
Reserved for other litigating entities <sup>4</sup>	-	669	-	-	-	33	33	33	43	43	43	-	-	-	-	-	-	-	897
State Investments	-	63,605	-	-	-	3,135	3,186	3,186	4,063	4,063	4,063	-	-	-	-	-	-	-	85,302
State Direct Unrestricted Share	-	29,994	-	-	-	1,479	1,502	1,502	1,916	1,916	1,916	-	-	-	-	-	-	-	40,226
Reserved for other litigating entities	-	669	-	-	-	33	33	33	43	43	43	-	-	-	-	-	-	-	897
Remaining available for State Investments	-	29,326	-	-	-	1,446	1,469	1,469	1,873	1,873	1,873	-	-	-	-	-	-	-	39,329
State Abatement Fund - Lead Agency	-	34,279	-	-	-	1,690	1,717	1,717	2,190	2,190	2,190	-	-	-	-	-	-	-	45,973
Other Restitution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	171,397	-	-	-	8,449	8,585	8,585	10,949	10,949	10,949	-	-	-	-	-	-	-	229,863

1 - "Cost to State" payments to LGUs flow to NYC, 5 Large Cities, and Counties excluding Nassau and Suffolk by formula.  
2 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.  
3 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation  
4 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.

New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Allergan Settlement	Payment 1																		Total
Direct Payments to Local Governments	-	112,077	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	112,077
Direct Payments to LGUs from OAG ESCROW Account	-	57,791	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,791
NYC Abatement	-	29,679	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29,679
NYC Unrestricted	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nassau Abatement	-	3,158	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,158
Suffolk Abatement	-	4,086	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,086
Subdivision Direct Unrestricted Share	-	10,002	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,002
Subdivision Direct Share for Abatement	-	10,002	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,002
Cost to State - Unrestricted <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	-	865	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	865
Direct Payments to Co-Litigants <sup>3</sup>	-	54,286	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54,286
Direct Payments to Nassau County	-	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,143
Direct Payments to Suffolk County	-	27,143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,143
Payments to Opioid Settlement Fund	-	67,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67,542
Available to LGUs for Abatement	-	20,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,542
Five Large Cities excl. NYC <sup>2</sup>	-	2,369	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,369
State Abatement Fund - Regional	-	17,747	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,747
Reserved for other litigating entities <sup>4</sup>	-	426	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	426
State Investments	-	47,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47,000
State Direct Unrestricted Share	-	21,933	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,933
Reserved for other litigating entities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Remaining available for State Investments	-	21,933	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,933
State Abatement Fund - Lead Agency	-	25,067	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25,067
Other Restitution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	179,619	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	179,619

1 - "Cost to State" payments to LGUs flow to NYC, 5 Large Cities, and Counties excluding Nassau and Suffolk by formula.  
2 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.  
3 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation  
4 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.

New York Opioid Settlements  
Multi-Year Summary of Receipts by Source and Use  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Endo Settlement	Payment 1																		Total
Direct Payments to Local Governments	39,658	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39,658
Direct Payments to LGUs from OAG ESCROW Account	11,958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,958
NYC Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NYC Unrestricted	4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
Nassau Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Suffolk Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subdivision Direct Unrestricted Share	6,977	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,977
Subdivision Direct Share for Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State - Unrestricted <sup>1</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	521	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	521
Direct Payments to Co-Litigants <sup>3</sup>	27,700	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27,700
Direct Payments to Nassau County	13,850	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,850
Direct Payments to Suffolk County	13,850	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,850
Payments to Opioid Settlement Fund	10,342	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,342
Available to LGUs for Abatement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Five Large Cities excl. NYC <sup>2</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Abatement Fund - Regional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Reserved for other litigating entities <sup>4</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Investments	10,342	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,342
State Direct Unrestricted Share	4,826	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,826
Reserved for other litigating entities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Remaining available for State Investments	4,826	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,826
State Abatement Fund - Lead Agency	5,516	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,516
Other Restitution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost to State	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000

1 - "Cost to State" payments to LGUs flow to NYC, 5 Large Cities, and Counties excluding Nassau and Suffolk by formula.  
2 - Five Large Cities excluding NYC are Buffalo, Rochester, Syracuse, Albany, and Yonkers.  
3 - Direct payments to Nassau and Suffolk Counties - includes costs incurred as part of litigation  
4 - Eligible LGUs must first apply for grants from the State Abatement Fund - Regional allocation. If eligible LGUs do not receive funding before that category is exhausted, amounts are held in reserve. If LGUs do receive funding from Regional grants category, amounts from Distributors and J&J settlements revert to the "State Direct Unrestricted Share" category, and amounts from Allergan settlements revert to the State Abatement Fund - Regional category.

New York Opioid Settlements

Direct Payments to Local Governments via Qualified Settlement Fund/Fund Administrator/Escrow

State Fiscal Year 2023 - Payments through 3/31/2023

(\$ in Thousands)

Region	LGU Name	Distributors Settlement - Payment 1				Distributors Settlement - Payment 2			Johnson & Johnson - Payment 1			Allergan				Endo			All Settlements - FY 2023			
		Abatement	Unrestricted	Cost to State*	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Direct**	Total	Unrestricted	Direct**	Total	Abatement	Unrestricted	Direct**	Total
Major Category Allotments		15,086	-	3,000	18,086	15,855	-	15,855	60,520	-	60,520	36,923	-	54,286	91,209	4,460	27,700	32,160	128,384	7,460	81,986	217,830
New York City	New York City	8,545	-	3,000	11,545	8,980	-	8,980	34,279	-	34,279	29,679	-	-	29,679	4,460	-	4,460	81,483	7,460	-	88,943
Long Island	Nassau	2,854	-	-	2,854	2,999	-	2,999	11,449	-	11,449	3,158	-	27,143	30,301	-	13,850	13,850	20,461	-	40,993	61,454
Long Island	Suffolk	3,687	-	-	3,687	3,875	-	3,875	14,792	-	14,792	4,086	-	27,143	31,229	-	13,850	13,850	26,440	-	40,993	67,432
Subdivision Direct - Payments to Counties		2,307	2,307	4,693	9,307	2,425	2,425	4,849	9,255	9,255	18,511	10,002	10,002	-	20,003	6,977	-	6,977	23,989	35,659	-	59,648
Capital Region	Albany	64	64	131	260	68	68	135	258	258	517	279	279	-	558	195	-	195	670	995	-	1,665
Capital Region	Columbia	15	15	31	61	16	16	32	61	61	122	66	66	-	131	46	-	46	158	234	-	392
Capital Region	Greene	18	18	37	74	19	19	38	73	73	147	79	79	-	159	55	-	55	190	283	-	473
Capital Region	Rensselaer	29	29	60	118	31	31	62	118	118	235	127	127	-	254	89	-	89	305	453	-	758
Capital Region	Saratoga	39	39	79	156	41	41	81	155	155	311	168	168	-	336	117	-	117	403	599	-	1,002
Capital Region	Schenectady	28	28	57	113	30	30	59	113	113	225	122	122	-	244	85	-	85	292	434	-	726
Capital Region	Warren	14	14	29	57	15	15	30	57	57	113	61	61	-	122	43	-	43	147	218	-	365
Capital Region	Washington	11	11	23	45	12	12	23	44	44	89	48	48	-	96	33	-	33	115	171	-	286
Central NY	Cayuga	21	21	42	84	22	22	44	84	84	167	90	90	-	181	63	-	63	217	322	-	539
Central NY	Cortland	12	12	25	50	13	13	26	50	50	100	54	54	-	108	38	-	38	130	193	-	323
Central NY	Madison	19	19	38	75	20	20	39	75	75	150	81	81	-	162	57	-	57	194	289	-	484
Central NY	Onondaga	146	146	297	589	153	153	307	585	585	1,171	632	632	-	1,265	441	-	441	1,517	2,255	-	3,772
Central NY	Oswego	36	36	73	144	38	38	75	143	143	287	155	155	-	310	108	-	108	372	553	-	924
Finger Lakes	Genesee	16	16	33	66	17	17	34	66	66	132	71	71	-	142	50	-	50	170	253	-	424
Finger Lakes	Livingston	16	16	32	63	16	16	33	63	63	126	68	68	-	136	47	-	47	163	242	-	405
Finger Lakes	Monroe	217	217	440	873	228	228	455	869	869	1,737	939	939	-	1,877	655	-	655	2,251	3,346	-	5,598
Finger Lakes	Ontario	30	30	61	122	32	32	64	121	121	242	131	131	-	262	91	-	91	314	467	-	781
Finger Lakes	Orleans	10	10	19	38	10	10	20	38	38	76	41	41	-	83	29	-	29	99	147	-	246
Finger Lakes	Seneca	9	9	18	36	9	9	19	36	36	72	39	39	-	77	27	-	27	93	138	-	231
Finger Lakes	Wayne	23	23	47	93	24	24	48	92	92	184	99	99	-	199	69	-	69	238	354	-	593
Finger Lakes	Wyoming	9	9	19	38	10	10	20	38	38	76	41	41	-	82	29	-	29	99	147	-	246
Finger Lakes	Yates	6	6	12	23	6	6	12	23	23	46	25	25	-	50	17	-	17	59	88	-	148
Mid-Hudson	Dutchess	101	101	206	408	106	106	212	405	405	811	438	438	-	876	306	-	306	1,051	1,562	-	2,613
Mid-Hudson	Orange	120	120	243	483	126	126	252	480	480	960	519	519	-	1,038	362	-	362	1,244	1,850	-	3,094
Mid-Hudson	Putnam	27	27	56	110	29	29	57	110	110	219	119	119	-	237	83	-	83	284	423	-	707
Mid-Hudson	Rockland	71	71	145	287	75	75	149	285	285	570	308	308	-	616	215	-	215	739	1,099	-	1,838
Mid-Hudson	Sullivan	44	44	89	176	46	46	92	175	175	350	189	189	-	378	132	-	132	453	673	-	1,127
Mid-Hudson	Ulster	57	57	116	229	60	60	119	228	228	456	246	246	-	493	172	-	172	591	878	-	1,469
Mid-Hudson	Westchester	212	212	432	857	223	223	447	852	852	1,704	921	921	-	1,842	642	-	642	2,209	3,283	-	5,492
Mohawk Valley	Fulton	11	11	22	43	11	11	22	43	43	86	46	46	-	92	32	-	32	111	165	-	276
Mohawk Valley	Herkimer	15	15	31	61	16	16	32	61	61	122	66	66	-	132	46	-	46	158	235	-	393
Mohawk Valley	Montgomery	10	10	21	42	11	11	22	42	42	84	45	45	-	91	32	-	32	109	162	-	270
Mohawk Valley	Oneida	65	65	133	263	69	69	137	262	262	523	283	283	-	565	197	-	197	678	1,008	-	1,686
Mohawk Valley	Otsego	15	15	31	62	16	16	33	62	62	124	67	67	-	134	47	-	47	161	239	-	400
Mohawk Valley	Schoharie	6	6	13	26	7	7	13	26	26	51	28	28	-	56	19	-	19	67	99	-	166
North Country	Clinton	19	19	39	77	20	20	40	77	77	154	83	83	-	166	58	-	58	199	297	-	496
North Country	Essex	8	8	17	34	9	9	18	34	34	68	37	37	-	73	26	-	26	88	131	-	219
North Country	Franklin	11	11	21	43	11	11	22	42	42	85	46	46	-	91	32	-	32	110	163	-	273
North Country	Hamilton	1	1	1	3	1	1	1	3	3	6	3	3	-	6	2	-	2	7	11	-	18
North Country	Jefferson	29	29	60	119	31	31	62	118	118	236	127	127	-	255	89	-	89	306	454	-	760
North Country	Lewis	6	6	12	23	6	6	12	23	23	46	25	25	-	50	18	-	18	60	90	-	150
North Country	St. Lawrence	28	28	58	115	30	30	60	114	114	228	123	123	-	247	86	-	86	296	440	-	736
Southern Tier	Broome	64	64	131	260	68	68	135	258	258	517	279	279	-	558	195	-	195	669	995	-	1,665
Southern Tier	Chemung	28	28	58	115	30	30	60	114	114	228	123	123	-	246	86	-	86	296	439	-	735
Southern Tier	Chenango	12	12	24	48	13	13	25	48	48	96	52	52	-	103	36	-	36	124	184	-	308

New York Opioid Settlements

Direct Payments to Local Governments via Qualified Settlement Fund/Fund Administrator/Escrow

State Fiscal Year 2023 - Payments through 3/31/2023

(\$ in Thousands)

Region	LGU Name	Distributors Settlement - Payment 1				Distributors Settlement - Payment 2			Johnson & Johnson - Payment 1			Allergan				Endo			All Settlements - FY 2023			
		Abatement	Unrestricted	Cost to State*	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Total	Abatement	Unrestricted	Direct**	Total	Unrestricted	Direct**	Total	Abatement	Unrestricted	Direct**	Total
Southern Tier	Delaware	13	13	26	51	13	13	27	51	51	102	55	55	-	110	38	-	38	132	196	-	328
Southern Tier	Schuyler	5	5	10	19	5	5	10	19	19	39	21	21	-	42	15	-	15	50	74	-	124
Southern Tier	Steuben	26	26	53	106	28	28	55	105	105	210	114	114	-	227	79	-	79	273	405	-	678
Southern Tier	Tioga	13	13	25	50	13	13	26	50	50	100	54	54	-	108	38	-	38	130	193	-	323
Southern Tier	Tompkins	27	27	55	110	29	29	57	109	109	218	118	118	-	236	82	-	82	282	420	-	702
Western NY	Allegany	11	11	23	46	12	12	24	46	46	91	49	49	-	99	34	-	34	118	176	-	294
Western NY	Cattaraugus	20	20	42	82	21	21	43	82	82	164	89	89	-	177	62	-	62	212	316	-	528
Western NY	Chautauqua	40	40	80	159	42	42	83	159	159	317	171	171	-	343	120	-	120	411	611	-	1,022
Western NY	Erie	323	323	656	1,301	339	339	678	1,294	1,294	2,588	1,398	1,398	-	2,797	976	-	976	3,354	4,986	-	8,340
Western NY	Niagara	79	79	160	318	83	83	166	316	316	632	342	342	-	683	238	-	238	820	1,218	-	2,038
Payments to Other Cities		-	-	351	351	-	-	-	-	-	-	865	-	-	865	521	-	521	865	872	-	1,737
Capital Region	Albany	-	-	23	23	-	-	-	-	-	-	58	-	-	58	35	-	35	58	58	-	116
Finger Lakes	Rochester	-	-	79	79	-	-	-	-	-	-	195	-	-	195	117	-	117	195	196	-	391
Mid-Hudson	Yonkers	-	-	77	77	-	-	-	-	-	-	191	-	-	191	115	-	115	191	193	-	384
Mohawk Valley	Syracuse	-	-	53	53	-	-	-	-	-	-	131	-	-	131	79	-	79	131	132	-	263
Western NY	Buffalo	-	-	118	118	-	-	-	-	-	-	290	-	-	290	175	-	175	290	292	-	582
Total - Direct Payment to LGUs		17,393	2,307	8,044	27,744	18,279	2,425	20,704	69,776	9,255	79,031	47,789	10,002	54,286	112,077	11,958	27,700	39,658	153,238	43,991	81,986	279,214

Note - payments made to local government units via Qualified Settlement Fund/Administrator/OAG Escrow account, not Opioid Settlement Fund, except "Direct" payment noted below.

\* Payments to localities related to the cost of litigation. All funds unrestricted.

\*\* Payments made directly to Nassau and Suffolk Counties, which were co-litigants with the State. Includes costs incurred as part of litigation. Payments are Unrestricted.

New York Opioid Settlements

Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Formula Payments to Local Government Units - All Settlements																				
Major Category Allotments		22,546	113,298	18,855	19,845	19,845	22,828	22,876	26,371	27,206	27,206	23,485	19,619	19,619	19,619	19,619	19,619	19,619	19,619	481,694
New York City	New York City	16,005	72,938	11,980	11,240	11,240	12,930	12,957	14,937	15,410	15,410	13,302	11,113	11,113	11,113	11,113	11,113	11,113	11,113	286,138
Long Island	Nassau	2,854	17,607	2,999	3,754	3,754	4,319	4,328	4,989	5,147	5,147	4,443	3,712	3,712	3,712	3,712	3,712	3,712	3,712	85,322
Long Island	Suffolk	3,687	22,752	3,875	4,850	4,850	5,579	5,591	6,445	6,649	6,649	5,740	4,795	4,795	4,795	4,795	4,795	4,795	4,795	110,234
Subdivision Direct - Payments to Counties		16,285	43,363	9,543	6,070	6,070	6,982	6,997	8,066	8,321	8,321	7,183	6,001	6,001	6,001	6,001	6,001	6,001	6,001	169,206
Capital Region	Albany	455	1,210	266	169	169	195	195	225	232	232	201	168	168	168	168	168	168	168	4,723
Capital Region	Columbia	107	285	63	40	40	46	46	53	55	55	47	39	39	39	39	39	39	39	1,111
Capital Region	Greene	129	344	76	48	48	55	56	64	66	66	57	48	48	48	48	48	48	48	1,342
Capital Region	Rensselaer	207	551	121	77	77	89	89	102	106	106	91	76	76	76	76	76	76	76	2,150
Capital Region	Saratoga	273	728	160	102	102	117	117	135	140	140	121	101	101	101	101	101	101	101	2,842
Capital Region	Schenectady	198	528	116	74	74	85	85	98	101	101	87	73	73	73	73	73	73	73	2,060
Capital Region	Warren	100	265	58	37	37	43	43	49	51	51	44	37	37	37	37	37	37	37	1,036
Capital Region	Washington	78	208	46	29	29	34	34	39	40	40	34	29	29	29	29	29	29	29	812
Central NY	Cayuga	147	392	86	55	55	63	63	73	75	75	65	54	54	54	54	54	54	54	1,529
Central NY	Cortland	88	235	52	33	33	38	38	44	45	45	39	32	32	32	32	32	32	32	915
Central NY	Madison	132	352	77	49	49	57	57	65	67	67	58	49	49	49	49	49	49	49	1,372
Central NY	Onondaga	1,030	2,742	603	384	384	442	442	510	526	526	454	379	379	379	379	379	379	379	10,700
Central NY	Oswego	252	672	148	94	94	108	108	125	129	129	111	93	93	93	93	93	93	93	2,622
Finger Lakes	Genesee	116	308	68	43	43	50	50	57	59	59	51	43	43	43	43	43	43	43	1,202
Finger Lakes	Livingston	111	294	65	41	41	47	47	55	56	56	49	41	41	41	41	41	41	41	1,149
Finger Lakes	Monroe	1,528	4,069	896	570	570	655	657	757	781	781	674	563	563	563	563	563	563	563	15,879
Finger Lakes	Ontario	213	568	125	80	80	91	92	106	109	109	94	79	79	79	79	79	79	79	2,217
Finger Lakes	Orleans	67	179	39	25	25	29	29	33	34	34	30	25	25	25	25	25	25	25	699
Finger Lakes	Seneca	63	168	37	23	23	27	27	31	32	32	28	23	23	23	23	23	23	23	655
Finger Lakes	Wayne	162	431	95	60	60	69	70	80	83	83	71	60	60	60	60	60	60	60	1,682
Finger Lakes	Wyoming	67	179	39	25	25	29	29	33	34	34	30	25	25	25	25	25	25	25	697
Finger Lakes	Yates	40	108	24	15	15	17	17	20	21	21	18	15	15	15	15	15	15	15	419
Mid-Hudson	Dutchess	713	1,900	418	266	266	306	307	353	365	365	315	263	263	263	263	263	263	263	7,413
Mid-Hudson	Orange	845	2,250	495	315	315	362	363	418	432	432	373	311	311	311	311	311	311	311	8,778
Mid-Hudson	Putnam	193	514	113	72	72	83	83	96	99	99	85	71	71	71	71	71	71	71	2,005
Mid-Hudson	Rockland	502	1,336	294	187	187	215	216	249	256	256	221	185	185	185	185	185	185	185	5,215
Mid-Hudson	Sullivan	308	819	180	115	115	132	132	152	157	157	136	113	113	113	113	113	113	113	3,196
Mid-Hudson	Ulster	401	1,068	235	149	149	172	172	199	205	205	177	148	148	148	148	148	148	148	4,168
Mid-Hudson	Westchester	1,499	3,993	879	559	559	643	644	743	766	766	661	553	553	553	553	553	553	553	15,580
Mohawk Valley	Fulton	75	200	44	28	28	32	32	37	38	38	33	28	28	28	28	28	28	28	782
Mohawk Valley	Herkimer	107	285	63	40	40	46	46	53	55	55	47	40	40	40	40	40	40	40	1,114
Mohawk Valley	Montgomery	74	197	43	28	28	32	32	37	38	38	33	27	27	27	27	27	27	27	767
Mohawk Valley	Oneida	460	1,226	270	172	172	197	198	228	235	235	203	170	170	170	170	170	170	170	4,783
Mohawk Valley	Otsego	109	291	64	41	41	47	47	54	56	56	48	40	40	40	40	40	40	40	1,135
Mohawk Valley	Schoharie	45	120	27	17	17	19	19	22	23	23	20	17	17	17	17	17	17	17	470
North Country	Clinton	135	361	79	50	50	58	58	67	69	69	60	50	50	50	50	50	50	50	1,407
North Country	Essex	60	159	35	22	22	26	26	30	31	31	26	22	22	22	22	22	22	22	621
North Country	Franklin	74	198	44	28	28	32	32	37	38	38	33	27	27	27	27	27	27	27	774
North Country	Hamilton	5	13	3	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	51
North Country	Jefferson	207	552	122	77	77	89	89	103	106	106	91	76	76	76	76	76	76	76	2,155
North Country	Lewis	41	109	24	15	15	18	18	20	21	21	18	15	15	15	15	15	15	15	425
North Country	St. Lawrence	201	535	118	75	75	86	86	100	103	103	89	74	74	74	74	74	74	74	2,088
Southern Tier	Broome	454	1,210	266	169	169	195	195	225	232	232	200	167	167	167	167	167	167	167	4,722
Southern Tier	Chemung	201	534	118	75	75	86	86	99	103	103	88	74	74	74	74	74	74	74	2,085
Southern Tier	Chenango	84	224	49	31	31	36	36	42	43	43	37	31	31	31	31	31	31	31	874
Southern Tier	Delaware	89	238	52	33	33	38	38	44	46	46	39	33	33	33	33	33	33	33	930



**New York Opioid Settlements**  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	34	90	20	13	13	15	15	17	17	17	15	12	12	12	12	12	12	12	352
Southern Tier	Steuben	185	493	109	69	69	79	80	92	95	95	82	68	68	68	68	68	68	68	1,924
Southern Tier	Tioga	88	235	52	33	33	38	38	44	45	45	39	33	33	33	33	33	33	33	918
Southern Tier	Tompkins	192	511	112	71	71	82	82	95	98	98	85	71	71	71	71	71	71	71	1,993
Western NY	Allegany	80	214	47	30	30	34	34	40	41	41	35	30	30	30	30	30	30	30	834
Western NY	Cattaraugus	144	384	85	54	54	62	62	71	74	74	64	53	53	53	53	53	53	53	1,499
Western NY	Chautauqua	279	743	163	104	104	120	120	138	143	143	123	103	103	103	103	103	103	103	2,898
Western NY	Erie	2,277	6,063	1,334	849	849	976	978	1,128	1,163	1,163	1,004	839	839	839	839	839	839	839	23,658
Western NY	Niagara	556	1,482	326	207	207	239	239	276	284	284	245	205	205	205	205	205	205	205	5,782
Five Large Cities excl. NYC		872	865	351	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,087
Capital Region	Albany	58	58	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	140
Western NY	Buffalo	292	290	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	700
Finger Lakes	Rochester	196	195	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	470
Mohawk Valley	Syracuse	132	131	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	317
Mid-Hudson	Yonkers	193	191	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	461
Total - QSF/Admin./Escrow Payments to Local Government Units		39,703	157,526	28,748	25,914	25,914	29,810	29,873	34,437	35,527	35,527	30,669	25,620	25,620	25,620	25,620	25,620	25,620	25,620	652,987

New York Opioid Settlements

Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement - All Payments		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
Major Category Allotments		18,086	15,855	18,855	19,845	19,845	19,845	19,845	23,340	23,340	23,340	19,619	19,619	19,619	19,619	19,619	19,619	19,619	19,619	359,147
New York City	New York City	11,545	8,980	11,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	206,026
Long Island	Nassau	2,854	2,999	2,999	3,754	3,754	3,754	3,754	4,415	4,415	4,415	3,712	3,712	3,712	3,712	3,712	3,712	3,712	3,712	66,809
Long Island	Suffolk	3,687	3,875	3,875	4,850	4,850	4,850	4,850	5,704	5,704	5,704	4,795	4,795	4,795	4,795	4,795	4,795	4,795	4,795	86,311
Subdivision Direct - Payments to Counties		9,307	4,849	9,543	6,070	6,070	6,070	6,070	7,139	7,139	7,139	6,001	6,001	6,001	6,001	6,001	6,001	6,001	6,001	117,401
Capital Region	Albany	260	135	266	169	169	169	169	199	199	199	168	168	168	168	168	168	168	168	3,277
Capital Region	Columbia	61	32	63	40	40	40	40	47	47	47	39	39	39	39	39	39	39	39	771
Capital Region	Greene	74	38	76	48	48	48	48	57	57	57	48	48	48	48	48	48	48	48	931
Capital Region	Rensselaer	118	62	121	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,492
Capital Region	Saratoga	156	81	160	102	102	102	102	120	120	120	101	101	101	101	101	101	101	101	1,972
Capital Region	Schenectady	113	59	116	74	74	74	74	87	87	87	73	73	73	73	73	73	73	73	1,429
Capital Region	Warren	57	30	58	37	37	37	37	44	44	44	37	37	37	37	37	37	37	37	719
Capital Region	Washington	45	23	46	29	29	29	29	34	34	34	29	29	29	29	29	29	29	29	563
Central NY	Cayuga	84	44	86	55	55	55	55	64	64	64	54	54	54	54	54	54	54	54	1,061
Central NY	Cortland	50	26	52	33	33	33	33	39	39	39	32	32	32	32	32	32	32	32	635
Central NY	Madison	75	39	77	49	49	49	49	58	58	58	49	49	49	49	49	49	49	49	952
Central NY	Onondaga	589	307	603	384	384	384	384	451	451	451	379	379	379	379	379	379	379	379	7,424
Central NY	Oswego	144	75	148	94	94	94	94	111	111	111	93	93	93	93	93	93	93	93	1,819
Finger Lakes	Genesee	66	34	68	43	43	43	43	51	51	51	43	43	43	43	43	43	43	43	834
Finger Lakes	Livingston	63	33	65	41	41	41	41	48	48	48	41	41	41	41	41	41	41	41	797
Finger Lakes	Monroe	873	455	896	570	570	570	570	670	670	670	563	563	563	563	563	563	563	563	11,017
Finger Lakes	Ontario	122	64	125	80	80	80	80	94	94	94	79	79	79	79	79	79	79	79	1,538
Finger Lakes	Orleans	38	20	39	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	485
Finger Lakes	Seneca	36	19	37	23	23	23	23	28	28	28	23	23	23	23	23	23	23	23	454
Finger Lakes	Wayne	93	48	95	60	60	60	60	71	71	71	60	60	60	60	60	60	60	60	1,167
Finger Lakes	Wyoming	38	20	39	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	483
Finger Lakes	Yates	23	12	24	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	291
Mid-Hudson	Dutchess	408	212	418	266	266	266	266	313	313	313	263	263	263	263	263	263	263	263	5,143
Mid-Hudson	Orange	483	252	495	315	315	315	315	370	370	370	311	311	311	311	311	311	311	311	6,090
Mid-Hudson	Putnam	110	57	113	72	72	72	72	85	85	85	71	71	71	71	71	71	71	71	1,391
Mid-Hudson	Rockland	287	149	294	187	187	187	187	220	220	220	185	185	185	185	185	185	185	185	3,618
Mid-Hudson	Sullivan	176	92	180	115	115	115	115	135	135	135	113	113	113	113	113	113	113	113	2,217
Mid-Hudson	Ulster	229	119	235	149	149	149	149	176	176	176	148	148	148	148	148	148	148	148	2,892
Mid-Hudson	Westchester	857	447	879	559	559	559	559	657	657	657	553	553	553	553	553	553	553	553	10,810
Mohawk Valley	Fulton	43	22	44	28	28	28	28	33	33	33	28	28	28	28	28	28	28	28	542
Mohawk Valley	Herkimer	61	32	63	40	40	40	40	47	47	47	40	40	40	40	40	40	40	40	773
Mohawk Valley	Montgomery	42	22	43	28	28	28	28	32	32	32	27	27	27	27	27	27	27	27	532
Mohawk Valley	Oneida	263	137	270	172	172	172	172	202	202	202	170	170	170	170	170	170	170	170	3,319
Mohawk Valley	Otsego	62	33	64	41	41	41	41	48	48	48	40	40	40	40	40	40	40	40	788
Mohawk Valley	Schoharie	26	13	27	17	17	17	17	20	20	20	17	17	17	17	17	17	17	17	326
North Country	Clinton	77	40	79	50	50	50	50	59	59	59	50	50	50	50	50	50	50	50	976
North Country	Essex	34	18	35	22	22	22	22	26	26	26	22	22	22	22	22	22	22	22	431
North Country	Franklin	43	22	44	28	28	28	28	33	33	33	27	27	27	27	27	27	27	27	537
North Country	Hamilton	3	1	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	36
North Country	Jefferson	119	62	122	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,495
North Country	Lewis	23	12	24	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	295
North Country	St. Lawrence	115	60	118	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,449
Southern Tier	Broome	260	135	266	169	169	169	169	199	199	199	167	167	167	167	167	167	167	167	3,276
Southern Tier	Chemung	115	60	118	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,446
Southern Tier	Chenango	48	25	49	31	31	31	31	37	37	37	31	31	31	31	31	31	31	31	606
Southern Tier	Delaware	51	27	52	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	645

New York Opioid Settlements  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	19	10	20	13	13	13	13	15	15	15	12	12	12	12	12	12	12	12	244
Southern Tier	Steuben	106	55	109	69	69	69	69	81	81	81	68	68	68	68	68	68	68	68	1,335
Southern Tier	Tioga	50	26	52	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	637
Southern Tier	Tompkins	110	57	112	71	71	71	71	84	84	84	71	71	71	71	71	71	71	71	1,382
Western NY	Allegany	46	24	47	30	30	30	30	35	35	35	30	30	30	30	30	30	30	30	578
Western NY	Cattaraugus	82	43	85	54	54	54	54	63	63	63	53	53	53	53	53	53	53	53	1,040
Western NY	Chautauqua	159	83	163	104	104	104	104	122	122	122	103	103	103	103	103	103	103	103	2,011
Western NY	Erie	1,301	678	1,334	849	849	849	849	998	998	998	839	839	839	839	839	839	839	839	16,415
Western NY	Niagara	318	166	326	207	207	207	207	244	244	244	205	205	205	205	205	205	205	205	4,011
Five Large Cities excl. NYC		351	-	351	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	701
Capital Region	Albany	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Western NY	Buffalo	118	-	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	235
Finger Lakes	Rochester	79	-	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	158
Mohawk Valley	Syracuse	53	-	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	106
Mid-Hudson	Yonkers	77	-	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	155
Total - Distributors Settlement		27,744	20,704	28,748	25,914	25,914	25,914	25,914	30,478	30,478	30,478	25,620	25,620	25,620	25,620	25,620	25,620	25,620	25,620	477,248

New York Opioid Settlements

Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement - Abatement and Unrestricted		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
Major Category Allotments *		15,086	15,855	15,855	19,845	19,845	19,845	19,845	23,340	23,340	23,340	19,619	19,619	19,619	19,619	19,619	19,619	19,619	19,619	353,147
New York City	New York City	8,545	8,980	8,980	11,240	11,240	11,240	11,240	13,220	13,220	13,220	11,113	11,113	11,113	11,113	11,113	11,113	11,113	11,113	200,026
Long Island	Nassau	2,854	2,999	2,999	3,754	3,754	3,754	3,754	4,415	4,415	4,415	3,712	3,712	3,712	3,712	3,712	3,712	3,712	3,712	66,809
Long Island	Suffolk	3,687	3,875	3,875	4,850	4,850	4,850	4,850	5,704	5,704	5,704	4,795	4,795	4,795	4,795	4,795	4,795	4,795	4,795	86,311
Subdivision Direct - Payments to Counties **		4,614	4,849	4,849	6,070	6,070	6,070	6,070	7,139	7,139	7,139	6,001	6,001	6,001	6,001	6,001	6,001	6,001	6,001	108,014
Capital Region	Albany	129	135	135	169	169	169	169	199	199	199	168	168	168	168	168	168	168	168	3,015
Capital Region	Columbia	30	32	32	40	40	40	40	47	47	47	39	39	39	39	39	39	39	39	709
Capital Region	Greene	37	38	38	48	48	48	48	57	57	57	48	48	48	48	48	48	48	48	857
Capital Region	Rensselaer	59	62	62	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,373
Capital Region	Saratoga	77	81	81	102	102	102	102	120	120	120	101	101	101	101	101	101	101	101	1,814
Capital Region	Schenectady	56	59	59	74	74	74	74	87	87	87	73	73	73	73	73	73	73	73	1,315
Capital Region	Warren	28	30	30	37	37	37	37	44	44	44	37	37	37	37	37	37	37	37	661
Capital Region	Washington	22	23	23	29	29	29	29	34	34	34	29	29	29	29	29	29	29	29	518
Central NY	Cayuga	42	44	44	55	55	55	55	64	64	64	54	54	54	54	54	54	54	54	976
Central NY	Cortland	25	26	26	33	33	33	33	39	39	39	32	32	32	32	32	32	32	32	584
Central NY	Madison	37	39	39	49	49	49	49	58	58	58	49	49	49	49	49	49	49	49	876
Central NY	Onondaga	292	307	307	384	384	384	384	451	451	451	379	379	379	379	379	379	379	379	6,831
Central NY	Oswego	71	75	75	94	94	94	94	111	111	111	93	93	93	93	93	93	93	93	1,674
Finger Lakes	Genesee	33	34	34	43	43	43	43	51	51	51	43	43	43	43	43	43	43	43	768
Finger Lakes	Livingston	31	33	33	41	41	41	41	48	48	48	41	41	41	41	41	41	41	41	733
Finger Lakes	Monroe	433	455	455	570	570	570	570	670	670	670	563	563	563	563	563	563	563	563	10,137
Finger Lakes	Ontario	60	64	64	80	80	80	80	94	94	94	79	79	79	79	79	79	79	79	1,415
Finger Lakes	Orleans	19	20	20	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	446
Finger Lakes	Seneca	18	19	19	23	23	23	23	28	28	28	23	23	23	23	23	23	23	23	418
Finger Lakes	Wayne	46	48	48	60	60	60	60	71	71	71	60	60	60	60	60	60	60	60	1,074
Finger Lakes	Wyoming	19	20	20	25	25	25	25	29	29	29	25	25	25	25	25	25	25	25	445
Finger Lakes	Yates	11	12	12	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	268
Mid-Hudson	Dutchess	202	212	212	266	266	266	266	313	313	313	263	263	263	263	263	263	263	263	4,732
Mid-Hudson	Orange	239	252	252	315	315	315	315	370	370	370	311	311	311	311	311	311	311	311	5,603
Mid-Hudson	Putnam	55	57	57	72	72	72	72	85	85	85	71	71	71	71	71	71	71	71	1,280
Mid-Hudson	Rockland	142	149	149	187	187	187	187	220	220	220	185	185	185	185	185	185	185	185	3,329
Mid-Hudson	Sullivan	87	92	92	115	115	115	115	135	135	135	113	113	113	113	113	113	113	113	2,040
Mid-Hudson	Ulster	114	119	119	149	149	149	149	176	176	176	148	148	148	148	148	148	148	148	2,660
Mid-Hudson	Westchester	425	447	447	559	559	559	559	657	657	657	553	553	553	553	553	553	553	553	9,946
Mohawk Valley	Fulton	21	22	22	28	28	28	28	33	33	33	28	28	28	28	28	28	28	28	499
Mohawk Valley	Herkimer	30	32	32	40	40	40	40	47	47	47	40	40	40	40	40	40	40	40	711
Mohawk Valley	Montgomery	21	22	22	28	28	28	28	32	32	32	27	27	27	27	27	27	27	27	490
Mohawk Valley	Oneida	130	137	137	172	172	172	172	202	202	202	170	170	170	170	170	170	170	170	3,053
Mohawk Valley	Otsego	31	33	33	41	41	41	41	48	48	48	40	40	40	40	40	40	40	40	725
Mohawk Valley	Schoharie	13	13	13	17	17	17	17	20	20	20	17	17	17	17	17	17	17	17	300
North Country	Clinton	38	40	40	50	50	50	50	59	59	59	50	50	50	50	50	50	50	50	898
North Country	Essex	17	18	18	22	22	22	22	26	26	26	22	22	22	22	22	22	22	22	397
North Country	Franklin	21	22	22	28	28	28	28	33	33	33	27	27	27	27	27	27	27	27	494
North Country	Hamilton	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	33
North Country	Jefferson	59	62	62	77	77	77	77	91	91	91	76	76	76	76	76	76	76	76	1,376
North Country	Lewis	12	12	12	15	15	15	15	18	18	18	15	15	15	15	15	15	15	15	271
North Country	St. Lawrence	57	60	60	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,333
Southern Tier	Broome	129	135	135	169	169	169	169	199	199	199	167	167	167	167	167	167	167	167	3,014
Southern Tier	Chemung	57	60	60	75	75	75	75	88	88	88	74	74	74	74	74	74	74	74	1,331
Southern Tier	Chenango	24	25	25	31	31	31	31	37	37	37	31	31	31	31	31	31	31	31	558
Southern Tier	Delaware	25	27	27	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	593

New York Opioid Settlements

Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	10	10	10	13	13	13	13	15	15	15	12	12	12	12	12	12	12	12	225
Southern Tier	Steuben	52	55	55	69	69	69	69	81	81	81	68	68	68	68	68	68	68	68	1,228
Southern Tier	Tioga	25	26	26	33	33	33	33	39	39	39	33	33	33	33	33	33	33	33	586
Southern Tier	Tompkins	54	57	57	71	71	71	71	84	84	84	71	71	71	71	71	71	71	71	1,272
Western NY	Allegany	23	24	24	30	30	30	30	35	35	35	30	30	30	30	30	30	30	30	532
Western NY	Cattaraugus	41	43	43	54	54	54	54	63	63	63	53	53	53	53	53	53	53	53	957
Western NY	Chautauqua	79	83	83	104	104	104	104	122	122	122	103	103	103	103	103	103	103	103	1,850
Western NY	Erie	645	678	678	849	849	849	849	998	998	998	839	839	839	839	839	839	839	839	15,102
Western NY	Niagara	158	166	166	207	207	207	207	244	244	244	205	205	205	205	205	205	205	205	3,691
Five Large Cities excl. NYC		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Region	Albany	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Western NY	Buffalo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Finger Lakes	Rochester	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mohawk Valley	Syracuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	Yonkers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total - Distributors Abatement and Unrestricted		19,700	20,704	20,704	25,914	25,914	25,914	25,914	30,478	30,478	30,478	25,620	25,620	25,620	25,620	25,620	25,620	25,620	25,620	461,161

\* All funds reserved for abatement  
\*\* 50% reserved for abatement, 50% unrestricted

**New York Opioid Settlements**  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement - "Cost to State" Direct Payments		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
<b>Major Category Allotments ***</b>		<b>3,000</b>	-	<b>3,000</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>6,000</b>
New York City	New York City	3,000	-	3,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,000
Long Island	Nassau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long Island	Suffolk	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Subdivision Direct - Payments to Counties ***</b>		<b>4,693</b>	-	<b>4,693</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>9,386</b>
Capital Region	Albany	131	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	262
Capital Region	Columbia	31	-	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62
Capital Region	Greene	37	-	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74
Capital Region	Rensselaer	60	-	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	119
Capital Region	Saratoga	79	-	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	158
Capital Region	Schenectady	57	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	114
Capital Region	Warren	29	-	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57
Capital Region	Washington	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	45
Central NY	Cayuga	42	-	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85
Central NY	Cortland	25	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51
Central NY	Madison	38	-	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	76
Central NY	Onondaga	297	-	297	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	594
Central NY	Oswego	73	-	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	145
Finger Lakes	Genesee	33	-	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67
Finger Lakes	Livingston	32	-	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	64
Finger Lakes	Monroe	440	-	440	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	881
Finger Lakes	Ontario	61	-	61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	123
Finger Lakes	Orleans	19	-	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39
Finger Lakes	Seneca	18	-	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36
Finger Lakes	Wayne	47	-	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93
Finger Lakes	Wyoming	19	-	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39
Finger Lakes	Yates	12	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23
Mid-Hudson	Dutchess	206	-	206	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	411
Mid-Hudson	Orange	243	-	243	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	487
Mid-Hudson	Putnam	56	-	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	111
Mid-Hudson	Rockland	145	-	145	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	289
Mid-Hudson	Sullivan	89	-	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	177
Mid-Hudson	Ulster	116	-	116	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	231
Mid-Hudson	Westchester	432	-	432	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	864
Mohawk Valley	Fulton	22	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
Mohawk Valley	Herkimer	31	-	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62
Mohawk Valley	Montgomery	21	-	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
Mohawk Valley	Oneida	133	-	133	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	265
Mohawk Valley	Otsego	31	-	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	63
Mohawk Valley	Schoharie	13	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
North Country	Clinton	39	-	39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	78
North Country	Essex	17	-	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34
North Country	Franklin	21	-	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
North Country	Hamilton	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
North Country	Jefferson	60	-	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120
North Country	Lewis	12	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24
North Country	St. Lawrence	58	-	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	116
Southern Tier	Broome	131	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	262
Southern Tier	Chemung	58	-	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	116
Southern Tier	Chenango	24	-	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	48
Southern Tier	Delaware	26	-	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	52

**New York Opioid Settlements**  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	10	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
Southern Tier	Steuben	53	-	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	107
Southern Tier	Tioga	25	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51
Southern Tier	Tompkins	55	-	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	111
Western NY	Allegany	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Western NY	Cattaraugus	42	-	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
Western NY	Chautauqua	80	-	80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	161
Western NY	Erie	656	-	656	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,312
Western NY	Niagara	160	-	160	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	321
Five Large Cities excl. NYC ***		351	-	351	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	701
Capital Region	Albany	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Western NY	Buffalo	118	-	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	235
Finger Lakes	Rochester	79	-	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	158
Mohawk Valley	Syracuse	53	-	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	106
Mid-Hudson	Yonkers	77	-	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	155
Total - Distributors "Cost to State"		8,044	-	8,044	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,087

\*\*\* All payments to LGUs are unrestricted

**New York Opioid Settlements**  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Johnson & Johnson Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10									Total
Major Category Allotments *		-	60,520	-	-	-	2,983	3,031	3,031	3,866	3,866	3,866	-	-	-	-	-	-	-	81,165
New York City	New York City	-	34,279	-	-	-	1,690	1,717	1,717	2,190	2,190	2,190	-	-	-	-	-	-	-	45,973
Long Island	Nassau	-	11,449	-	-	-	564	573	573	731	731	731	-	-	-	-	-	-	-	15,355
Long Island	Suffolk	-	14,792	-	-	-	729	741	741	945	945	945	-	-	-	-	-	-	-	19,837
Subdivision Direct - Payments to Counties **		-	18,511	-	-	-	912	927	927	1,183	1,183	1,183	-	-	-	-	-	-	-	24,825
Capital Region	Albany	-	517	-	-	-	25	26	26	33	33	33	-	-	-	-	-	-	-	693
Capital Region	Columbia	-	122	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	163
Capital Region	Greene	-	147	-	-	-	7	7	7	9	9	9	-	-	-	-	-	-	-	197
Capital Region	Rensselaer	-	235	-	-	-	12	12	12	15	15	15	-	-	-	-	-	-	-	315
Capital Region	Saratoga	-	311	-	-	-	15	16	16	20	20	20	-	-	-	-	-	-	-	417
Capital Region	Schenectady	-	225	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	302
Capital Region	Warren	-	113	-	-	-	6	6	6	7	7	7	-	-	-	-	-	-	-	152
Capital Region	Washington	-	89	-	-	-	4	4	4	6	6	6	-	-	-	-	-	-	-	119
Central NY	Cayuga	-	167	-	-	-	8	8	8	11	11	11	-	-	-	-	-	-	-	224
Central NY	Cortland	-	100	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	134
Central NY	Madison	-	150	-	-	-	7	8	8	10	10	10	-	-	-	-	-	-	-	201
Central NY	Onondaga	-	1,171	-	-	-	58	59	59	75	75	75	-	-	-	-	-	-	-	1,570
Central NY	Oswego	-	287	-	-	-	14	14	14	18	18	18	-	-	-	-	-	-	-	385
Finger Lakes	Genesee	-	132	-	-	-	6	7	7	8	8	8	-	-	-	-	-	-	-	176
Finger Lakes	Livingston	-	126	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	169
Finger Lakes	Monroe	-	1,737	-	-	-	86	87	87	111	111	111	-	-	-	-	-	-	-	2,330
Finger Lakes	Ontario	-	242	-	-	-	12	12	12	15	15	15	-	-	-	-	-	-	-	325
Finger Lakes	Orleans	-	76	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	102
Finger Lakes	Seneca	-	72	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	96
Finger Lakes	Wayne	-	184	-	-	-	9	9	9	12	12	12	-	-	-	-	-	-	-	247
Finger Lakes	Wyoming	-	76	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	102
Finger Lakes	Yates	-	46	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	62
Mid-Hudson	Dutchess	-	811	-	-	-	40	41	41	52	52	52	-	-	-	-	-	-	-	1,088
Mid-Hudson	Orange	-	960	-	-	-	47	48	48	61	61	61	-	-	-	-	-	-	-	1,288
Mid-Hudson	Putnam	-	219	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	294
Mid-Hudson	Rockland	-	570	-	-	-	28	29	29	36	36	36	-	-	-	-	-	-	-	765
Mid-Hudson	Sullivan	-	350	-	-	-	17	18	18	22	22	22	-	-	-	-	-	-	-	469
Mid-Hudson	Ulster	-	456	-	-	-	22	23	23	29	29	29	-	-	-	-	-	-	-	611
Mid-Hudson	Westchester	-	1,704	-	-	-	84	85	85	109	109	109	-	-	-	-	-	-	-	2,286
Mohawk Valley	Fulton	-	86	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	115
Mohawk Valley	Herkimer	-	122	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	163
Mohawk Valley	Montgomery	-	84	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	113
Mohawk Valley	Oneida	-	523	-	-	-	26	26	26	33	33	33	-	-	-	-	-	-	-	702
Mohawk Valley	Otsego	-	124	-	-	-	6	6	6	8	8	8	-	-	-	-	-	-	-	167
Mohawk Valley	Schoharie	-	51	-	-	-	3	3	3	3	3	3	-	-	-	-	-	-	-	69
North Country	Clinton	-	154	-	-	-	8	8	8	10	10	10	-	-	-	-	-	-	-	206
North Country	Essex	-	68	-	-	-	3	3	3	4	4	4	-	-	-	-	-	-	-	91
North Country	Franklin	-	85	-	-	-	4	4	4	5	5	5	-	-	-	-	-	-	-	114
North Country	Hamilton	-	6	-	-	-	0	0	0	0	0	0	-	-	-	-	-	-	-	8
North Country	Jefferson	-	236	-	-	-	12	12	12	15	15	15	-	-	-	-	-	-	-	316
North Country	Lewis	-	46	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	62
North Country	St. Lawrence	-	228	-	-	-	11	11	11	15	15	15	-	-	-	-	-	-	-	306
Southern Tier	Broome	-	517	-	-	-	25	26	26	33	33	33	-	-	-	-	-	-	-	693
Southern Tier	Chemung	-	228	-	-	-	11	11	11	15	15	15	-	-	-	-	-	-	-	306
Southern Tier	Chenango	-	96	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	128
Southern Tier	Delaware	-	102	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	136



New York Opioid Settlements

Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	-	39	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	52
Southern Tier	Steuben	-	210	-	-	-	10	11	11	13	13	13	-	-	-	-	-	-	-	282
Southern Tier	Tioga	-	100	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	135
Southern Tier	Tompkins	-	218	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	292
Western NY	Allegany	-	91	-	-	-	4	5	5	6	6	6	-	-	-	-	-	-	-	122
Western NY	Cattaraugus	-	164	-	-	-	8	8	8	10	10	10	-	-	-	-	-	-	-	220
Western NY	Chautauqua	-	317	-	-	-	16	16	16	20	20	20	-	-	-	-	-	-	-	425
Western NY	Erie	-	2,588	-	-	-	128	130	130	165	165	165	-	-	-	-	-	-	-	3,471
Western NY	Niagara	-	632	-	-	-	31	32	32	40	40	40	-	-	-	-	-	-	-	848
Five Large Cities excl. NYC		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Region	Albany	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Western NY	Buffalo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Finger Lakes	Rochester	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mohawk Valley	Syracuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	Yonkers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total - Johnson & Johnson		-	79,031	-	-	-	3,896	3,958	3,958	5,049	5,049	5,049	-	-	-	-	-	-	-	105,990

\* All funds reserved for Abatement  
\*\* 50% reserved for abatement, 50% unrestricted

New York Opioid Settlements  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Allergan Settlement		Payment 1																		Total
Major Category Allotments *		-	36,923	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36,923
New York City	New York City	-	29,679	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29,679
Long Island	Nassau	-	3,158	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,158
Long Island	Suffolk	-	4,086	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,086
Subdivision Direct - Payments to Counties **		-	20,003	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,003
Capital Region	Albany	-	558	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	558
Capital Region	Columbia	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	131
Capital Region	Greene	-	159	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	159
Capital Region	Rensselaer	-	254	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	254
Capital Region	Saratoga	-	336	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	336
Capital Region	Schenectady	-	244	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	244
Capital Region	Warren	-	122	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	122
Capital Region	Washington	-	96	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	96
Central NY	Cayuga	-	181	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	181
Central NY	Cortland	-	108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	108
Central NY	Madison	-	162	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	162
Central NY	Onondaga	-	1,265	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,265
Central NY	Oswego	-	310	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	310
Finger Lakes	Genesee	-	142	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	142
Finger Lakes	Livingston	-	136	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	136
Finger Lakes	Monroe	-	1,877	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,877
Finger Lakes	Ontario	-	262	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	262
Finger Lakes	Orleans	-	83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
Finger Lakes	Seneca	-	77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77
Finger Lakes	Wayne	-	199	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	199
Finger Lakes	Wyoming	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82
Finger Lakes	Yates	-	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
Mid-Hudson	Dutchess	-	876	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	876
Mid-Hudson	Orange	-	1,038	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,038
Mid-Hudson	Putnam	-	237	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	237
Mid-Hudson	Rockland	-	616	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	616
Mid-Hudson	Sullivan	-	378	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	378
Mid-Hudson	Ulster	-	493	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	493
Mid-Hudson	Westchester	-	1,842	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,842
Mohawk Valley	Fulton	-	92	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	92
Mohawk Valley	Herkimer	-	132	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	132
Mohawk Valley	Montgomery	-	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	91
Mohawk Valley	Oneida	-	565	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	565
Mohawk Valley	Otsego	-	134	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	134
Mohawk Valley	Schoharie	-	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56
North Country	Clinton	-	166	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	166
North Country	Essex	-	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	73
North Country	Franklin	-	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	91
North Country	Hamilton	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
North Country	Jefferson	-	255	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	255
North Country	Lewis	-	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
North Country	St. Lawrence	-	247	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	247
Southern Tier	Broome	-	558	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	558
Southern Tier	Chemung	-	246	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	246
Southern Tier	Chenango	-	103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	103
Southern Tier	Delaware	-	110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	110

New York Opioid Settlements  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	-	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42
Southern Tier	Steuben	-	227	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	227
Southern Tier	Tioga	-	108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	108
Southern Tier	Tompkins	-	236	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	236
Western NY	Allegany	-	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99
Western NY	Cattaraugus	-	177	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	177
Western NY	Chautauqua	-	343	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	343
Western NY	Erie	-	2,797	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,797
Western NY	Niagara	-	683	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	683
Five Large Cities excl. NYC *		-	865	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	865
Capital Region	Albany	-	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58
Western NY	Buffalo	-	290	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	290
Finger Lakes	Rochester	-	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	195
Mohawk Valley	Syracuse	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	131
Mid-Hudson	Yonkers	-	191	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	191
Total - Allergan		-	57,791	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,791

\* All funds reserved for abatement  
\*\* 50% reserved for abatement, 50% unrestricted

**New York Opioid Settlements**  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Endo Settlement		Payment 1																		Total
Major Category Allotments ***		4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
New York City	New York City	4,460	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,460
Long Island	Nassau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long Island	Suffolk	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subdivision Direct - Payments to Counties ***		6,977	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,977
Capital Region	Albany	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	195
Capital Region	Columbia	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Capital Region	Greene	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	55
Capital Region	Rensselaer	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89
Capital Region	Saratoga	117	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	117
Capital Region	Schenectady	85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85
Capital Region	Warren	43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
Capital Region	Washington	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33
Central NY	Cayuga	63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	63
Central NY	Cortland	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38
Central NY	Madison	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57
Central NY	Onondaga	441	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	441
Central NY	Oswego	108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	108
Finger Lakes	Genesee	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
Finger Lakes	Livingston	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Finger Lakes	Monroe	655	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	655
Finger Lakes	Ontario	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	91
Finger Lakes	Orleans	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
Finger Lakes	Seneca	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27
Finger Lakes	Wayne	69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	69
Finger Lakes	Wyoming	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
Finger Lakes	Yates	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
Mid-Hudson	Dutchess	306	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	306
Mid-Hudson	Orange	362	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	362
Mid-Hudson	Putnam	83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
Mid-Hudson	Rockland	215	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	215
Mid-Hudson	Sullivan	132	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	132
Mid-Hudson	Ulster	172	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	172
Mid-Hudson	Westchester	642	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	642
Mohawk Valley	Fulton	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
Mohawk Valley	Herkimer	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Mohawk Valley	Montgomery	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
Mohawk Valley	Oneida	197	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	197
Mohawk Valley	Otsego	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Mohawk Valley	Schoharie	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19
North Country	Clinton	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58
North Country	Essex	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
North Country	Franklin	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
North Country	Hamilton	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
North Country	Jefferson	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89
North Country	Lewis	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18
North Country	St. Lawrence	86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86
Southern Tier	Broome	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	195
Southern Tier	Chemung	86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86
Southern Tier	Chenango	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36
Southern Tier	Delaware	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38

New York Opioid Settlements  
Direct Payments to LGUs via QSF/Admin./Escrow  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Southern Tier	Schuyler	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15
Southern Tier	Steuben	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	79
Southern Tier	Tioga	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38
Southern Tier	Tompkins	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82
Western NY	Allegany	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34
Western NY	Cattaraugus	62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62
Western NY	Chautauqua	120	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120
Western NY	Erie	976	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	976
Western NY	Niagara	238	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	238
Five Large Cities excl. NYC ***		521	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	521
Capital Region	Albany	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35
Western NY	Buffalo	175	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	175
Finger Lakes	Rochester	117	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	117
Mohawk Valley	Syracuse	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	79
Mid-Hudson	Yonkers	115	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	115
Total - Endo		11,958	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,958

\*\*\* All payments to LGUs are unrestricted

New York Opioid Settlements  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Available to LGUs for Abatement																				
Five Large Cities excl. NYC		807	6,457	849	1,062	1,062	1,222	1,224	1,412	1,456	1,456	1,257	1,050	1,050	1,050	1,050	1,050	1,050	1,050	25,616
Capital Region	Albany	54	432	57	71	71	82	82	95	98	98	84	70	70	70	70	70	70	70	1,715
Western NY	Buffalo	271	2,166	285	356	356	410	411	473	488	488	422	352	352	352	352	352	352	352	8,591
Finger Lakes	Rochester	182	1,453	191	239	239	275	276	318	328	328	283	236	236	236	236	236	236	236	5,766
Mohawk Valley	Syracuse	122	979	129	161	161	185	186	214	221	221	191	159	159	159	159	159	159	159	3,886
Mid-Hudson	Yonkers	178	1,426	187	235	235	270	270	312	322	322	278	232	232	232	232	232	232	232	5,658
State Abatement Fund - Regional		6,195	49,110	6,511	8,149	8,149	9,374	9,394	10,829	11,172	11,172	9,644	8,057	8,057	8,057	8,057	8,057	8,057	8,057	196,096
Capital Region		589	4,666	619	774	774	891	893	1,029	1,061	1,061	916	765	765	765	765	765	765	765	18,631
Central NY		627	4,974	659	825	825	949	951	1,097	1,132	1,132	977	816	816	816	816	816	816	816	19,861
Finger Lakes		901	7,139	946	1,185	1,185	1,363	1,366	1,574	1,624	1,624	1,402	1,171	1,171	1,171	1,171	1,171	1,171	1,171	28,507
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		1,697	13,454	1,784	2,232	2,232	2,568	2,573	2,967	3,061	3,061	2,642	2,207	2,207	2,207	2,207	2,207	2,207	2,207	53,721
Mohawk Valley		331	2,627	348	436	436	501	503	579	598	598	516	431	431	431	431	431	431	431	10,490
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		275	2,183	289	362	362	417	418	481	497	497	429	358	358	358	358	358	358	358	8,717
Southern Tier		505	4,004	531	664	664	764	766	883	911	911	786	657	657	657	657	657	657	657	15,989
Western NY		1,269	10,063	1,334	1,670	1,670	1,921	1,925	2,219	2,289	2,289	1,976	1,651	1,651	1,651	1,651	1,651	1,651	1,651	40,180
Guarantees to Other Litigating Entities		167	1,270	175	219	219	252	253	291	301	301	259	217	217	217	217	217	217	217	5,224
Capital Region	Saratoga Springs City	7	59	8	10	10	11	11	13	13	13	11	10	10	10	10	10	10	10	233
Capital Region	Schenectady City	9	69	9	11	11	13	13	15	15	15	13	11	11	11	11	11	11	11	273
Central NY	Auburn City	10	79	10	13	13	15	15	17	18	18	15	13	13	13	13	13	13	13	312
Finger Lakes	Geneva City	4	32	4	5	5	6	6	7	7	7	6	5	5	5	5	5	5	5	128
Mid-Hudson	Kingston City	11	57	12	15	15	17	17	20	20	20	17	15	15	15	15	15	15	15	322
Mid-Hudson	Mount Vernon City	5	43	6	7	7	8	8	9	10	10	8	7	7	7	7	7	7	7	169
Mid-Hudson	Poughkeepsie City	16	124	16	20	20	23	24	27	28	28	24	20	20	20	20	20	20	20	492
Mid-Hudson	Poughkeepsie Town	11	56	12	15	15	17	17	19	20	20	17	14	14	14	14	14	14	14	321
Mohawk Valley	Amsterdam City	3	25	3	4	4	5	5	5	6	6	5	4	4	4	4	4	4	4	98
Mohawk Valley	Herkimer Village	2	14	2	2	2	3	3	3	3	3	3	2	2	2	2	2	2	2	57
Mohawk Valley	Rome City	8	65	9	11	11	12	12	14	15	15	13	11	11	11	11	11	11	11	258
Mohawk Valley	Troy City	13	100	13	16	16	19	19	22	23	23	19	16	16	16	16	16	16	16	397
Mohawk Valley	Utica City	23	186	24	30	30	35	35	41	42	42	36	30	30	30	30	30	30	30	735
North Country	Ogdensburg City	2	19	2	3	3	4	4	4	4	4	4	3	3	3	3	3	3	3	75
North Country	Plattsburgh City	3	28	4	5	5	5	5	6	6	6	5	5	5	5	5	5	5	5	110
Southern Tier	Ithaca City	8	67	9	11	11	13	13	15	15	15	13	11	11	11	11	11	11	11	264
Western NY	Amherst Town	17	137	18	22	22	26	26	30	31	31	27	22	22	22	22	22	22	22	542
Western NY	Cheektowaga Town	4	34	4	6	6	6	6	7	8	8	7	5	5	5	5	5	5	5	133
Western NY	Lackawanna City	2	19	2	3	3	4	4	4	4	4	4	3	3	3	3	3	3	3	75
Western NY	Lancaster Town	3	22	3	4	4	4	4	5	5	5	4	4	4	4	4	4	4	4	88
Western NY	Tonawanda Town	4	36	5	6	6	7	7	8	8	8	7	6	6	6	6	6	6	6	141
Total - Available to LGUs for Abatement		7,169	56,837	7,535	9,431	9,431	10,848	10,871	12,532	12,929	12,929	11,161	9,323	9,323	9,323	9,323	9,323	9,323	9,323	226,936

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region</b>																			
Capital Region	659	5,226	692	866	866	997	999	1,151	1,188	1,188	1,025	856	856	856	856	856	856	856	<b>20,852</b>
Central NY	637	5,053	670	838	838	964	966	1,114	1,149	1,149	992	829	829	829	829	829	829	829	<b>20,174</b>
Finger Lakes	1,086	8,625	1,142	1,429	1,429	1,644	1,647	1,899	1,959	1,959	1,691	1,413	1,413	1,413	1,413	1,413	1,413	1,413	<b>34,401</b>
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	1,919	15,160	2,016	2,524	2,524	2,903	2,909	3,354	3,460	3,460	2,987	2,495	2,495	2,495	2,495	2,495	2,495	2,495	<b>60,683</b>
Mohawk Valley	503	3,997	528	661	661	760	762	879	906	906	782	654	654	654	654	654	654	654	<b>15,921</b>
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	281	2,230	296	370	370	426	426	492	507	507	438	366	366	366	366	366	366	366	<b>8,902</b>
Southern Tier	513	4,071	540	675	675	777	779	898	926	926	799	668	668	668	668	668	668	668	<b>16,253</b>
Western NY	1,571	12,475	1,651	2,067	2,067	2,377	2,382	2,746	2,833	2,833	2,446	2,043	2,043	2,043	2,043	2,043	2,043	2,043	<b>49,750</b>
<b>Total</b>	<b>7,169</b>	<b>56,837</b>	<b>7,535</b>	<b>9,431</b>	<b>9,431</b>	<b>10,848</b>	<b>10,871</b>	<b>12,532</b>	<b>12,929</b>	<b>12,929</b>	<b>11,161</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>226,936</b>

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Distributors Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10	Payment 11	Payment 12	Payment 13	Payment 14	Payment 15	Payment 16	Payment 17	Payment 18	Total
Five Large Cities excl. NYC		807	849	849	1,062	1,062	1,062	1,062	1,249	1,249	1,249	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	18,902
Capital Region	Albany	54	57	57	71	71	71	71	84	84	84	70	70	70	70	70	70	70	70	1,266
Western NY	Buffalo	271	285	285	356	356	356	356	419	419	419	352	352	352	352	352	352	352	352	6,340
Finger Lakes	Rochester	182	191	191	239	239	239	239	281	281	281	236	236	236	236	236	236	236	236	4,255
Mohawk Valley	Syracuse	122	129	129	161	161	161	161	189	189	189	159	159	159	159	159	159	159	159	2,867
Mid-Hudson	Yonkers	178	187	187	235	235	235	235	276	276	276	232	232	232	232	232	232	232	232	4,175
State Abatement Fund - Regional		6,195	6,511	6,511	8,149	8,149	8,149	8,149	9,584	9,584	9,584	8,057	8,057	8,057	8,057	8,057	8,057	8,057	8,057	145,019
Capital Region		589	619	619	774	774	774	774	911	911	911	765	765	765	765	765	765	765	765	13,778
Central NY		627	659	659	825	825	825	825	971	971	971	816	816	816	816	816	816	816	816	14,688
Finger Lakes		901	946	946	1,185	1,185	1,185	1,185	1,393	1,393	1,393	1,171	1,171	1,171	1,171	1,171	1,171	1,171	1,171	21,082
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		1,697	1,784	1,784	2,232	2,232	2,232	2,232	2,626	2,626	2,626	2,207	2,207	2,207	2,207	2,207	2,207	2,207	2,207	39,728
Mohawk Valley		331	348	348	436	436	436	436	513	513	513	431	431	431	431	431	431	431	431	7,757
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		275	289	289	362	362	362	362	426	426	426	358	358	358	358	358	358	358	358	6,447
Southern Tier		505	531	531	664	664	664	664	781	781	781	657	657	657	657	657	657	657	657	11,825
Western NY		1,269	1,334	1,334	1,670	1,670	1,670	1,670	1,964	1,964	1,964	1,651	1,651	1,651	1,651	1,651	1,651	1,651	1,651	29,714
Guarantees to Other Litigating Entities		167	175	175	219	219	219	219	258	258	258	217	217	217	217	217	217	217	217	3,901
Capital Region	Saratoga Springs City	7	8	8	10	10	10	10	11	11	11	10	10	10	10	10	10	10	10	172
Capital Region	Schenectady City	9	9	9	11	11	11	11	13	13	13	11	11	11	11	11	11	11	11	201
Central NY	Auburn City	10	10	10	13	13	13	13	15	15	15	13	13	13	13	13	13	13	13	230
Finger Lakes	Geneva City	4	4	4	5	5	5	5	6	6	6	5	5	5	5	5	5	5	5	95
Mid-Hudson	Kingston City	11	12	12	15	15	15	15	17	17	17	15	15	15	15	15	15	15	15	262
Mid-Hudson	Mount Vernon City	5	6	6	7	7	7	7	8	8	8	7	7	7	7	7	7	7	7	125
Mid-Hudson	Poughkeepsie City	16	16	16	20	20	20	20	24	24	24	20	20	20	20	20	20	20	20	363
Mid-Hudson	Poughkeepsie Town	11	12	12	15	15	15	15	17	17	17	14	14	14	14	14	14	14	14	261
Mohawk Valley	Amsterdam City	3	3	3	4	4	4	4	5	5	5	4	4	4	4	4	4	4	4	72
Mohawk Valley	Herkimer Village	2	2	2	2	2	2	2	3	3	3	2	2	2	2	2	2	2	2	42
Mohawk Valley	Rome City	8	9	9	11	11	11	11	13	13	13	11	11	11	11	11	11	11	11	190
Mohawk Valley	Troy City	13	13	13	16	16	16	16	19	19	19	16	16	16	16	16	16	16	16	293
Mohawk Valley	Utica City	23	24	24	30	30	30	30	36	36	36	30	30	30	30	30	30	30	30	542
North Country	Ogdensburg City	2	2	2	3	3	3	3	4	4	4	3	3	3	3	3	3	3	3	55
North Country	Plattsburgh City	3	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	81
Southern Tier	Ithaca City	8	9	9	11	11	11	11	13	13	13	11	11	11	11	11	11	11	11	194
Western NY	Amherst Town	17	18	18	22	22	22	22	26	26	26	22	22	22	22	22	22	22	22	400
Western NY	Cheektowaga Town	4	4	4	6	6	6	6	6	6	6	5	5	5	5	5	5	5	5	98
Western NY	Lackawanna City	2	2	2	3	3	3	3	4	4	4	3	3	3	3	3	3	3	3	55
Western NY	Lancaster Town	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	65
Western NY	Tonawanda Town	4	5	5	6	6	6	6	7	7	7	6	6	6	6	6	6	6	6	104
Total - Available to LGUs for Abatement		7,169	7,535	7,535	9,431	9,431	9,431	9,431	11,091	11,091	11,091	9,323	9,323	9,323	9,323	9,323	9,323	9,323	9,323	167,823



**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region - Distributors Settlement</b>																			
Capital Region	659	692	692	866	866	866	866	1,019	1,019	1,019	856	856	856	856	856	856	856	856	<b>15,417</b>
Central NY	637	670	670	838	838	838	838	986	986	986	829	829	829	829	829	829	829	829	<b>14,918</b>
Finger Lakes	1,086	1,142	1,142	1,429	1,429	1,429	1,429	1,681	1,681	1,681	1,413	1,413	1,413	1,413	1,413	1,413	1,413	1,413	<b>25,431</b>
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	1,919	2,016	2,016	2,524	2,524	2,524	2,524	2,968	2,968	2,968	2,495	2,495	2,495	2,495	2,495	2,495	2,495	2,495	<b>44,914</b>
Mohawk Valley	503	528	528	661	661	661	661	778	778	778	654	654	654	654	654	654	654	654	<b>11,765</b>
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	281	296	296	370	370	370	370	435	435	435	366	366	366	366	366	366	366	366	<b>6,583</b>
Southern Tier	513	540	540	675	675	675	675	794	794	794	668	668	668	668	668	668	668	668	<b>12,019</b>
Western NY	1,571	1,651	1,651	2,067	2,067	2,067	2,067	2,431	2,431	2,431	2,043	2,043	2,043	2,043	2,043	2,043	2,043	2,043	<b>36,775</b>
<b>Total</b>	<b>7,169</b>	<b>7,535</b>	<b>7,535</b>	<b>9,431</b>	<b>9,431</b>	<b>9,431</b>	<b>9,431</b>	<b>11,091</b>	<b>11,091</b>	<b>11,091</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>9,323</b>	<b>167,823</b>

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Johnson & Johnson Settlement		Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	Payment 6	Payment 7	Payment 8	Payment 9	Payment 10									Total
Five Large Cities excl. NYC		-	3,239	-	-	-	160	162	162	207	207	207	-	-	-	-	-	-	-	4,344
Capital Region	Albany	-	217	-	-	-	11	11	11	14	14	14	-	-	-	-	-	-	-	291
Western NY	Buffalo	-	1,086	-	-	-	54	54	54	69	69	69	-	-	-	-	-	-	-	1,457
Finger Lakes	Rochester	-	729	-	-	-	36	37	37	47	47	47	-	-	-	-	-	-	-	978
Mohawk Valley	Syracuse	-	491	-	-	-	24	25	25	31	31	31	-	-	-	-	-	-	-	659
Mid-Hudson	Yonkers	-	715	-	-	-	35	36	36	46	46	46	-	-	-	-	-	-	-	960
State Abatement Fund - Regional		-	24,853	-	-	-	1,225	1,245	1,245	1,588	1,588	1,588	-	-	-	-	-	-	-	33,330
Capital Region		-	2,361	-	-	-	116	118	118	151	151	151	-	-	-	-	-	-	-	3,167
Central NY		-	2,517	-	-	-	124	126	126	161	161	161	-	-	-	-	-	-	-	3,376
Finger Lakes		-	3,613	-	-	-	178	181	181	231	231	231	-	-	-	-	-	-	-	4,845
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		-	6,808	-	-	-	336	341	341	435	435	435	-	-	-	-	-	-	-	9,131
Mohawk Valley		-	1,329	-	-	-	66	67	67	85	85	85	-	-	-	-	-	-	-	1,783
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		-	1,105	-	-	-	54	55	55	71	71	71	-	-	-	-	-	-	-	1,482
Southern Tier		-	2,026	-	-	-	100	101	101	129	129	129	-	-	-	-	-	-	-	2,718
Western NY		-	5,092	-	-	-	251	255	255	325	325	325	-	-	-	-	-	-	-	6,829
Guarantees to Other Litigating Entities		-	669	-	-	-	33	33	33	43	43	43	-	-	-	-	-	-	-	897
Capital Region	Saratoga Springs City	-	29	-	-	-	1	1	1	2	2	2	-	-	-	-	-	-	-	40
Capital Region	Schenectady City	-	34	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	46
Central NY	Auburn City	-	39	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	53
Finger Lakes	Geneva City	-	16	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	22
Mid-Hudson	Kingston City	-	45	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	60
Mid-Hudson	Mount Vernon City	-	21	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	29
Mid-Hudson	Poughkeepsie City	-	62	-	-	-	3	3	3	4	4	4	-	-	-	-	-	-	-	83
Mid-Hudson	Poughkeepsie Town	-	45	-	-	-	2	2	2	3	3	3	-	-	-	-	-	-	-	60
Mohawk Valley	Amsterdam City	-	12	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	17
Mohawk Valley	Herkimer Village	-	7	-	-	-	0	0	0	0	0	0	-	-	-	-	-	-	-	10
Mohawk Valley	Rome City	-	33	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	44
Mohawk Valley	Troy City	-	50	-	-	-	2	3	3	3	3	3	-	-	-	-	-	-	-	67
Mohawk Valley	Utica City	-	93	-	-	-	5	5	5	6	6	6	-	-	-	-	-	-	-	125
North Country	Ogdensburg City	-	9	-	-	-	0	0	0	1	1	1	-	-	-	-	-	-	-	13
North Country	Plattsburgh City	-	14	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	19
Southern Tier	Ithaca City	-	33	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	45
Western NY	Amherst Town	-	69	-	-	-	3	3	3	4	4	4	-	-	-	-	-	-	-	92
Western NY	Cheektowaga Town	-	17	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	23
Western NY	Lackawanna City	-	10	-	-	-	0	0	0	1	1	1	-	-	-	-	-	-	-	13
Western NY	Lancaster Town	-	11	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	15
Western NY	Tonawanda Town	-	18	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-	-	24
Total - Available to LGUs for Abatement		-	28,760	-	-	-	1,418	1,441	1,441	1,837	1,837	1,837	-	-	-	-	-	-	-	38,571

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region - Johnson &amp; Johnson Settlement</b>																			
Capital Region	-	2,642	-	-	-	130	132	132	169	169	169	-	-	-	-	-	-	-	3,543
Central NY	-	2,557	-	-	-	126	128	128	163	163	163	-	-	-	-	-	-	-	3,429
Finger Lakes	-	4,358	-	-	-	215	218	218	278	278	278	-	-	-	-	-	-	-	5,845
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	-	7,697	-	-	-	379	386	386	492	492	492	-	-	-	-	-	-	-	10,323
Mohawk Valley	-	2,016	-	-	-	99	101	101	129	129	129	-	-	-	-	-	-	-	2,704
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	-	1,128	-	-	-	56	57	57	72	72	72	-	-	-	-	-	-	-	1,513
Southern Tier	-	2,060	-	-	-	102	103	103	132	132	132	-	-	-	-	-	-	-	2,762
Western NY	-	6,302	-	-	-	311	316	316	403	403	403	-	-	-	-	-	-	-	8,452
Total	-	28,760	-	-	-	1,418	1,441	1,441	1,837	1,837	1,837								38,571

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
Allergan Settlement		Payment 1																		Total
Five Large Cities excl. NYC		-	2,369	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,369
Capital Region	Albany	-	159	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	159
Western NY	Buffalo	-	794	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	794
Finger Lakes	Rochester	-	533	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	533
Mohawk Valley	Syracuse	-	359	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	359
Mid-Hudson	Yonkers	-	523	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	523
State Abatement Fund - Regional		-	17,747	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,747
Capital Region		-	1,686	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,686
Central NY		-	1,798	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,798
Finger Lakes		-	2,580	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,580
Long Island		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson		-	4,862	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,862
Mohawk Valley		-	949	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	949
New York City		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country		-	789	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	789
Southern Tier		-	1,447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,447
Western NY		-	3,636	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,636
Guarantees to Other Litigating Entities		-	426	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	426
Capital Region	Saratoga Springs City	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22
Capital Region	Schenectady City	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25
Central NY	Auburn City	-	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
Finger Lakes	Geneva City	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12
Mid-Hudson	Kingston City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	Mount Vernon City	-	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
Mid-Hudson	Poughkeepsie City	-	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
Mid-Hudson	Poughkeepsie Town	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mohawk Valley	Amsterdam City	-	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Mohawk Valley	Herkimer Village	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Mohawk Valley	Rome City	-	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24
Mohawk Valley	Troy City	-	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37
Mohawk Valley	Utica City	-	68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	68
North Country	Ogdensburg City	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
North Country	Plattsburgh City	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10
Southern Tier	Ithaca City	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25
Western NY	Amherst Town	-	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
Western NY	Cheektowaga Town	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12
Western NY	Lackawanna City	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Western NY	Lancaster Town	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
Western NY	Tonawanda Town	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13
Total - Available to LGUs for Abatement		-	20,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,542

**New York Opioid Settlements**  
Opioid Settlement Fund - Amounts Available to LGU for Abatement  
(\$ in thousands)

State Fiscal Year Received	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	Total
<b>OSF LGU Subtotals by Region - Allergan Settlement</b>																			
Capital Region	-	1,892	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,892
Central NY	-	1,827	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,827
Finger Lakes	-	3,125	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,125
Long Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid-Hudson	-	5,447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,447
Mohawk Valley	-	1,452	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,452
New York City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Country	-	806	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	806
Southern Tier	-	1,472	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,472
Western NY	-	4,522	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,522
Total	-	20,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,542

## **New York State Opioid Settlement Fund Advisory Board**

July 18, 2022 - Meeting

SUNY H. Carl McCall Building 353 Broadway, Albany, NY 12246; Nancy L. Zimpher Boardroom

### **Opening Remarks**

Chairman Stephen Giordano opened the meeting and the Board members reintroduced themselves. Chairman Giordano then made opening remarks and noted that Division of the Budget (DOB) designee Peggy O'Shea is ill and thus unavailable to make a presentation.

Chairman Giordano asked the Board to not speak to the media individually. Several members of the Board noted that a recent article used quotes directly from the meeting transcript and that they did not speak to the media directly.

### **Bylaw Discussion and Approval**

The Board discussed potential revisions to the bylaws.

Board member Ashley Livingston brought up the issue of public participation in the bylaws. There was a discussion about changing that language, ultimately the Board decided to leave that portion of the language as is.

Chairman Giordano raised concerns about the wording of a portion of Article three, Section 1(a). Dr. Lawrence Brown made a motion to approve the revised bylaws. Dr. Kevin Watkins seconded the motion. The motion to approve the bylaws passed; Board members Avi Israel, Joyce Rivera and Carmen Rivera voted in the negative.

After passage of the bylaws, there was a discussion about Commissioner and Agency attendance. Board member Anne Constantino raised a motion to request agency Commissioners designate a single designee with decision-making authority attend should the Commissioner be unable to attend themselves. The motion was seconded by Board member Dr. Kevin Watkins and carried.

### **Charter and Meeting Discussion**

The Board then began the discussion of the Charter. Suggested revisions and additions had been sent around via email from Board member Stephanie Marquesano. The suggested revisions focused on integrated care and co-occurring disorders. The Board expressed support for the themes in the document.

The Board took a break for lunch.

The Charter discussion continued following lunch. There was support for the themes of Board member Marquesano's draft, but the Board did not agree on the structure of the charter and tabled any further discussions or motions on the Charter.

During discussion Board member Dr. Tisha Smith requested information about Medication-Assisted Treatment programs offered in facilities operated by the Department of Corrections and Community Supervision (DOCCS).

Board member Constantino raised the issue of workforce and the need to fund it appropriately.

Board member Livingston raised the need to fund harm reduction. She also mentioned studies in support of Overdose Prevention Centers. Chairman Giordano noted that he had reviewed a report to the contrary and stated that he would email that study to the Board.

Following a brief break, Deborah Davis from the Office of Addiction Services and Supports (OASAS) shared information about the State's procurement process with Board members. She also noted that the McKinsey Settlement money is going to DOCCS for Medication Assisted Treatment (\$11 million this year and \$11 million next year).

Vice Chair Debra Pantin provided a summary of what had been discussed thus far and areas that the Board should focus on as they move into the recommendation process. Chairman Giordano noted that in addition to issues related to work force and harm reduction, the Board should also look at inequities and how to fix those issues.

Public comments were made by Sue Martin.

Board member Constantino then raised, and the Board had a lengthy discussion about categories of issues that the Board can focus on moving forward. Board member Constantino also noted the need for data to evaluate which categories are most important to fund.

Board designee Dr. Tom Smith suggested that the Board should develop a scoring rubric to rank priorities and focus their recommendations.

Public comments were made from Diana Kowalski.

Board member Lynch brought up the need for wrap around services.

## **Adjournment**

Motion to adjourn made by Board member William McGoldrick, seconded by Board member Ashley Livingston, and carried. The Board adjourned and was set to meet again the following day.

## **Attendees**

### **Board Members:**

Chair Dr. Stephen Giordano, Vice Chair Deb Pantin, Dr. Lawrence S. Brown, Anne Constantino, Avi Israel, Suzanne Lavigne, Ashley Livingston, Dr. Joshua Lynch, Stephanie Marquesano, Cheryll Moore, Carmen Rivera, Joyce Rivera, Dr. Tisha M. Smith, Dr. Torian Easterling (appearing virtually on behalf of Dr. Ashwin Vasan), Dr. Justine Waldman (appearing virtual), Dr. Kevin Watkins, William M. McGoldrick, Dr. Thomas Smith, OMH, Johanne Morne, DOH

### **Agency Representatives:**

Tracey Collins, OASAS  
Trisha Allen, OASAS  
Deborah Davis, OASAS  
Patricia Zuber-Wilson, OASAS  
Gregory Meyer, OASAS  
Jennifer Farrell, OASAS  
Allan Clear, DOH



## **New York State Opioid Settlement Fund Advisory Board**

July 19, 2022 - Meeting

SUNY H. Carl McCall Building 353 Broadway, Albany, NY 12246; Nancy L. Zimpher Boardroom

### **Opening Remarks**

Chairman Dr. Stephen Giordano made opening remarks and mentioned the Division of the Budget (DOB) designee Peggy O'Shea remained ill.

Board member Avi Israel made a motion to state that the Board was convened late. The motion was not seconded and not voted on.

Trisha Allen, Office of Addiction Services and Supports (OASAS) General Counsel informed the Board that they can provide written recommendations on the scorecard.

Board member Anne Constantino asked that DOB send someone to fill in for Peggy in the future.

Board member Joyce Rivera asked Chairman Giordano if he had contacted the Legislature about the side letter and scorecard. Chairman Giordano explained that the Assembly advised that the side letter and scorecard were an extension of the law.

Board member Dr. Kevin Watkins requested that relevant DOB fiscal information be shared with board members via email. Board member Stephanie Marquesano asked if it would be possible for the DOB to do a WebEx presentation. Trisha Allen informed the Board that the DOB could provide a virtual budget update to the Board at a subsequent date and time provided it remained in compliance with the Open Meetings Law.

### **Approval of Minutes**

Board member Ashely Livingston motioned to accept the minutes of the June 28<sup>th</sup> meeting with revisions by Board member Dr. Justine Waldman. The motion was seconded by Vice Chair Debra Pantin. The motion carried and the minutes were approved.

### **Discussion and Presentations**

The Board asked, and the State set up, a working document of notes on a projector to edit throughout the course of the remainder of the meeting.

*\*That working document will be posted online\**

The Board discussed dates and times for the next meeting. The Board chose to utilize an online poll to select the next date and time.

The Board asked for DOB fiscal information to be sent via email. Deborah Davis of OASAS informed the Board that the DOB fiscal information and the OASAS FY 23 enacted budget appropriations had been sent to the board members through email prior to the June 28<sup>th</sup> meeting of the Board.

Johanne Morne, the Deputy Director for Community Health Chairman at the Department of Health and Allan Clear, the Director of the New York State Department of Health, AIDS Institute's Office of Drug User Health made a presentation to the Board focusing on the Naloxone distribution initiative. Throughout the presentation, Board members asked questions and discussed the merits of the programming. Board members asked that the slides from the presentation be shared electronically.

Dr. Thomas Smith, the Chief Medical Officer at New York State Office of Mental Health (OMH), made a presentation to the Board which included an overview of the State's system of mental health services and programs overseen by that agency, including integrated care programs. Throughout Dr. Smith's presentation, the Board asked questions related to the programming offered.

### **Adjournment**

Chairman Dr. Stephen Giordano made closing remarks and thanked SUNY for the space and members of the Board for their work. Chairman Giordano made a motion to adjourn. The motion was seconded by Board member William McGoldrick. The motion carried. The next meeting will be scheduled according to the previously discussed online poll.

### **Attendees**

#### **Board Members:**

Chair Dr. Stephen Giordano, Vice Chair Deb Pantin, Dr. Lawrence S. Brown (virtually), Anne Constantino, Avi Israel, Suzanne Lavigne, Ashley Livingston, Dr. Joshua Lynch, Stephanie Marquesano, Cheryll Moore, Carmen Rivera, Joyce Rivera, Dr. Tisha M. Smith, Dr. Torian Easterling (appearing virtually on behalf of Dr. Ashwin Vasan), Dr. Justine Waldman (appearing virtual), Dr. Kevin Watkins, William M. McGoldrick, Johanne Morne, DOH, Dr. Thomas Smith, OMH

#### **Agency Representatives:**

Tracey Collins, OASAS

Trisha Allen, OASAS

Deborah Davis, OASAS

Patricia Zuber-Wilson, OASAS

Gregory Meyer, OASAS

Jennifer Farrell, OASAS

Allan Clear, DOH

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Board Members:

Chair Dr. Stephen Giordano, Vice Chair Deb Pantin, Dr. Lawrence S. Brown (virtually), Anne Constantino, Avi Israel, Suzanne Lavigne, Ashley Livingston, Dr. Joshua Lynch, Stephanie Marquesano, Cheryll Moore, Carmen Rivera, Joyce Rivera, Dr. Tisha M. Smith, Dr. Torian Easterling (appearing virtually on behalf of Dr. Ashwin Vasan), Dr. Justine Waldman (appearing virtual), Dr. Kevin Watkins, William M. McGoldrick

Agency Representatives:

Tracey Collins, OASAS  
Trisha Allen, OASAS  
Deborah Davis, OASAS  
Patricia Zuber-Wilson, OASAS  
Gregory Meyer, OASAS  
Jennifer Farrell, OASAS  
Johanne Morne, DOH  
Allan Clear, DOH  
Dr. Thomas Smith, OMH

## Board Member Notes from July 19<sup>th</sup> Meeting: Priority Topics

Mission: to make informed, impactful and meaningful investments to reduce suffering of individuals suffering from substance abuse and mental health disorders and their families.

Vision: our strategic investments will result in a decrease in death and suffering and further our knowledge about effective approaches to effectively deal with SU/MH

### Guidelines:

Rigorous transparency

Focus in improvement access and quality

Region specific

Integrated to include public health and mental health

Data informed, data driven

Money allocations will follow people

Evidence based/proven best practices AND promising practices

Capacity building to include workforce

Workforce plan and investment

Support services to include community based long term peer involvement and support for families

DEI lens with a focus on underserved and challenging populations

### Other notes

Supportive services: care coordination, case management, system navigation, family support, peers, legal support, reintegration for CJ, voc rehab

Address Barriers;

Remove or address barriers

Quality: training and workforce sufficiency and stabilization

Promote and support research to practice for promising practices.

Importance of our focus on the following needs:

Transportation - northern counties+

Harm reduction

Overdose Prevention Centers

Underserved, unserved

Equity

Social determinants

Vulnerable Women- pregnant +/- children

Treatment

Legal services for sustainability

Barriers to recovery

Does the intervention/service remove a barrier

Telehealth



# Office of Addiction Services and Supports

KATHY HOCHUL  
Governor

CHINAZO CUNNINGHAM, MD  
Commissioner

## Opioid Settlement Fund Advisory Board

August 3, 2022

# Financial Overview



# Opioid Settlements

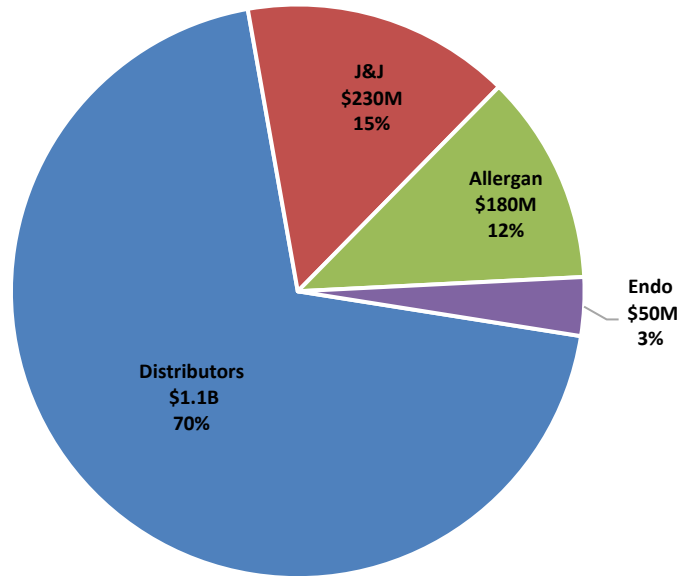
- Settlement agreements have been reached between the State and each defendant separately, with distinct terms for each agreement.
- Moneys go either directly to recipients or to the State Opioid Settlement Fund (OSF). The Board is responsible for making recommendations on moneys in the OSF.
- Settlement agreements include payment schedules that vary from 1-18 years.
- The following settlement agreements have been reached and are included in the tables:
  - **Allergan** (\$200M) - \$20M reimburses litigation costs. Of the remaining \$180M, 62% of payments go directly to local governments (including litigation costs incurred by Nassau and Suffolk), with 38% going to the OSF.
  - **Johnson & Johnson (J&J)** (\$230M) - 46% of payments go directly to local governments, with 54% going to the OSF.
  - **Endo** (\$50M) - 79% of payments go directly to local governments (including litigation costs), with 21% going to the OSF.
  - **Distributors** (\$1.2B) - \$121M reimburses litigation costs. Of the remaining \$1.1B, 45% of payments go directly to local governments, with 55% going to the OSF.



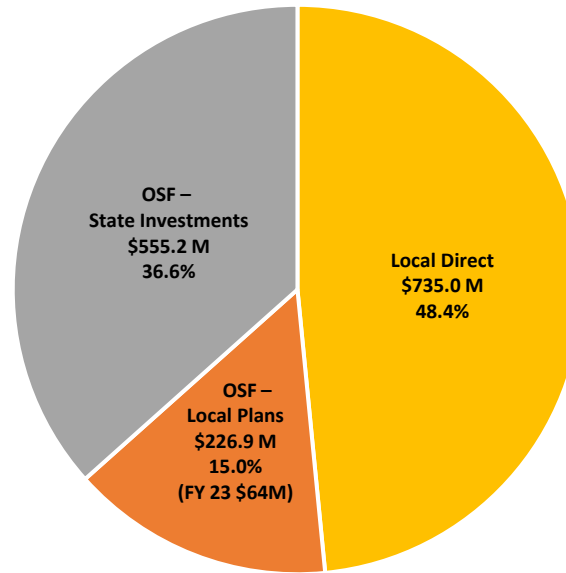


# Local Governments Receive Over 63%

## Lifetime Payments by Settlement



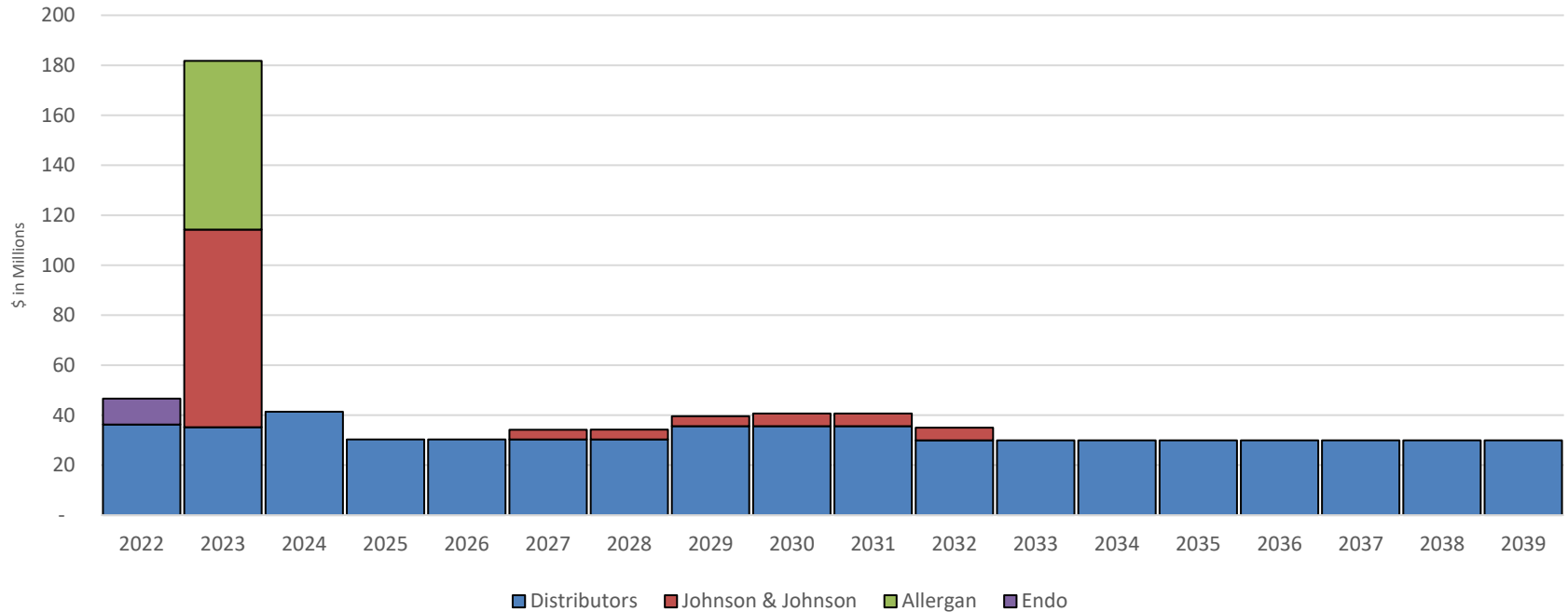
## State & Local Shares



- Settlements total \$1.5B from 2022 through 2039.
- Local Governments will receive a combined total of \$961.9M or 63.4%, which includes direct payments and monies from the OSF for local plans.
- The OSF receipts are projected to total \$782.1M or 51.6%, which includes a portion for the local plans and a portion for State investments.



# OSF Will Receive More Than \$782M Over 18 Years



# Opioid Settlements

- The following settlements are not included:
  - **McKinsey** (\$32.1M) - This precedes the creation of the OSF and is excluded statutorily. The funds are going to opioid treatment and have been appropriated to Medication Assisted Treatment (MAT) in State correctional facilities as agreed with the Legislature starting in the FY 2022 Enacted Budget.
  - **Mallinckrodt** (\$41.1- \$58.5M) - This was recently announced by the AG and the total amount will be determined by the payment schedule Mallinckrodt chooses by December 2023. This will be included in tables once more information is known.



# Opioid Settlements

- Glossary of Terms Used in Opioid Settlement Tables
  - LGUs - local government units
  - Abatement - must be used for specified purposes, referred to as “Approved Uses” in the actual settlements or identified in OSF statute
  - Subdivisions - counties
  - Unrestricted - not restricted to a specific purpose; however, statute defines eligible uses for OSF moneys
  - Qualified Settlement Fund (QSF) – a trust account controlled by the third-party administrator.
- Organization of the Opioid Settlement Tables
  1. FY 2023 summary of receipts by source and use
  2. Multi-year detail of receipts by source and use
  3. FY 2023 summary of direct payments to LGUs
  4. Multi-year detail of direct payments to LGUs
  5. Multi-year detail of funds available to LGUs for abatement through the Opioid Settlement Fund.



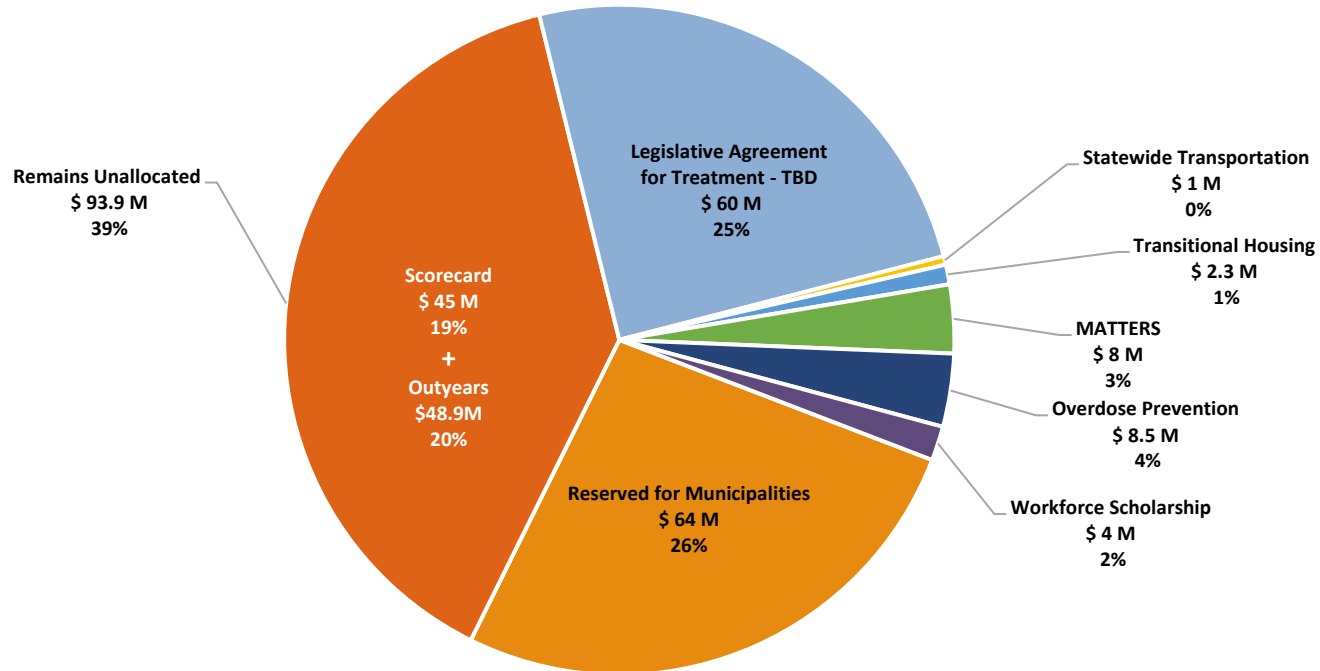
# Opioid Settlements – Local Payments

## Opioid Settlement LGU Shares - Amounts Received Through FY 2023 (\$ in thousands)

	Distributors Payment 1	Distributors Payment 2	J&J Payment 1	Allergan	Endo	Total
<b>Direct Payments to Local Governments</b>	<b>27,744</b>	<b>20,704</b>	<b>79,031</b>	<b>112,077</b>	<b>39,658</b>	<b>279,214</b>
Direct Payments to LGUs from OAG Escrow Account	27,744	20,704	79,031	57,791	11,958	197,229
Direct Payments to Co-Litigants	-	-	-	54,286	27,700	81,986
<b>Payments to Opioid Settlement Fund</b>	<b>7,169</b>	<b>7,535</b>	<b>28,760</b>	<b>20,542</b>	<b>-</b>	<b>64,006</b>
Available to LGUs for Abatement	7,169	7,535	28,760	20,542	-	64,006
<b>Total</b>	<b>34,913</b>	<b>28,239</b>	<b>107,791</b>	<b>132,619</b>	<b>39,658</b>	<b>343,221</b>



## FY 2023 Opioid Settlement Fund - \$241.7M



# OSF Investments

FY 2023 Opioid Settlement Fund Scorecard (\$ in thousands)			
	FY 2023 Enacted	Change	Updated June 2022
<b>Receipts</b>	<b>208,161</b>	<b>33,556</b>	<b>241,717</b>
Additional Restitution	17,290	0	17,290
State Abatement - Regional	54,906	8,090	62,996
State Abatement - Lead Agency	72,515	9,872	82,387
State Direct - Unrestricted	63,450	8,638	72,088
Cost to State		6,956	6,956
<b>Disbursements</b>	<b>184,544</b>	<b>8,282</b>	<b>192,826</b>
<b>Reserved for Municipalities</b>	<b>55,724</b>	<b>8,282</b>	<b>64,006</b>
Allocated Payments	818	618	1,436
State Abatement - Regional Shares	54,906	7,664	62,570
<b>State Investments</b>	<b>128,820</b>	<b>-</b>	<b>128,820</b>
Expansion of Treatment Services (OASAS)	60,000	-	60,000
Statewide Transportation Initiative (OASAS)	1,000	-	1,000
Transitional Housing Initiative (OASAS)	2,300	-	2,300
MATTERS Program Expansion Initiative (DOH/OASAS)	8,000	\$83,820	8,000
NYS Overdose Prevention Program (DOH)	8,520	-	8,520
MAT in DOCCS Facilities (DOCCS)	-	-	-
Addiction Workforce College Credit Scholarship (OASAS)	4,000	-	4,000
Unallocated - to be allocated after Advisory Board Recommendations are made	45,000	-	45,000

- In the FY 2023 Enacted Budget, funds were appropriated with details in a scorecard that was agreed upon by the Senate, Assembly, and Executive.
- This is a crosswalk between the original scorecard and updated numbers.
- None of these funds have been disbursed.



# What are Treatment Services?

The \$60M for the Expansion of Treatment Services can be used for substance use disorder treatment and early recovery programming, including but not limited to programs aimed at the following:

- Addressing co-occurring disorders;
- Expanding access to medication for addiction treatment;
- Expanding services in correctional settings; and
- Other services across the service delivery spectrum.



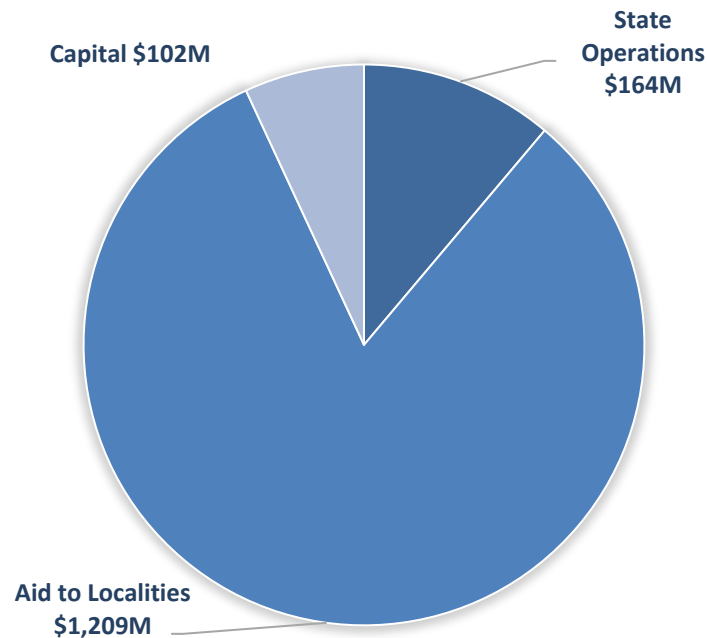


# Potential Opioid Settlement Fund Uses

- Evidence-based prevention education and campaigns, including school-based prevention services;
- Statewide public education campaigns to increase awareness of services and decrease stigma;
- Substance use disorder treatment and early recovery programming, including programs aimed at addressing co-occurring disorders, expanding access to medication for addiction treatment, expanding services in correctional settings and other services across the service delivery spectrum;
- Harm reduction services to address the adverse health consequences associated with substance use;
- Housing services;
- Community-based services that reduce the likelihood of criminal justice involvement;
- Programs geared toward pregnant and parenting persons; and/or
- Vocational and educational training for individual with or at risk of substance use disorder

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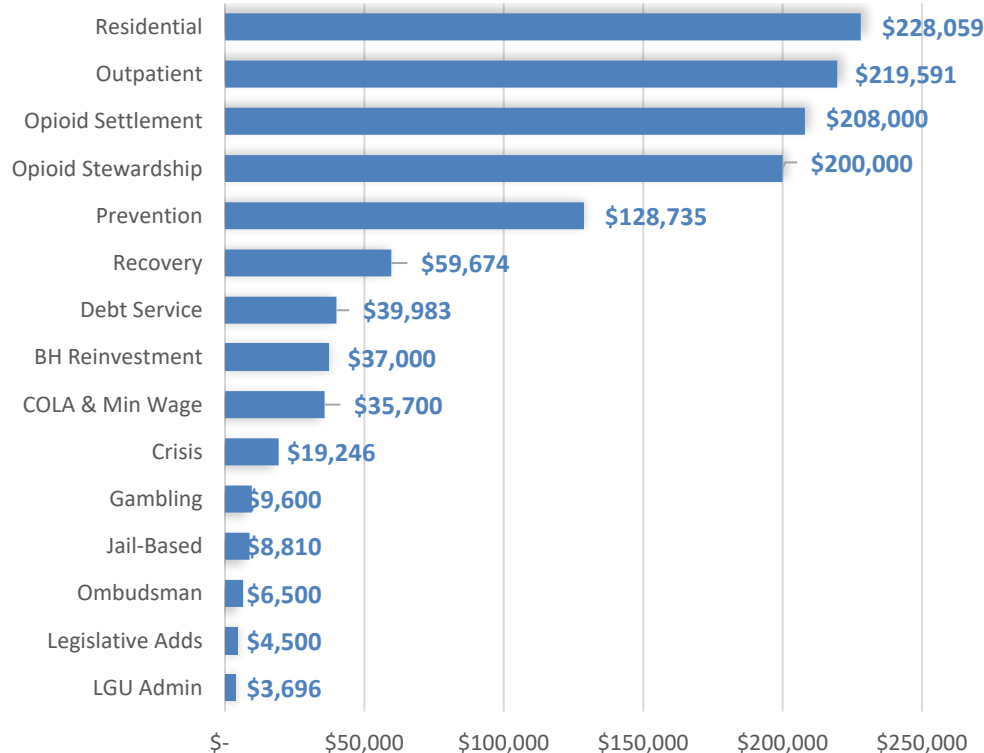
# OASAS 2022-23 Appropriations



**Total: \$1,476 M**



## OASAS ATL APPROPRIATIONS (000'S)



Funds are provided as State Aid to non-profit community and local government providers of Substance Use Disorder (SUD) and problem gambling services, as well as transferred to DASNY for capital bond payments and to DOH for Medicaid-eligible SUD-related services



# SUD Funding-Other State Agencies' Budgets

- Medicaid/Medicaid Managed Care for all SUD services
  - \$1.29 Billion in CY 2021
- DOCCS for MAT in State prisons
  - \$11 Million in FY 2023
  - \$11 Million reappropriation from FY 2022
  - \$11 Million planned to be appropriated in FY 2024



# Opioid Settlement Fund Appropriations

## State Operations - \$100,000

- For administration of programs and activities supported by the opioid settlement funds

## Aid To Localities - \$208 million

- Up to \$900,000 may be available for payments reserved for other litigating entities, pursuant to a plan drafted by the Office of the Attorney General and approved by the Office of Addiction Services and Supports, which are in accordance with the settlement agreements
- At least \$59 million shall be made available for payments reserved for local governments, pursuant to a plan approved by the Office of Addiction Services and Supports, which are in accordance with the settlement agreements.

## Capital - \$10 million

- For the acquisition of property, design, construction, and rehabilitation of facilities for the purpose of expanding access to addiction treatment services associated with implementing the opioid settlement agreements



# Questions



## **New York State Opioid Settlement Fund Advisory Board**

August 3, 2022 - Meeting

Virtual Meeting

### **Opening Remarks**

Chairman Dr. Stephen Giordano made opening remarks and noted that there would be two presentations at the meeting: one by DOB Designee Peggy O'Shea and the other by Deborah Davis from OASAS.

DOB Designee Peggy O'Shea made the first presentation and noted information about a portion of the Opioid Settlement Funds flowing directly to localities, she also provided information about the allocations available to the State under the Opioid Settlement Fund.

Deborah Davis of OASAS then made a presentation that outlined the appropriations included in the FY 2022-23 State budget.

### **Questions and Answer Segment**

Following the presentations, the Board was provided an opportunity to ask questions.

Chairman Dr. Stephen Giordano and Board members Avi Israel, Dr. Lawrence Brown, Joyce Rivera, Ashley Livingston, Anne Constantino and Stephanie Marquesano asked questions, which Peggy O'Shea and Deborah Davis answered.

Board member Stephanie Marquesano requested that a representative from the New York Association of Counties and the Conference of Local Mental Hygiene Directors be present at the next meeting.

Board member Ashley Livingston asked when there would be an OASAS presentation, and if so, if it would be prior to the next scheduled in-person meeting (scheduled for 8/29). Tracey Collins from OASAS noted that she is working out the logistics of such meeting with the Chair and Vice Chair.

### **Closing and Adjournment**

Chairman Dr. Stephen Giordano excused himself from the meeting at 1PM. Before leaving the meeting, he noted that the next in-person meeting was scheduled for August 29th from 11-4PM at the SUNY Building in Albany.

Vice Chair Debra Pantin assumed Dr. Giordano's role as Chair for the duration of the meeting.

Vice Chair Debra Pantin requested that Board members send all questions to Chairman Giordano by Friday so that the questions can be collected and submitted to State.

The meeting adjourned.

### **Voting/Motions**

No voting or motions were taken by the Board at this meeting

### **Attendance**

Members Present	In Person	Virtual
1. Ann Marie Sullivan, MD / Designee (Tom Smith)		X
2. Anne Constantino		X
3. Ashley Livingston		X
4. Ashwin Vasan, M.D./Designee (Torian Easterling)		X
5. Avi Israel		X
6. Carmen Rivera		X
7. Cheryll Moore		X
8. Chinazo Cunningham, M.D./ Designee		X
9. Debra Pantin		X
10. Joshua J. Lynch, D.O.		X
11. Joyce Rivera		X
12. Justine Waldman, MD		X
13. Kevin Watkins, MD		
14. Lawrence S. Brown, MD		X
15. Mary Bassett, MD / Designee (Johanne Morne)		X
16. Robert Mujica / Designee (Peggy O'Shea)		X
17. Stephanie Marquesano		X
18. Stephen Giordano, PhD		X
19. Suzanne G. Lavigne		X
20. Tisha M. Smith, EdD		X
21. William McGoldrick		X





## **New York State Opioid Settlement Fund Advisory Board**

**August 29, 2022**

### **Agenda**

Welcome and Introductions	11:00am - 11:05am
Remarks of the Chair	11:05am - 11:20am
Review and Approve Meeting Minutes	11:20am - 11:25am
OASAS Presentation w/discussion and Q&A	11:25am – 12:25am
Lunch Break	12:25pm – 1:00 pm
Public Comments (if any)	1:00pm – 1:15pm
Recommendation Process	Remainder of afternoon session



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KATHY HOCHUL  
Governor

CHINAZO CUNNINGHAM, MD  
Commissioner

# **OASAS System Overview and Data Presentation**

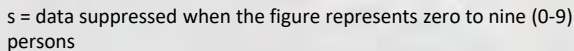
**August 23, 2022**

# Opioid Use Disorder Prevalence Data

## 2021 Provisional Opioid Overdose Deaths by County (NUMBER of Deaths)

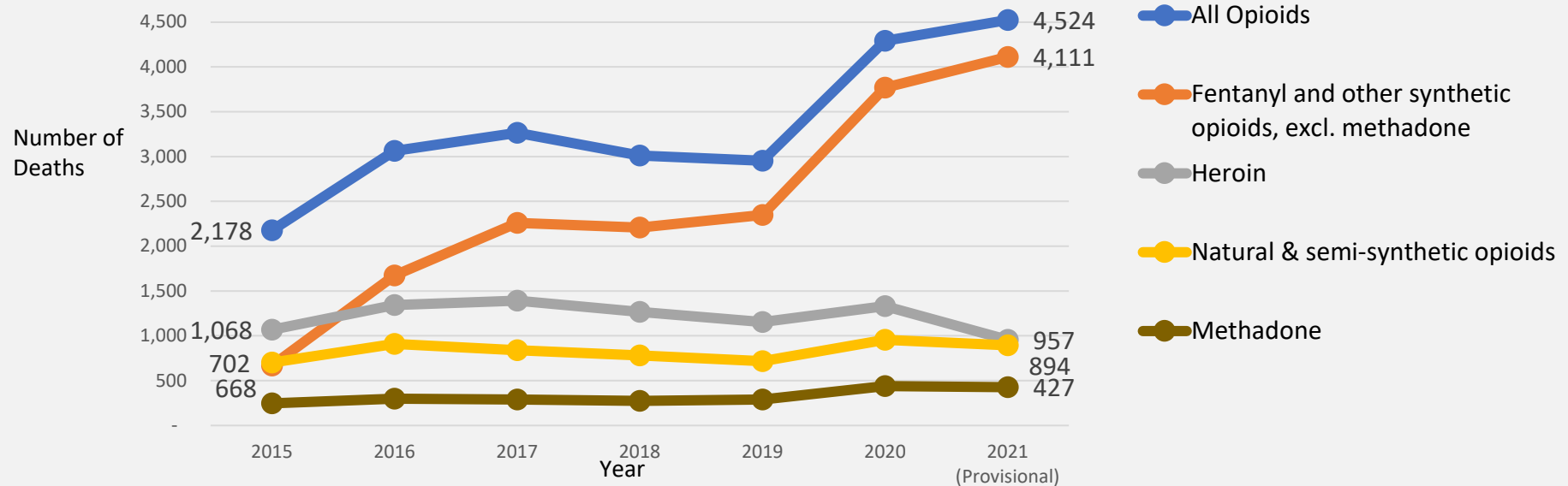


## 2021 Provisional Opioid Overdose Deaths by County (CRUDE RATE) of Deaths



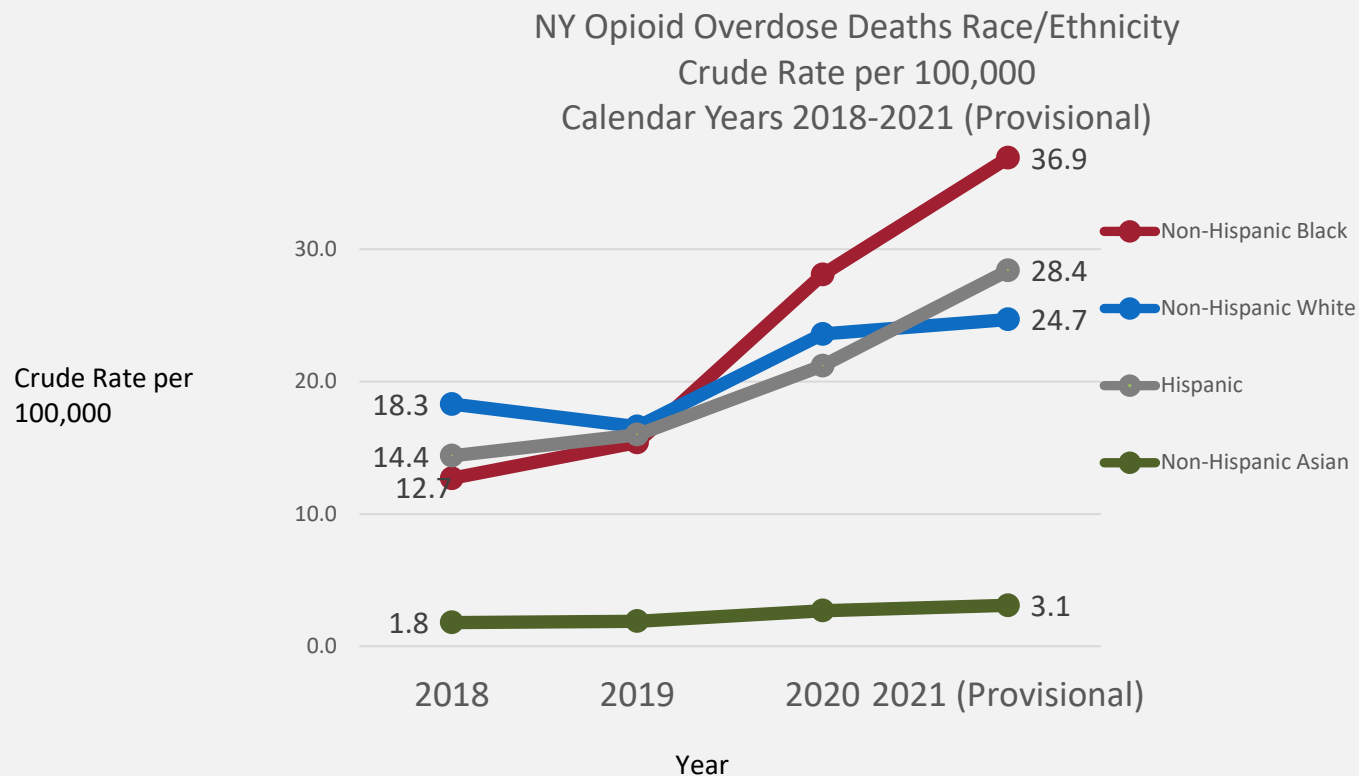
# NYS Opioid Deaths by Opioid Type 2015-2021 (Provisional)

Number of Opioid Deaths by Opioid Type, 2015-2021 (Provisional)  
**Not Mutually Exclusive** (More than one can be listed as a cause of death)



Source: Ahmad FB, Cisewski JA, Rossen LM, Sutton P.  
Provisional drug overdose death counts. National Center for  
Health Statistics. 2022. Retrieved on 6/17/2022 from  
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

# Opioid Overdose Deaths by Race/Ethnicity- New York



# The OASAS System



# OASAS Overview

- More than 1700 prevention, treatment and recovery programs
- Serve over 680,000 individuals per year
- Includes the direct operation of 12 Addiction Treatment Centers (ATCs).
- The agency inspects and monitors over 900 addiction treatment programs.
- OASAS and its predecessors have overseen the treatment of people with substance use disorders since 1966.

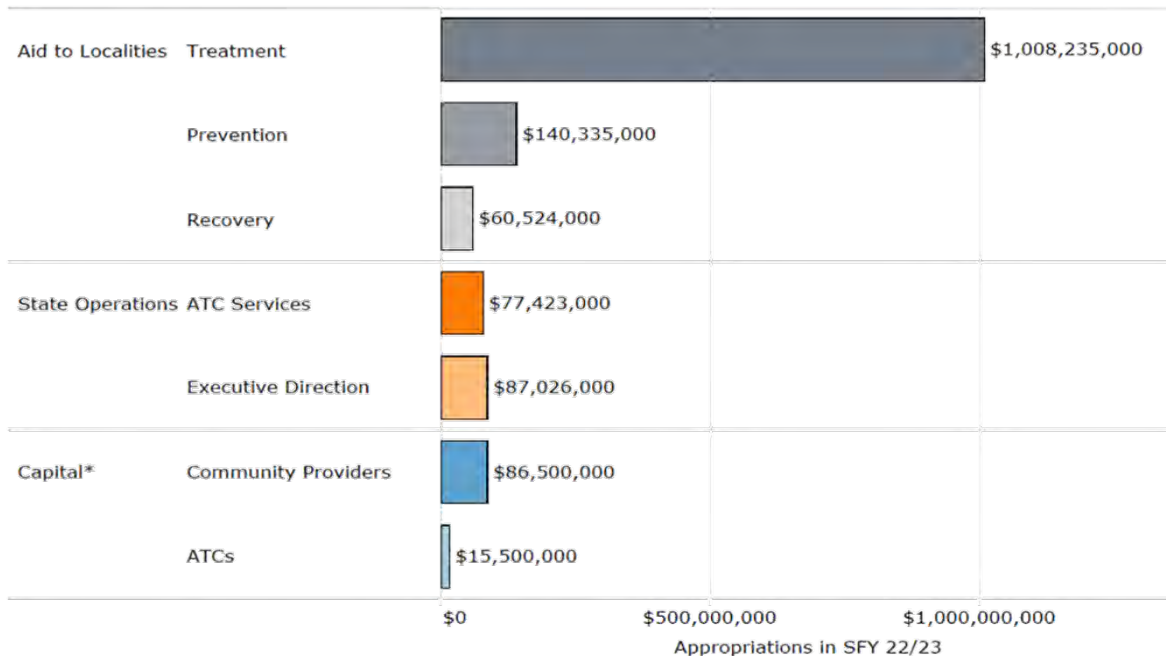
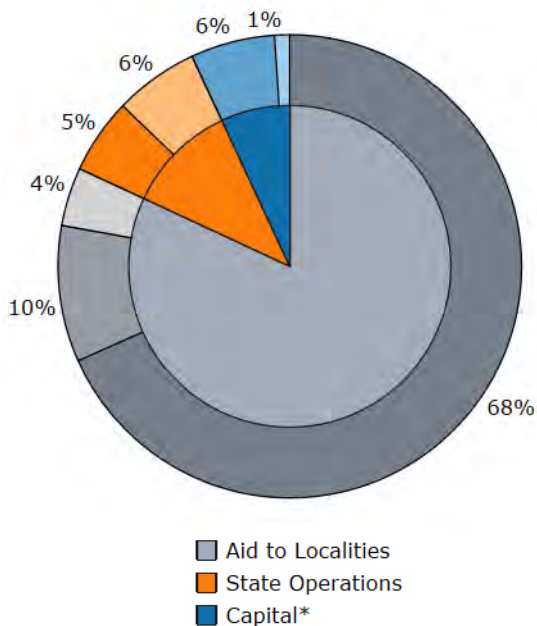


# OASAS Continuum of Care

Treatment		Harm Reduction		Recovery		Prevention	
Crisis	58	Outreach Services	19	Recovery Centers	31	Prevention Providers	152
Inpatient	65	Supply Distribution	on-going	Youth Clubhouses	22	Community Prevention Coalitions	183
Residential	209	Mobile Medication Initiative	13	Housing Units	2,800	Prevention Resource Centers	6
OTP	110	Street Level Engagement Initiative	15			Regional Addiction Resource Centers	10
Outpatient	459	Homeless Shelter In-reach Initiative	7				
Open Access Centers	9						
Crisis Stabilization Centers	9						

# OASAS Overview

## OASAS State Funding- State Fiscal Year 2022-2023

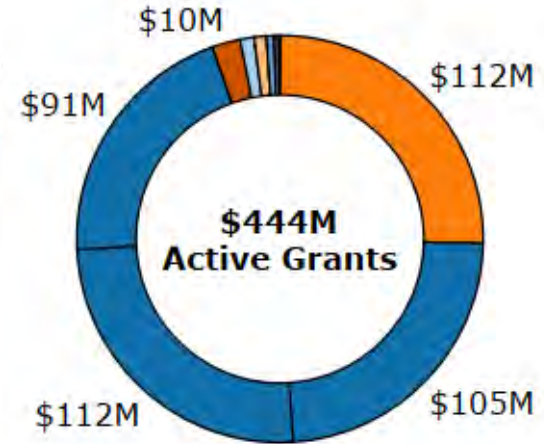
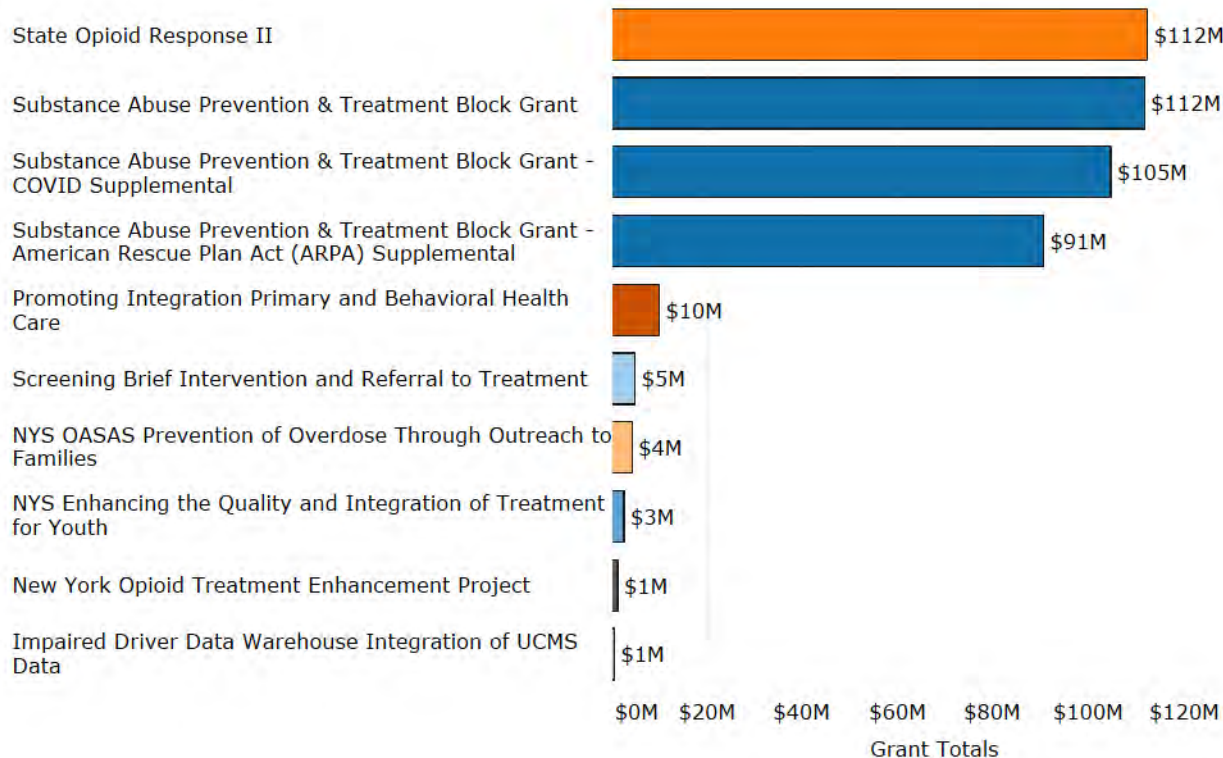


\* Excludes reappropriations of \$685,768,000 for capital projects

82% of OASAS State Funding is Aid to Localities

# OASAS Overview

## OASAS On-going Multi-Year Grant Funding



# Stakeholder Input

## LGU (County) Local Services Plans

- New York State Mental Hygiene Law (§ 41.16) requires Local Governmental Units (LGUs) to develop and annually submit a Local Services Plan (LSP).
- There are 57 LGUs in New York, with one LGU representing each county except for a combined LGU for the five counties encompassing New York City and a combined LGU for Warren and Washington counties.

As part of the LSP process, LGUs are asked to identify high-needs areas. The following categories are the most often selected high needs categories associated with Addiction Services:

- Housing
- Workforce Recruitment and Retention
- Crisis Services
- Transportation

# Stakeholder Input

## Supplemental Funding Listening Forums

OASAS held 15 listening forums across the State with stakeholders and provider associations that were instrumental in planning the uses of the Supplemental funds, including:

- 1 general forum;
- 5 treatment-specific forums;
- 5 regional prevention-specific forums;
- 4 regional recovery-specific forums.



# OASAS Continuum of Care to Address Addiction in NYS

# OASAS Network of Treatment Programs

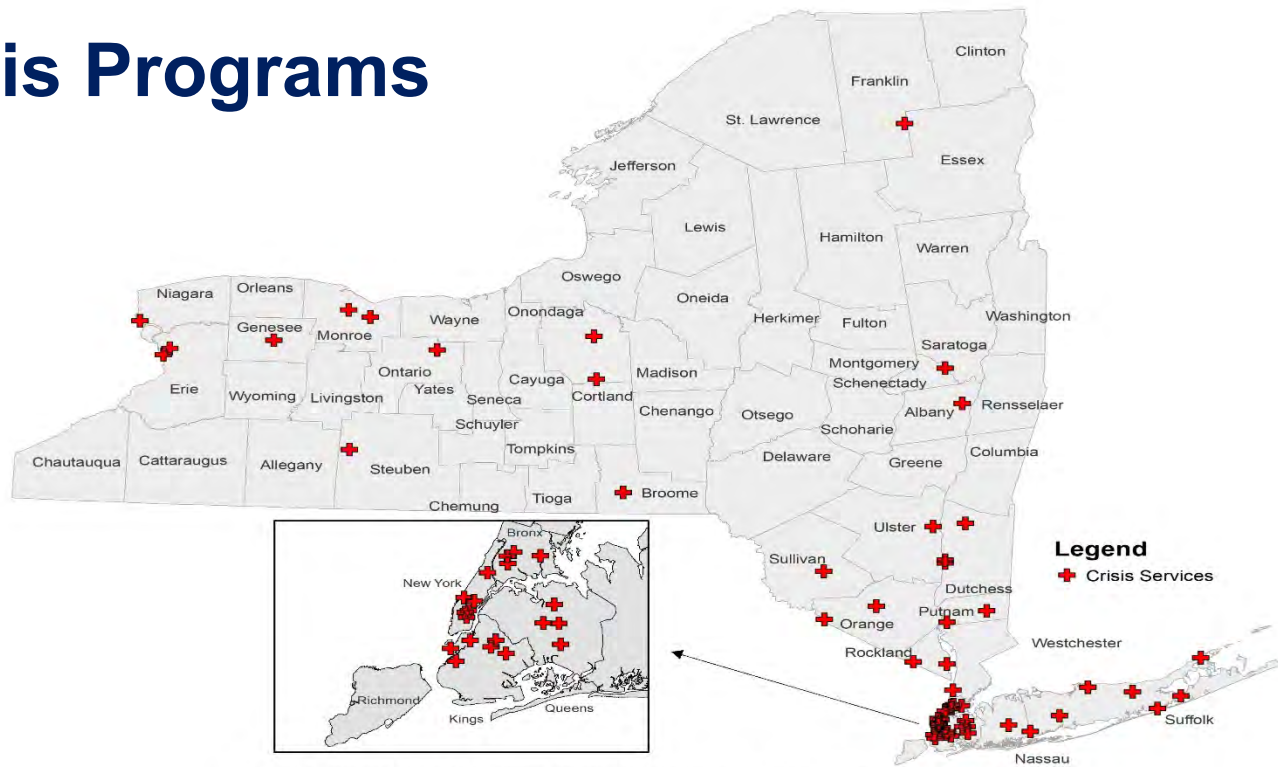
- OASAS certifies 901 Substance Use Disorder programs; 480 Upstate, 112 on LI and 309 in NYC.
- Programs operated by Voluntary (Not for Profit), local and state governments, and Proprietary (For Profit) Providers

Crisis	58
Inpatient	65
Residential	209
Opioid Treatment	110
Outpatient	459
Open Access Centers	9
Crisis Stabilization Centers	9





# Crisis Programs



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.



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# Program Capacity

**Legend**

**Crisis Program Type Certified Capacity**

- 0
- 1 - 25
- 26 - 50
- 51 - 100
- 101 - 200
- 201 - 221

*Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart, as of 7/28/2022*

County	Capacity
Albany	53
Albany	34
Broome	30
Onondaga	33
Monroe	39
Genesee	16
Niagara	24
Erie	42
Steuken	4
Ulster	10
Sullivan	6
Franklin	10
Essex	0
Clinton	0
Jefferson	0
Lewis	0
Hamilton	0
Warren	0
Washington	0
Saratoga	0
Fulton	0
Montgomery	0
Schoharie	0
Delaware	0
Greene	0
Columbia	0
Rensselaer	0
Chenango	0
Madison	0
Oneida	0
Oswego	0
Wayne	0
Seneca	0
Cayuga	0
Cortland	0
Tompkins	0
Schuyler	0
Chemung	0
Tioga	0
Broome	0
Chautauqua	0
Cattaraugus	0
Allegany	0
Livingston	0
Wyoming	0
Orleans	0
St. Lawrence	0
Ulster	10
Dutchess	28
Putnam	49
Westchester	72
Rockland	14
Bronx	89
New York	159
Nassau	20
Suffolk	104
Richmond	0
Kings	221
Queens	212

Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart, as of 7/28/2022

# Substance Abuse Treatment Services

The map displays the distribution of Inpatient Treatment Services across New York State. Green squares represent the locations of these services. The services are distributed across various counties, including but not limited to: Albany, Broome, Cayuga, Chemung, Cortland, Hamilton, Herkimer, Madison, Montgomery, Otsego, Schoharie, Sullivan, Ulster, and Westchester. An inset map provides a detailed view of the New York City area, showing a high concentration of services in counties such as Bronx, New York, Kings, Queens, and Richmond.

**Legend**

- Inpatient Treatment Services



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# Program Capacity

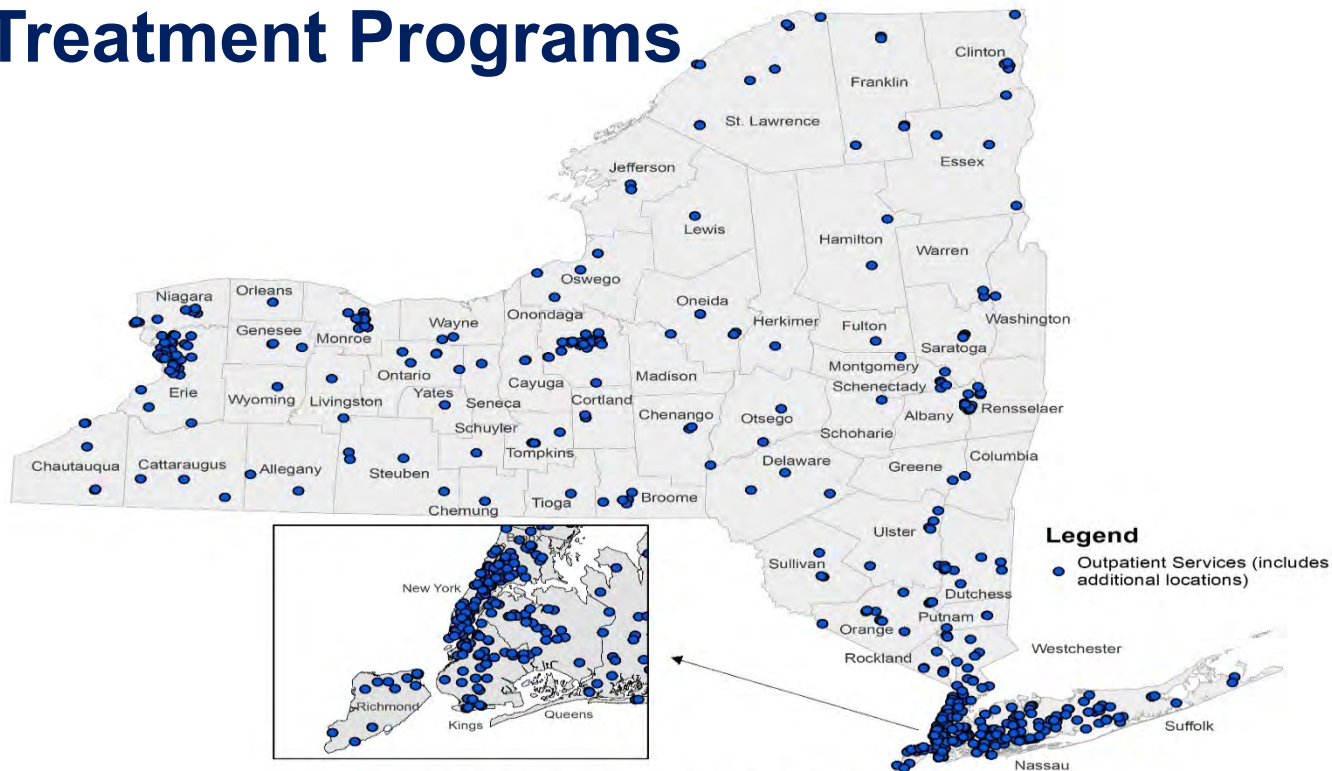
**Legend**

**Inpatient Program Type Certified Capacity**

- 0
- 1 - 25
- 26 - 50
- 51 - 100
- 101 - 200
- 201 - 323

*Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart, as of 7/28/2022*

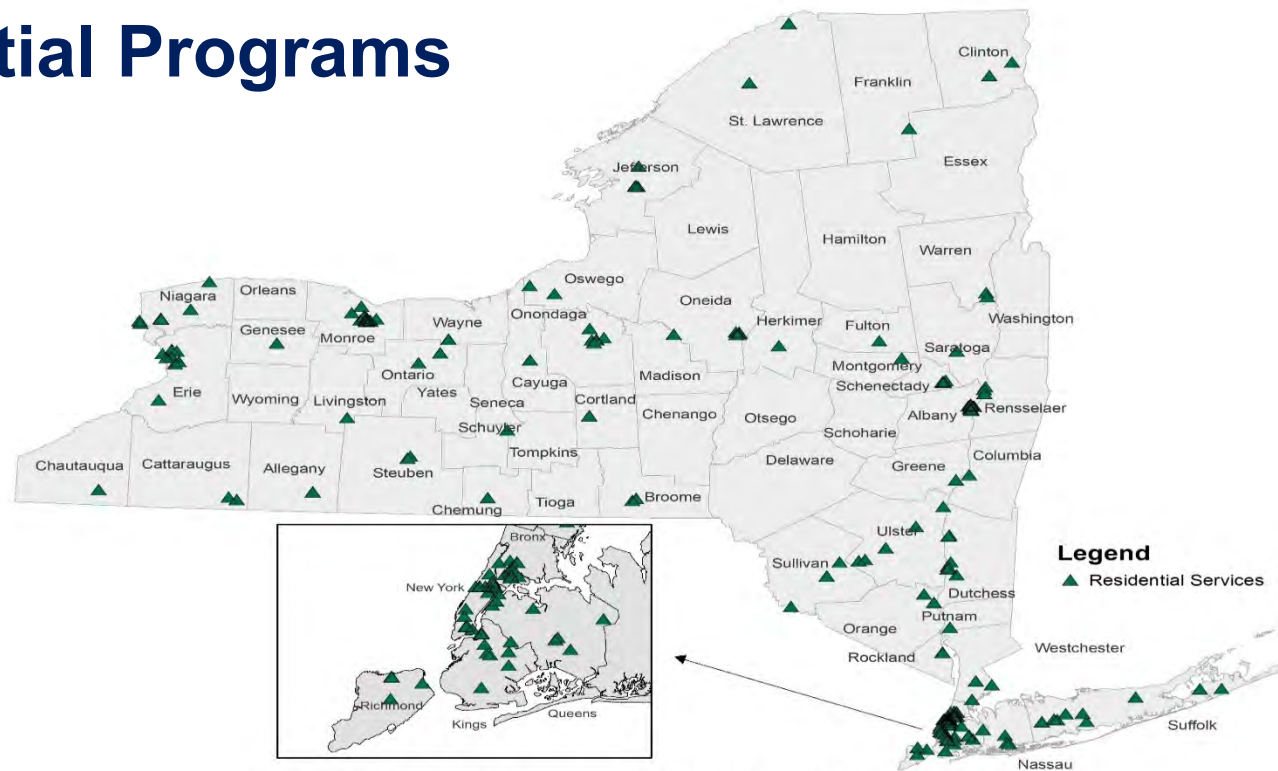
# Outpatient Treatment Programs



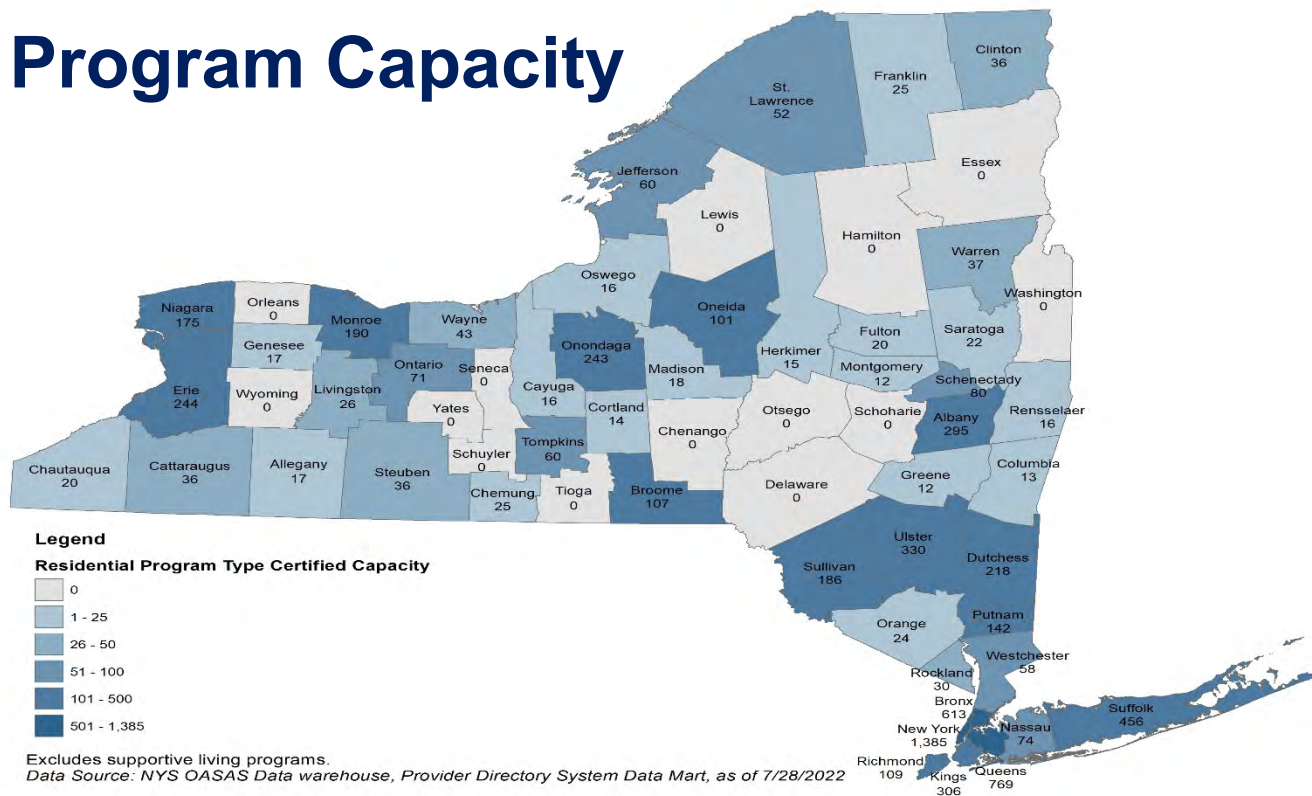
Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.



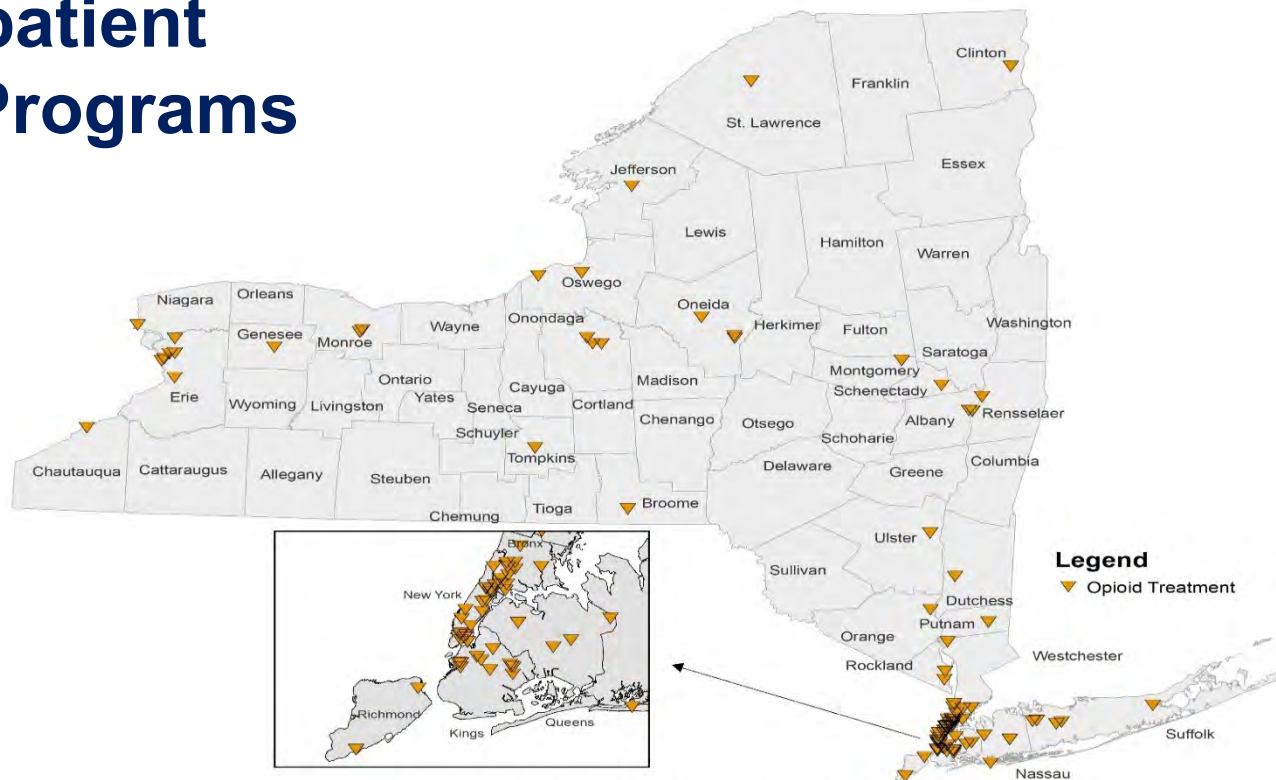
# Residential Programs



# Residential Program Capacity



# Opioid Outpatient Treatment Programs



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

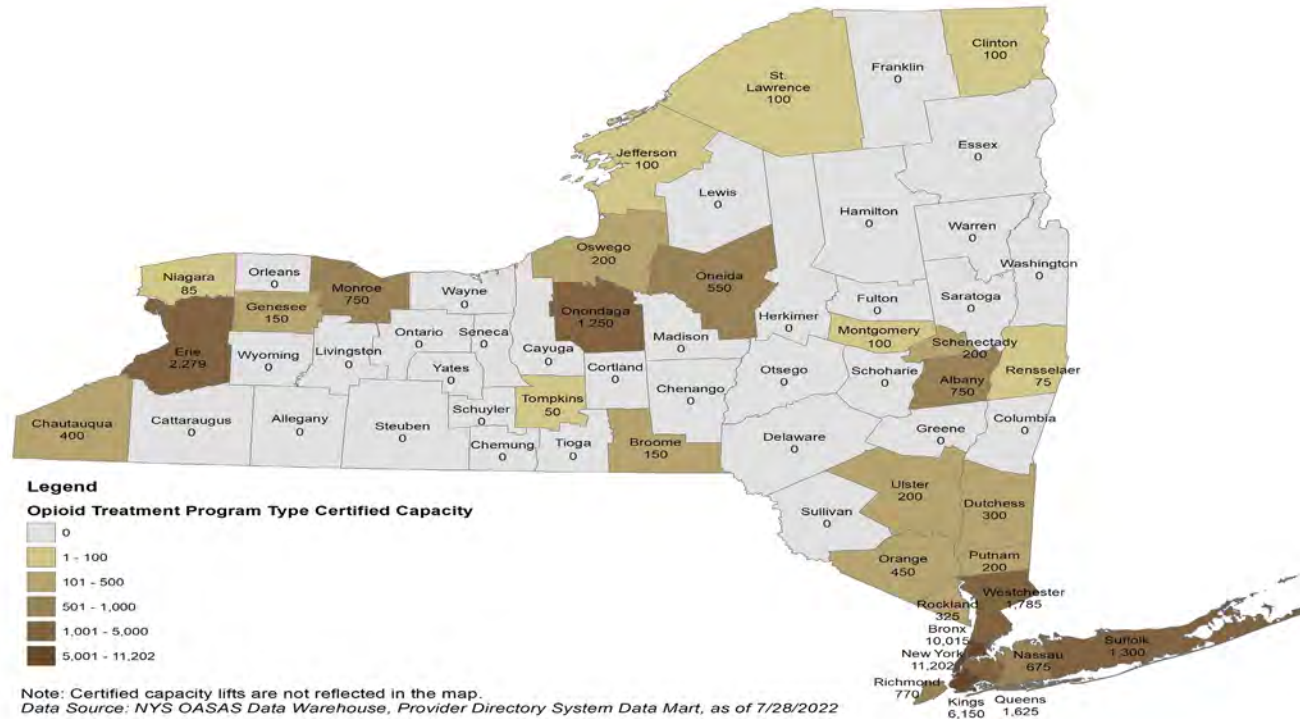


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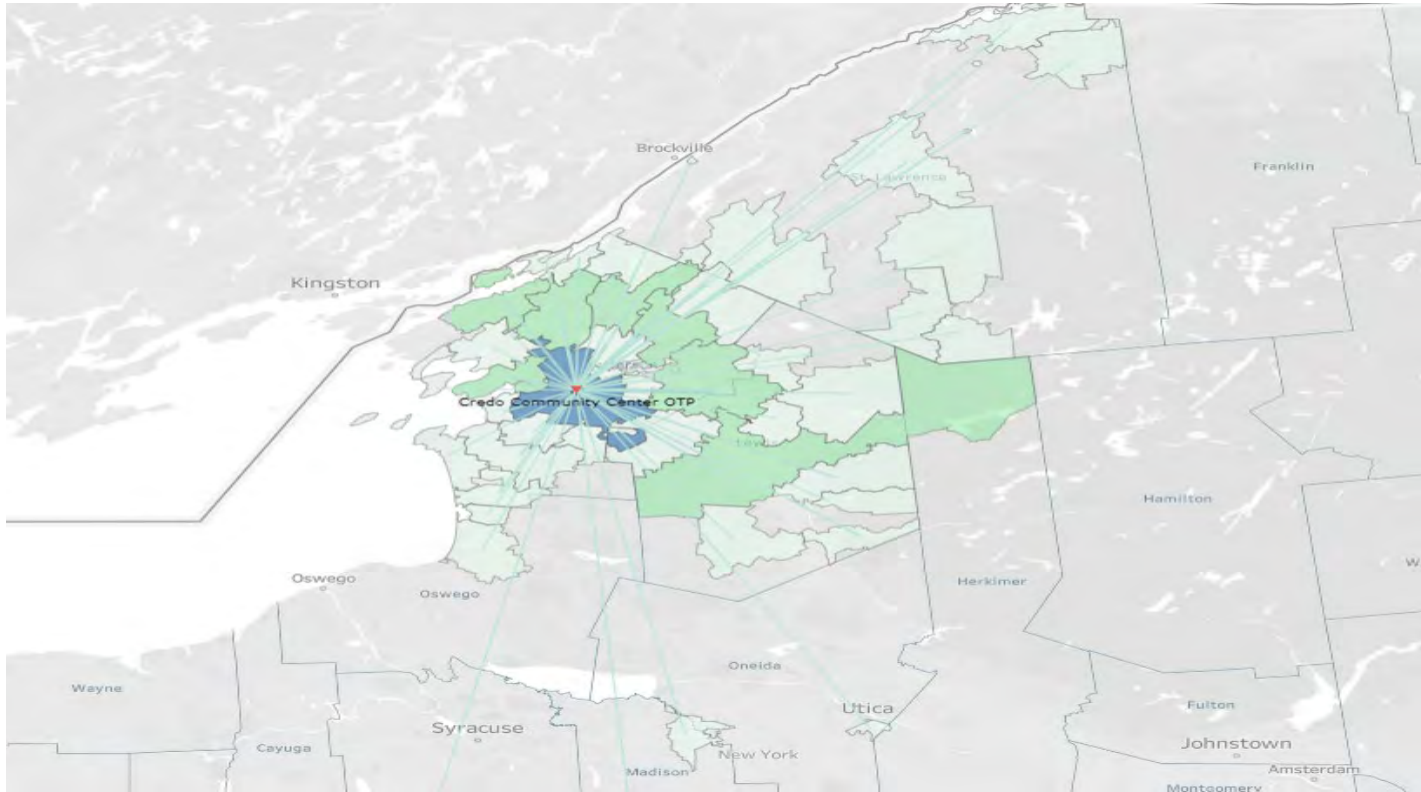
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# Opioid Outpatient Treatment Program Capacity



# Illustration of Client Travel to OTP

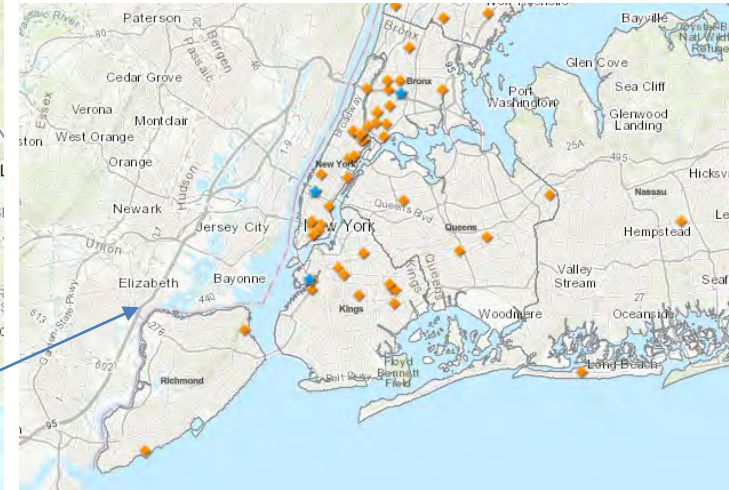


## 30 Minute Drive time from Upstate Opioid Outpatient Treatment Programs with Mobile Methadone Units



### Legend:

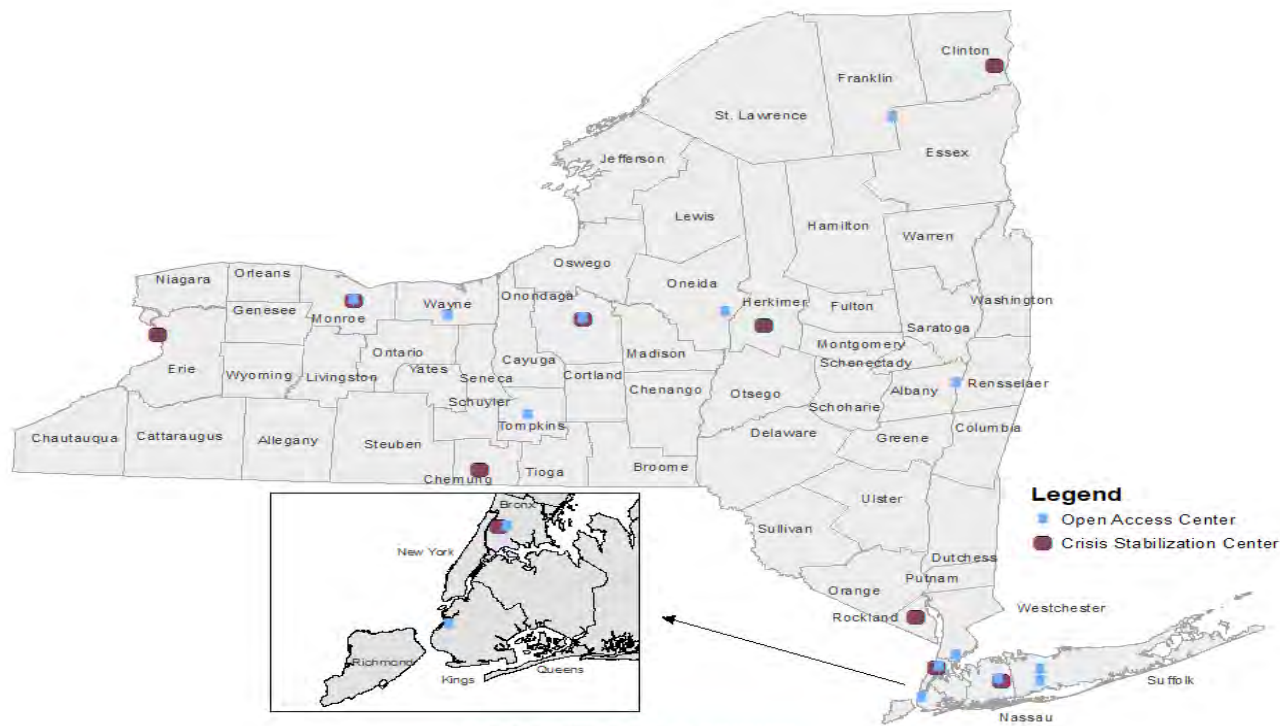
- Mobile Methadone Units (MMUs)
- Opioid Outpatient Treatment Programs
- Upstate MMU 30 Minute Drive Times



Data Sources: NYS OASAS Data Warehouse, PDS DM as of 7/7/2022 and the Division of Addiction Treatment and Recovery

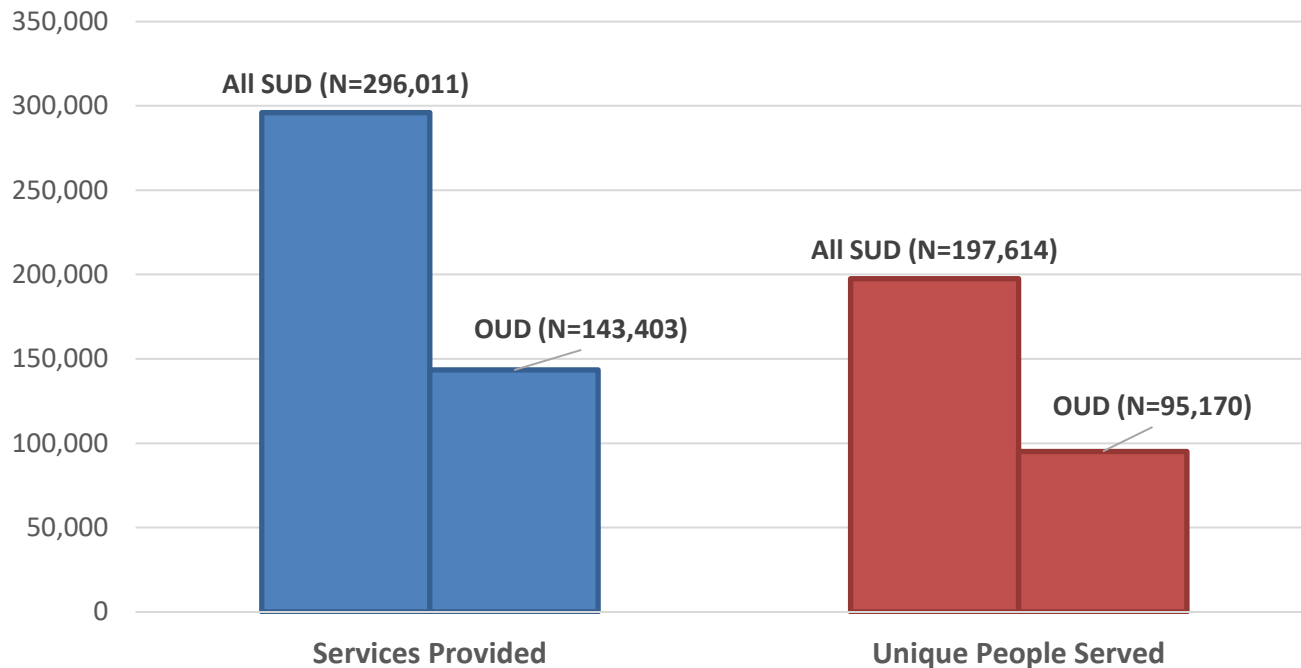


# Open Access Centers and Crisis Stabilization Centers



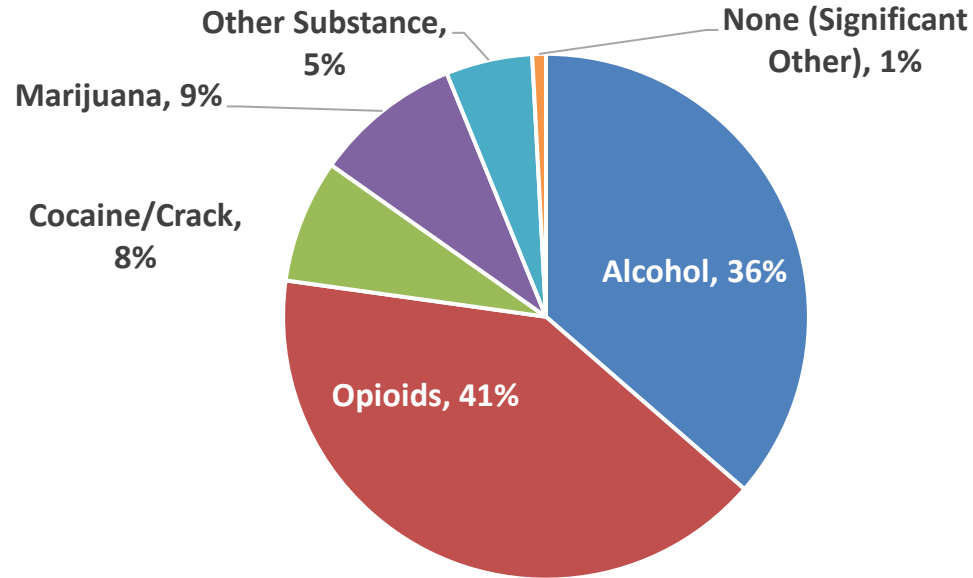
# Treatment Data

## People Served\* in OASAS Certified Treatment Programs During CY 2021



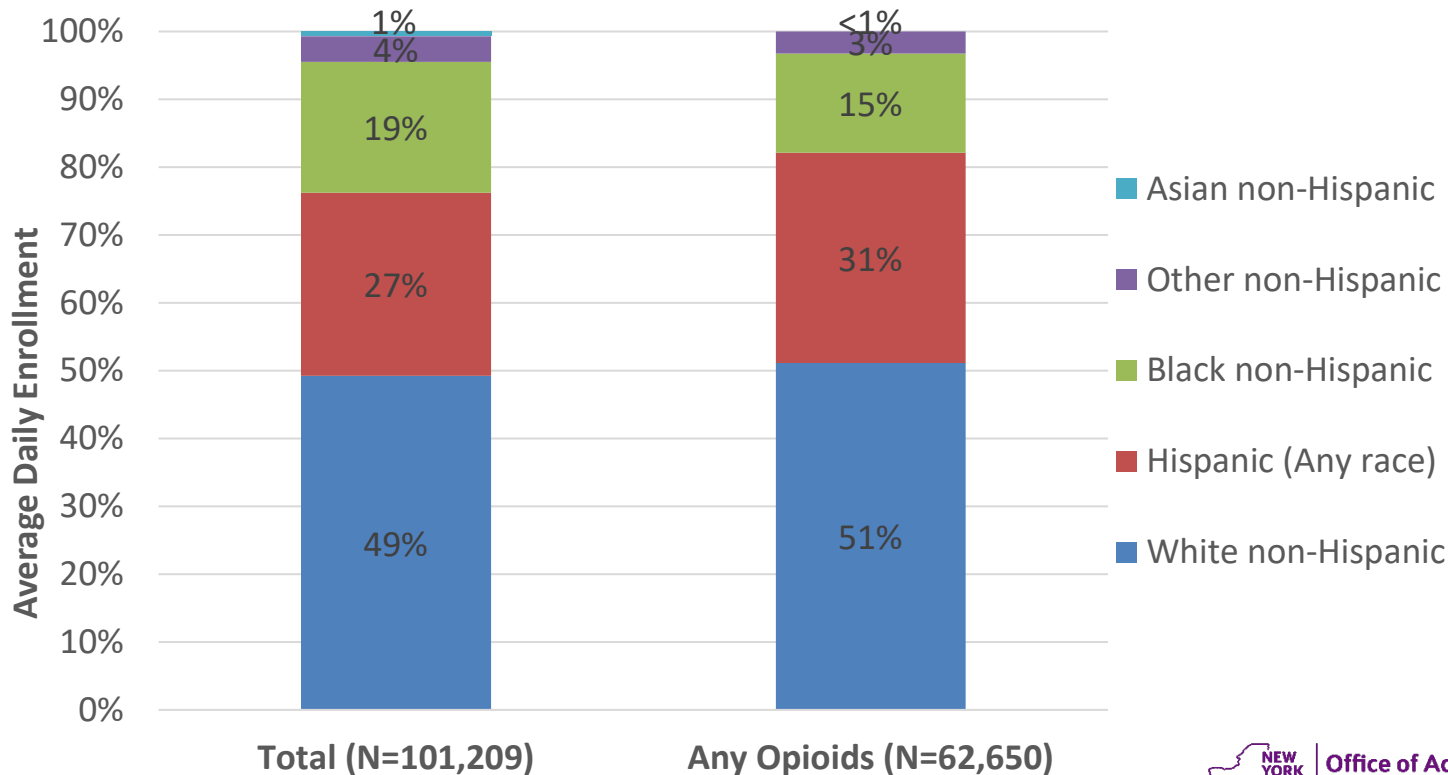
Data Source: NYS OASAS Data Warehouse, Client Data System Extract 07/24/2022

## Primary Substance for People Served\* in OASAS Certified Treatment Programs During CY 2021



Data Source: NYS OASAS Data Warehouse, Client Data System Extract 07/24/2022

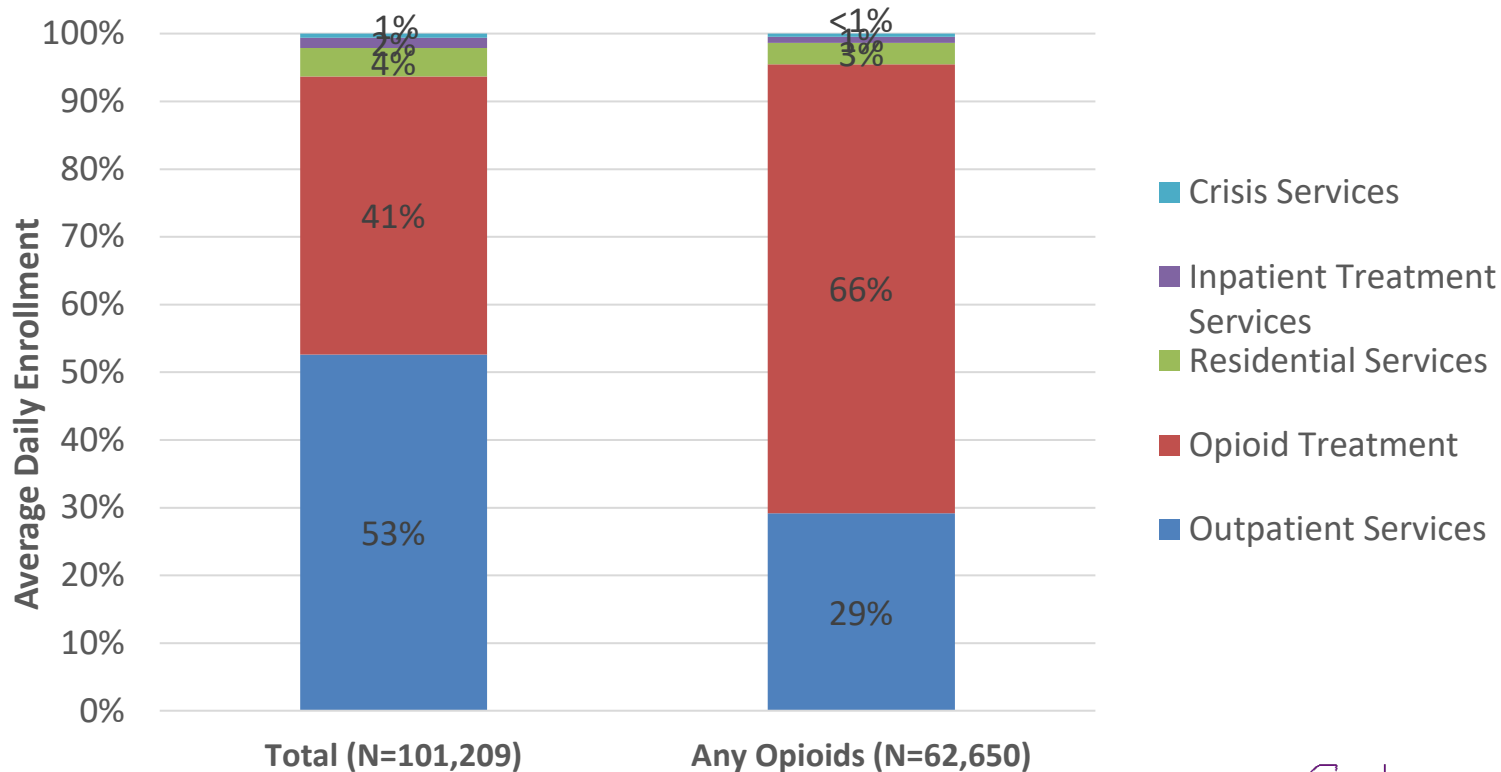
## CY 2021 Average Daily Enrollment by Race/Hispanic Ethnicity All Program Types Statewide



Data Source: NYS OASAS Data Warehouse, Client Data System Data Mart extract of 8/16/2022

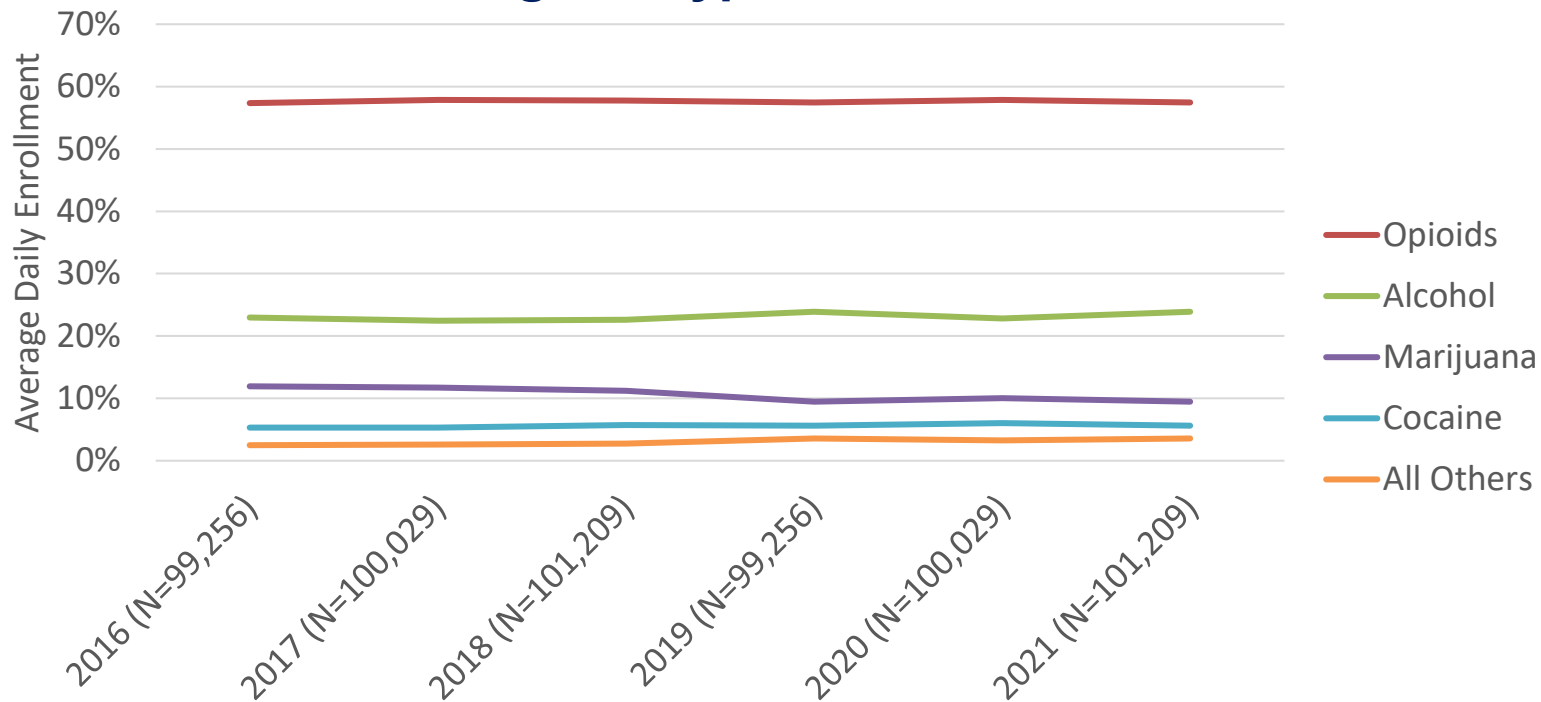


## CY 2021 Average Daily Enrollment by Program Type Statewide



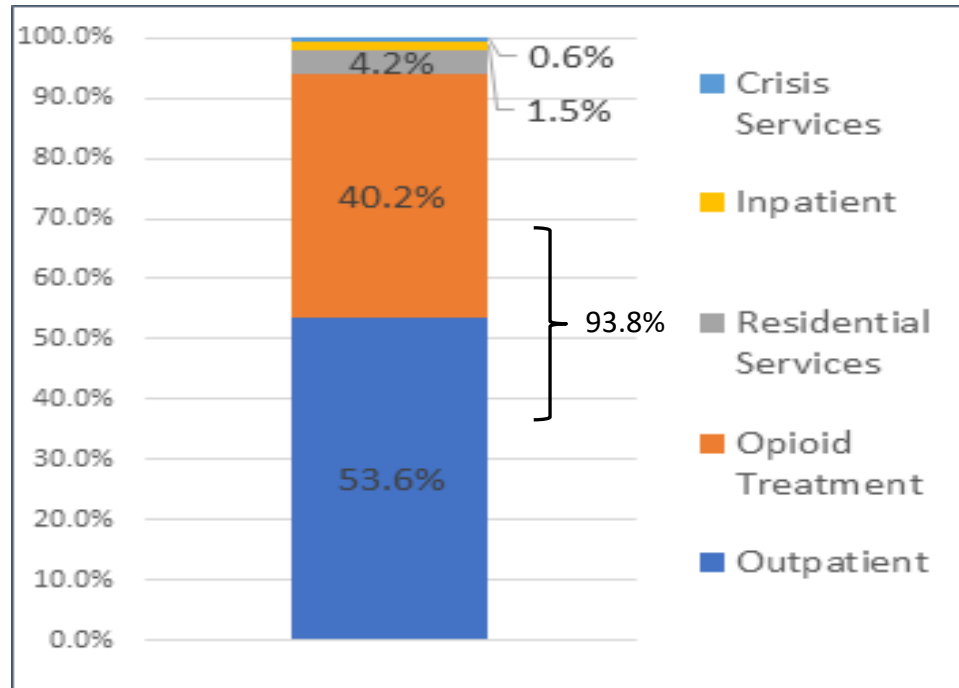
Data Source: NYS OASAS Data Warehouse, Client Data System Data Mart extract of 8/16/2022

## CY 2016-2021 Average Daily Enrollment by Primary Substance All Program Types Statewide



Data Source: New York State OASAS Data Warehouse, Client Data System Data Mart extract of 8/16/2022

## Percent Enrollment by Program Type CY 2021



Data Source: New York State OASAS Data Warehouse, Client Data System, Extract May 5, 2022

# SUD and Mental Health

# Mental Health Diagnosis among Substance Use Disorder Treatment Population

N = 183,914

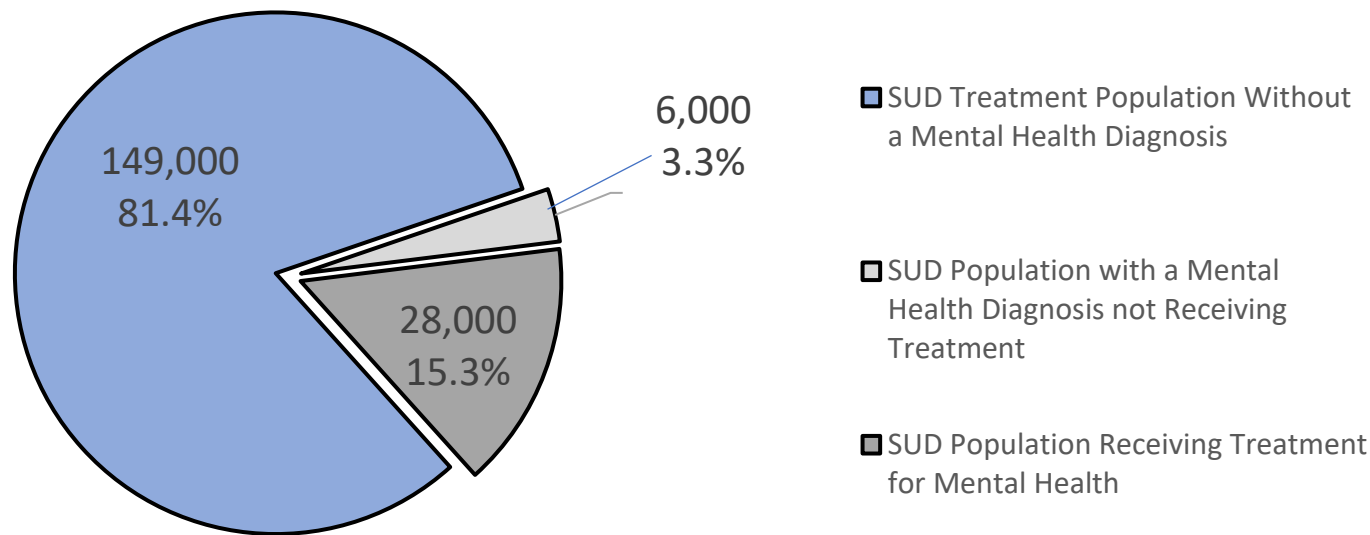
Characteristics	SUD Population*	
Co-occurring Mental Health Disorder		
Anxiety	83,983	66.7%
Major Depressive Disorder	69,344	55.1%
Bipolar	33,744	26.8%
Impulse control and behavioral disorder	24,222	19.2%
Adjustment	23,723	18.8%
Psychotic Disorder	22,422	17.8%

Data represent individuals with an SUD diagnosis who also have a MH diagnosis as indicated on a Medicaid claim in 2020 submitted by a provider from ANY system or setting.

A person can have more than one diagnosis therefore percentages do not add to 100.

Data source: Medicaid Data Warehouse, Extract July 2022

# Substance Use Disorder Non-Crisis Treatment Population, with MH diagnosis receiving MH treatment CY2020



Data represent the set of individuals covered by Medicaid who had non-crisis SUD treatment on a Medicaid claim in CY2020. Individuals represented by the grey sections of the pie chart also had a MH diagnosis on an SUD CLAIM in CY2020. The diagram does not include individuals diagnosed with a mental illness in any other setting.

Data Source: Medicaid Data Warehouse, Extract August 2022

# Harm Reduction Services

# OASAS Harm Reduction Services

- Outreach Services
- Harm Reduction Supply Distribution
- Division of Harm Reduction



# Outreach Services

- Outreach and Engagement Services
- Mobile Medication Initiative
- Street Level Engagement Initiative
- Homeless Shelter In-reach Initiative
- Medication Units Initiative
- OMH Safe Options Support (SOS) Initiative
- DOH Health Hubs

# Outreach and Engagement Services

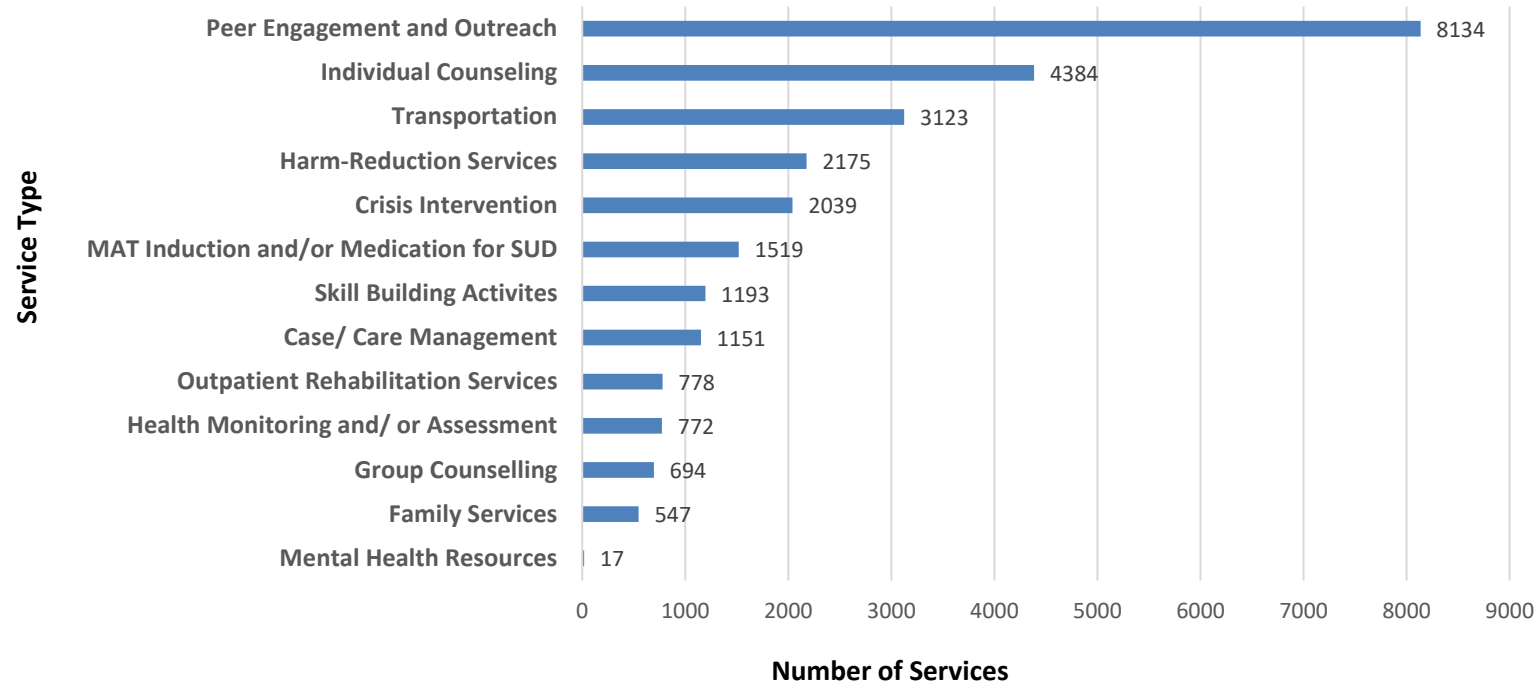
- Nineteen providers offer outreach services in 34 counties.
- Services delivered since 2017
- Reach people using heroin/opioids who are not connected to care or unable to sustain their recovery through traditional treatment approaches.
- Uniquely tailored to meet the needs of the communities where they are offered.
- Multidisciplinary teams
- Utilize 20 mobile treatment vehicles and 66 transport vehicles.

# Outreach and Engagement Services Provider Map



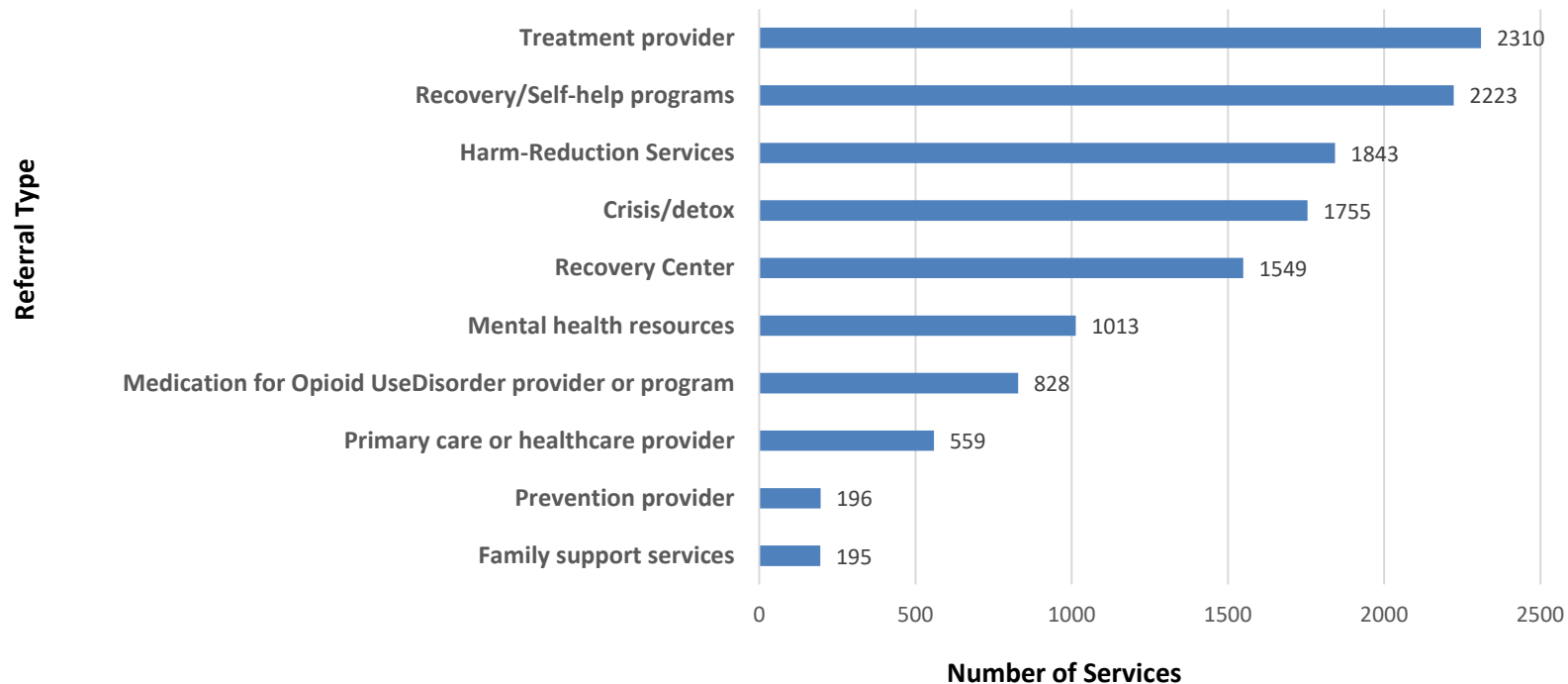
# Activities Completed

January 2022 – July 2022



# Referrals

January 2022 – July 2022



## Outreach and Engagement Services - Demographics – Vulnerable Populations January 2022 – June 2022

Vulnerable Population	Encounters	Individuals
Criminal Justice Involvement	2,268	493
Homeless	1,973	467
LGBTQ	239	53
Youth (Under 21)	95	54
Pregnant	110	20
Veteran	64	27

## Mobile Medication Initiative

- 13 units funded to date
- Medication administration and observation;
- Admission, assessment, and medication induction services will be allowable;
- Treatment services thru telehealth (counseling, peer supports and other services);
- Other medical services will be allowable; and
- Toxicology testing will be allowable.

## Street Level Engagement Services

- OASAS provides financial, organizational and technology resources to coordinate outreach to persons in altered mental states who may be homeless.
- Collaboration among OASAS Outpatient Treatment providers, Harm Reduction providers and Homeless Services Outreach programs.
- OASAS coordinates meetings with City and State agencies to coordinate outreach to people in distress within targeted communities and develop strategies for engagement.
- Teams currently serve the following locations:
  - Harlem
  - South Bronx
  - Garment District
  - Expansion planned for Lower East Side and Finger Lakes Region





# Homeless Shelter In Reach Project

- Collaboration among OASAS, OTDA and NYC DHS.
- OASAS-certified SUD outpatient providers to provide education (harm reduction, overdose prevention) and treatment (MOUD, counseling, peers) engagement opportunities in homeless shelter programs in NYC with highest rates of overdose incidents.
- Round 1 will support SUD Outpatient program peers and clinical staff in 24 shelter programs.
- Round 2 will add 18 more shelter programs to the project.

# Harm Reduction Supplies

- Naloxone Training and Kit Distribution
- Fentanyl Test Strips
- Dterra Bags
- Medication Lock Boxes
- Naloxone Vending Machine
- Safety Kits

# Naloxone Training and Distribution

SOR Overdose Prevention Training Program – started May 2017

- 19,112 Naloxone kits, 4,002 Fentanyl Test strips

Community Overdose Prevention Education (NY COPE)

- training first responders and key community sectors on prevention of prescription drug/opioid overdose-related deaths and adverse events.
- distribution of naloxone, fentanyl test strips, and Deterra bags.

OASAS Providers as OOPPs – 228 programs

ATCs – Overdose Prevention Training and Kit Distribution

- 891 trainings
- 9,255 kits distributed

# Recovery Support Services

# Recovery Programs and Supports

## 31 Recovery Centers

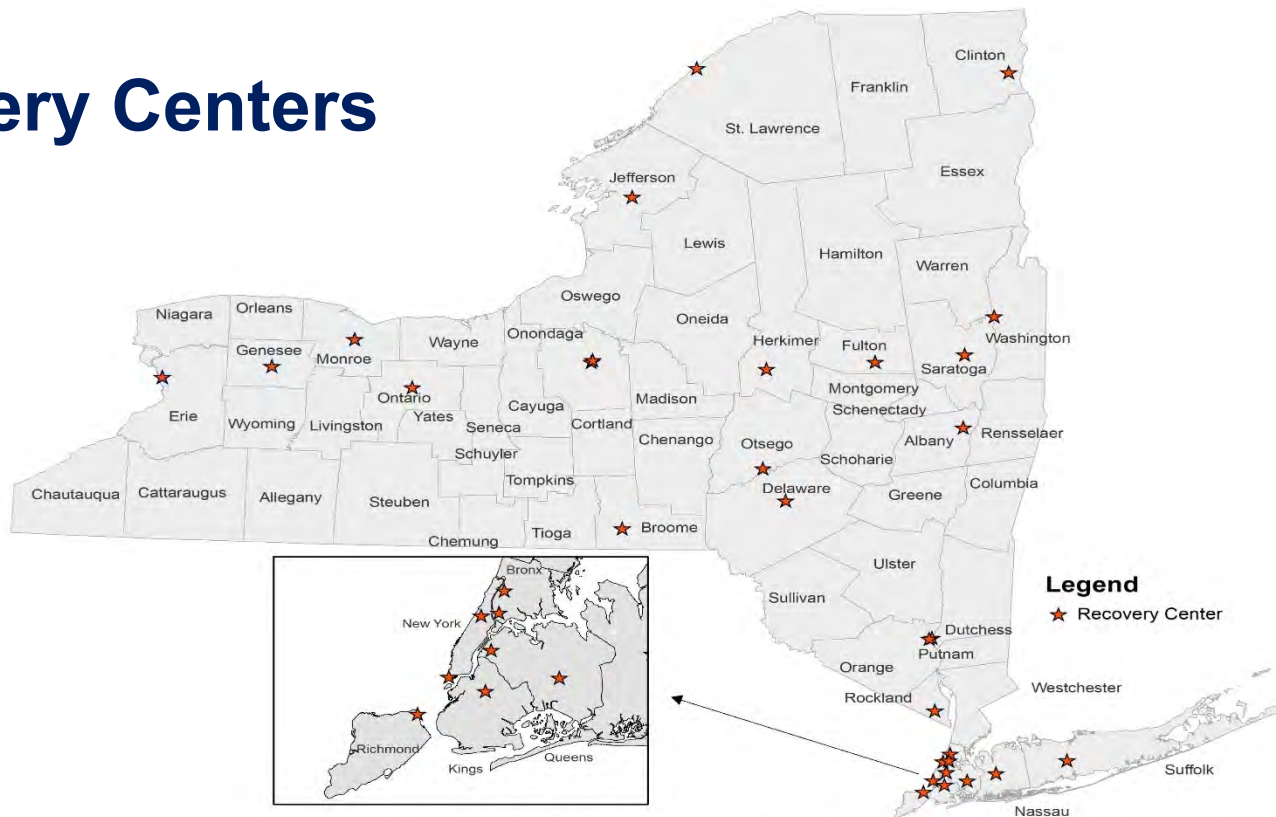
### Youth Clubhouses

- 22 locations
- Drop-in recovery spaces for youth (ages 12-17) and young adults (ages 18-25)
- Non-clinical

### Housing Units

- 2800 apartment units of Permanent Supportive Housing
- Case management services
- Housing in more than half of the NYS counties

# Recovery Centers



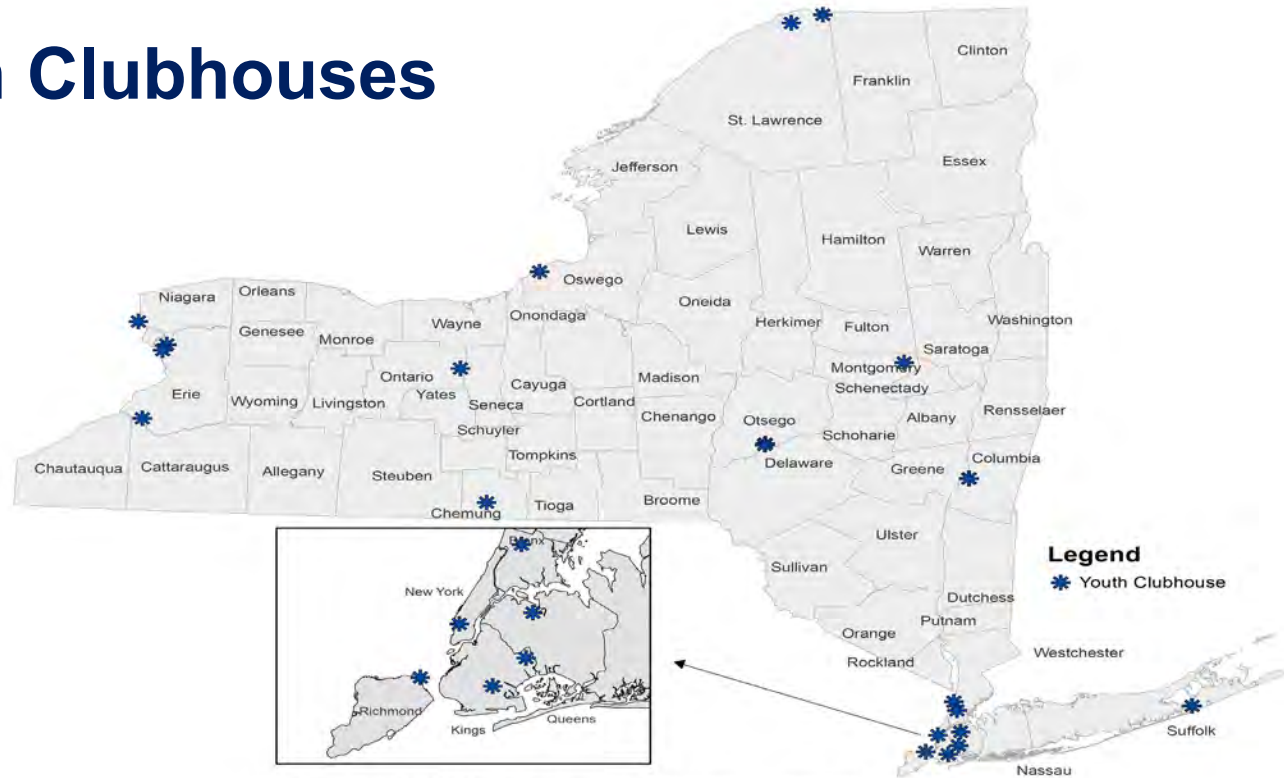
Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.



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# Youth Clubhouses



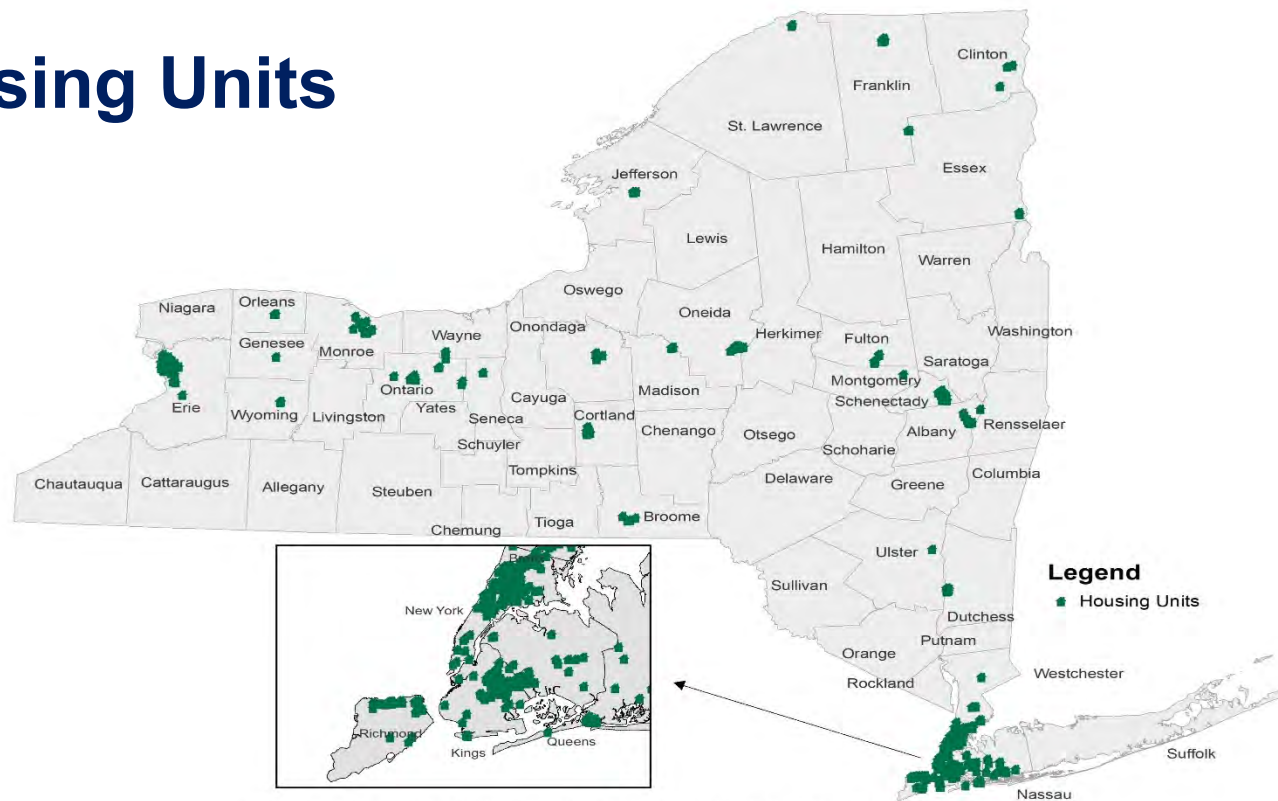
Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.



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# Housing Units



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.



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OASAS. Every Step of the Way.

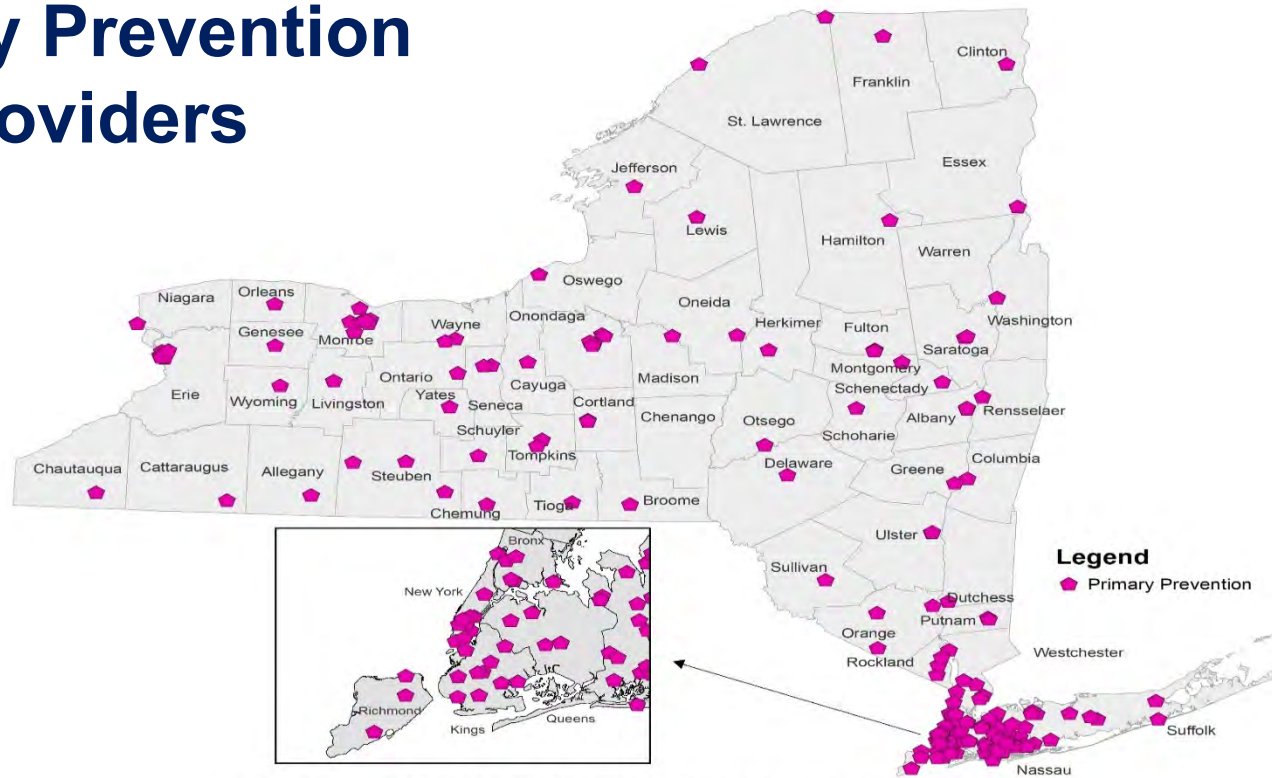


# Primary Prevention Services

# Network of Prevention Services

- OASAS funds 152 prevention providers; 82 upstate and 70 downstate.
  - Community based non-profit organizations; Schools; and Local government agencies
- 183 Community Prevention Coalitions
  - State, federal, county and privately funded
  - Non-funded
- 6 Prevention Resource Centers
- 10 Regional Addiction Resource Centers

# Primary Prevention Providers



Data Source: NYS OASAS Data Warehouse, Provider Directory System Data Mart as of 7/27/2022.

# OASAS. Every Step of the Way.



Office of Addiction  
Services and Supports

## **Opioid Settlement Fund Advisory Board Meeting**

August 29, 2022- SUNY H. Carl McCall Building 353 Broadway, Albany, NY 12246; Nancy L. Zimpher Boardroom

### **Introductions and Attendance**

#### ***Present in person***

Chair Dr. Stephen Giordano, Vice Chair Deborah Pantin, Dr. Lawrence Brown, Dr. Joshua Lynch, Suzanne Lavigne, OMH Commissioner Sullivan, OASAS Commissioner Cunningham, Dr. Tisha Smith, Avi Israel, Ashley Livingston, Anne Constantino, Dr. Kevin Watkins, Joanne Morne (DOH), Deborah Davis (OASAS), Trishia Allen (OASAS), Tracy Collins (OASAS).

#### ***Present virtually***

Carmen Rivera, Joyce Rivera, Cheryl Moore, Stephanie Marquesano, Dr. Justine Waldman, Lisa Landau (NYCDOHMH), Sami Jarrah (NYCDOHMH), Connie Burke (OASAS), Dr. Tom Smith (OMH), Peggy O'Shea (DOB).

### **Housekeeping**

Chair Giordano gave an overview of the agenda items including: OASAS presentation, September scheduling and drafting of the Board's annual report and recommendations.

Chair and Vice Chair set a deadline to start the annual report on October 15, 2022, with the report to be drafted by the Chair and Vice Chair with certain sections of report to be assigned to other members for drafting.

There was discussion regarding the letter from the Mid-Hudson Region Commissioners that Board member Marquesano had emailed to everyone prior to the meeting, as well as general discussion regarding the dissemination and review of documents shared by members.

The Chair reminded members that all conflict-of-interest forms need to be submitted prior to making recommendations.

During review of meeting minutes from the two-day session on July 18, 2022, and July 19, 2022, Dr. Lawrence Brown noted he made an in-person appearance the first day and a virtual appearance the second day. There was member discussion about the level of detail in July meeting minutes in which several members requested meeting minutes have more specific detail around items discussed. Further discussion of the level of detail and approval of the minutes tabled for review by the Chair.

### **OASAS System Overview and Data Presentation**

OASAS Associate Commissioner Connie Burke gave a detailed presentation to provide members with an OASAS system overview and data on OASAS services.

Following the presentation there was member discussion regarding the large number of services provided by OASAS as well as concerns regarding geographic (Western NY and Eastern Long Island) and racial disparities (Black and Latino communities). Members discussed the importance of addressing the “service deserts” within the OASAS system and stressed the need for innovative ideas to combat and address them. Members requested clarification around the data presented with specific concerns around the data problems in tracking co-occurring Substance Use Disorder (SUD) and mental health conditions within the OASAS system.

Members discussed the need for expanded access to Methadone through Opioid Treatment Programs, community push back to siting new OTPs, use of mobile OTPs and potentially using existing underutilized Addiction Treatment Centers (ATCs) to provide methadone, crisis centers and detox in service desert areas.

In response to a question from Board member Avi Israel, Deborah Davis from OASAS provided a brief overview of how Opioid Stewardship Funds would be spent and that funds would be spent on harm reduction, treatment affordability and medication affordability.

There was additional discussion about having a better understanding of what needs are unmet by the current processes and structures in place and how to utilize community organizations to fill the need.

Members discussed avoiding duplication of services by government agencies and working collaboratively on new initiatives and consideration of other substances in addition to opioids that contribute to overdose deaths such as stimulants. There was also discussion on the importance of tracking and sharing necessary data and a request for OMH and OASAS to partner to track claims and other data to help inform innovative initiatives to better assist individuals with co-occurring SUD/mental health issues.

### **Public Comment**

Time was provided for public comments, which included representatives from the following community organizations: Truth Pharm and Legal Action Center. Comments focused on the need for innovation and addressing geographic and racial disparities in data and outcomes and overall Board member engagement.

### **Recommendations**

There was Board discussion on how to approach making recommendations and which subject areas would be the focus of recommendations for the next meeting. There was member consensus that the Board should focus on making recommendations with respect to harm reduction and workforce issues with the overlay of racial and geographic equity and integration of SUD/mental health. Members agreed to be prepared with recommendations in line with those parameters at the next meeting. Members also discussed the need to involve more agencies, specifically DOCCS, and more community-based organizations into the process.

### **Closing Comments**

Members discussed meeting at least twice next month. The next scheduled date would be September 30, 2022, with the hopes of adding another meeting prior to that date.



# **New York State Opioid Settlement Fund Advisory Board**

## **September 20, 2022**

### **Agenda**

- I. Opening Remarks – Deb Pantin 11:00am
  - a. Dr. Stephen Giordano Stepping Down
  - b. Deb Pantin Serving as Chair
  - c. Expectations Going Forward
  - d. Vice Chair-Delayed Vote
- II. Administrative Items 11:20am
  - a. Minutes from July 18<sup>th</sup> and 19<sup>th</sup>, and August 29<sup>th</sup> Meetings
  - b. Conflict of Interest Form
  - c. Model Video-Conferencing Policy
  - d. Public Participation Policy
- III. Lunch 12:00pm
- IV. Recommendations and Report 12:30pm
  - a. Funding Category List
  - b. Review Survey Tools
  - c. Vote on Tools
  - d. Board Priorities from Prior Meeting Discussions
  - e. Workforce and Harm Reduction Surveys
  - f. Comments Received Through Email Box
- V. Public Comment 3:30pm
- VI. Closing Remarks and Next Meeting 3:45pm



The New York State Opioid Settlement Fund Advisory Board (Board) welcomes interested observers at its meetings. The meetings are open to the public in accordance with the Open Meeting Law. To make these meetings as productive as possible, however, the Board has established certain guidelines as it pertains to public participation. Please note that additional guidelines for videoconferencing participation can be found on the Board Website: <https://oasas.ny.gov/opioid-settlement-fund-advisory-board>

## Meeting Guidelines

### 1. Discussion and Public Presentations

A). Board: Discussion during the meeting of the full Board is limited to Board members and staff. Public presentations will be limited to the time allotted on the agenda

B). Presentations:

1. Those who wish to participate shall identify themselves to a staff person prior to the meeting and indicate the agenda item they would like to support, oppose or comment on. Advance registration for public participation, whether in-person or via videoconferencing, may be required. Such advance registration requirements will be posted on the meeting notice.

2. Except as otherwise provided in these Guidelines or at the discretion of the Chair, there will be a limit of three minutes for oral presentations. In the interest of having the meeting progress in a timely manner, one representative of an organization or facility shall be appointed as a spokesperson for that group. Also, it is requested that all members of the public, whether an individual or a representative of a group or facility, present only new views or ideas on an agenda item, rather than reiterate a thought or position similar to a previous presenter.

3. Handouts are not permitted.

2. Written Materials: Written materials relevant to the agenda of the Board must be sent, preferably by electronic transmission, to the Executive Secretary at least five business days prior to the meeting: Tracey Collins, Associate Commissioner for Internal & External Affairs, OASAS, 1450 Western Ave, Albany, NY 12203. The Executive Secretary will share communications with the Board Chair, who in turn will verbally summarize the material for the Board members. If the material is not submitted in advance, but is brought to a meeting, it will not be distributed but will instead be considered for a future meeting.

3. Press Inquiries: All Press inquiries concerning Board or Department activities should be directed to the Executive Secretary.

4. Observers will be accommodated within the physical limitations of the meeting room and in accordance with the number allowed by the building's fire safety code.

## Videoconferencing

1. Videoconferencing is authorized for the Opioid Settlement Fund Advisory Board (Board) pursuant to the New York Public Officers Law (POL) § 103-a and outlined in the Board's bylaws. Moreover, member participation is authorized as follows:

A. Members of the Board must be physically present at one of the meeting locations that is properly noticed and where the public can attend in person. Provided a quorum is present at such locations, members are authorized to participate remotely.

B. To participate remotely, a member must be unable to be physically present due to extraordinary circumstances including, but not limited to, disability, illness, caregiving responsibilities, or any other significant or unexpected which precludes the member's physical attendance at such meeting.

C. Members participating remotely must have their camera on and be able to be seen, heard, and identified throughout the entirety of the meeting, except in the case of executive sessions.

2. Public participation is authorized as follows:

A. Where videoconferencing is used to conduct a meeting of the Board, the public notice for the meeting shall inform the public that videoconferencing will be used, where the public can view and/or participate in such meeting, where required documents and records will be posted, and shall identify the physical location(s) for the meeting where the public can attend.

B. Where videoconferencing is used to conduct a meeting, the Board shall provide the opportunity for members of the public to view the meeting via video and to participate in proceedings via videoconferencing in real time, provided public comment or participation is authorized. Furthermore, videoconferencing shall be authorized for the same public participation or testimony as in-person participation or testimony. Advance registration may be required to provide in person or virtual public comment. Information on how to register shall be contained in each meeting agenda.

C. Each meeting conducted using videoconferencing shall be recorded and such recordings posted or linked on the Board's website within five business days following the meeting.

D. Minutes of meetings involving videoconferencing shall include which, if any, members participated remotely and shall be available to the public within two weeks of the date of the meeting.

For additional information on Public Officers Law:

<https://opengovernment.ny.gov/open-meetings-law>

For additional information on the bylaws:

<https://oasas.ny.gov/system/files/documents/2022/08/revised-osfab-bylaws.pdf>

## **Schedule B**

### **Approved Uses**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

<b>PART ONE: TREATMENT</b>
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**A. TREAT OPIOID USE DISORDER (OUD)**

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“*MAT*”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

**B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY**

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED  
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—  
OUD and any co-occurring SUD/MH conditions through evidence-based or  
evidence-informed programs or strategies that may include, but are not limited to,  
those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

**D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS**

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
  - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);
  - b. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
  - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
  - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;

- e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
  - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
  3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
  4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
  5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
  6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
  7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

**E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME**

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:



1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION
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**F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS**

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), including but not limited to improvements that:
  - a. Increase the number of prescribers using PDMPs;
  - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
  - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

**G. PREVENT MISUSE OF OPIOIDS**

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

**H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)**

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

<b>PART THREE: OTHER STRATEGIES</b>
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**I. FIRST RESPONDERS**

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

**J. LEADERSHIP, PLANNING AND COORDINATION**

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid New York Qualified Settlement Funds; (b) to show how opioid New York Qualified Settlement Funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key

opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

#### **K. TRAINING**

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

#### **L. RESEARCH**

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

## **New York State Opioid Settlement Fund Advisory Board**

September 20, 2022 – Meeting

11:00AM-4:00PM

W. Averell Harriman State Office Campus, 1220 Washington Ave, Albany, NY 12207;  
Building 5 Training Room

### **Opening Remarks**

Board Chair Debra Pantin opened the meeting and the Board Members reintroduced themselves.

Chair Pantin made opening remarks and noted that Dr. Stephen Giordano had stepped down from the position of Chair. As the duly elected Vice Chair, Debra Pantin assumed the Chair position.

Chairwoman Pantin acknowledged that Dr. Jonathan Giftos was present on behalf of Member Dr. Ashwin Vasan.

Chairwoman Pantin requested that the election of the next Vice Chair be made after the first report was issued. Member Stephanie Marquesano made a formal motion to delay the selection of a new Vice Chair, Member Avi Israel seconded the motion, and the motion passed unanimously.

### **Videoconferencing Discussion**

OASAS General Counsel Trishia Allen advised the Board that the Executive Order allowing for fully virtual meetings was not extended, and that the Board would need to formally approve guidelines to continue hybrid videoconferencing/in person meetings.

Board Members discussed having multiple official locations for future meetings and were advised that all locations would be subject to Open Meetings Law requirements, including appropriate technology, public notice, and the ability for public access. General Counsel Allen also noted that, in person Members at any such designated location could be counted for purposes of a quorum.

DOB Designee Peggy O'Shea noted that the word "event" was missing from the draft guidelines and needed to be amended.

Board Members were advised that under the videoconferencing guidelines they would be permitted to appear for Board meetings virtually under extraordinary circumstances, however in doing so, they must be seen, heard, and identified throughout the meeting and that virtual presence would not count towards a quorum.



Board Member Dr. Lawrence Brown made a motion to accept videoconferencing guidelines as discussed, the motion was seconded by Board Member Suzanne Lavigne, and the motion carried.

### **Future Meeting Expectations**

Chair Pantin explained that she has selected Member Lavigne to act as a time keeper and Member Stephanie Marquesano as motion monitor and that motions would be handled in accordance with Robert's Rules of Order; with a motion being made, then seconded, then any needed Member discussion on the motion and conclude with a vote on the motion.

Chair Pantin mentioned her desire to work collaboratively as a team.

### **Adoption of Minutes**

Motion to accept meeting minutes from July 18, 2022 made by Member Anne Constantino and seconded by Member Joyce Rivera and carried with Designee O'Shea and Member Israel abstaining.

Motion to accept meeting minutes from the July 19, 2022 meeting and corresponding working document made by Member Constantino with subsequent additions submitted by Member Joyce Rivera. The motion to approve the minutes was made by Member Constantino, seconded by Member Lavigne and the motion carried with Designee O'Shea abstaining.

The Board continued the discussion regarding the appropriate level of detail and requested the meeting minutes reference the content of Member discussions. General Counsel Allen advised that per Roberts Rules meeting minutes should reflect attendance and votes, are intended to document what was done at a meeting, not what was said, and that there are video transcripts of the meetings for further detail. Chair Pantin stated she will meet with the Board's Executive Secretary Tracey Collins to discuss the Board's expectations for the contents of meeting minutes.

Member Dr. Justine Waldman made a motion to accept August 29, 2022 meeting minutes with the amendment that future minutes would better capture the desire of the Board to have more detail and the sharing of data from previous meetings. The motion was seconded by Member Dr. Brown. The motion carried with Designee O'Shea abstaining.

There was a motion by Member Dr. Waldman, Seconded by Member Dr. Brown that OMH, OASAS and DOH meet to discuss joint recommendations for workforce and harm reduction. The motion carried with Member Israel voting in opposition.

### **Conflict of Interest Forms**

Members were reminded by Chair Pantin and Executive Secretary Tracey Collins to submit their conflict interest forms.

Members took a break for lunch.

### **Recommendations and Discussions**

Following the lunch break, Member Cheryll Moore joined virtually.

There was discussion about how to best use the survey, drafted by Member Justine Waldman, which was a compilation of all Member areas of concern for recommendations. Discussion included concerns over licensed vs unlicensed providers, the actual dollar amount for recommendations, lack of equity in program funding and focusing on broader priorities, and then drilling down to more specific priorities at later meetings.

Motion was made by OASAS Commissioner Chinazo Cunningham to adopt voting categories from the survey minus the headings associated with each list and then to rank each recommendation listed either yay or nay, motion seconded by OMH Commissioner Dr. Ann Sullivan, and Members Joyce Rivera, and Ashley Livingston. Member Dr. Waldman read through the list of voting categories (***please see posted associated documents to meeting minutes***).

Commissioner Cunningham presented agency collaboration recommendations from OMH and OASAS as well as OASAS and DOH, noting that there was some overlap in recommendations from the agencies and the recommendations from the rest of the Board Members (***please see posted associated documents to meeting minutes***).

Member Watkins asked if the Board's recommendations were binding. He was informed that they were advisory only.

With respect to OMH and OASAS joint recommendations Members raised concerns about the effectiveness of creating co-occurring course curriculum, indicated the need to make caregiving in the field attractive, training for peers to remove the burden from clinicians, opportunities to retain the existing workforce and attract new workforce, further training and development of billing best practices for co-occurring services.

With respect to OASAS and DOH joint recommendations DOH Designee, Johanne Morne, discussed creating a seamless system of care across all three agencies for treatment and harm reduction. Commissioner Sullivan indicated that there has also been discussion regarding the statewide crisis system cross-training and connection with hotline services for co-occurring disorders.

Discussion continued about targeting high-priority populations including African American, Latino and rural communities.

Members requested presentations by counties on how their systems currently work, for other agencies to be brought to the table to discuss their programs, for additional information and focus on the incarcerated population and treatment deserts, issues with MAT and parole and probation interference, and the need for a task force of individuals

with lived experience and active use. OASAS Commissioner Cunningham noted that criminal justice and other issues outside of harm reduction and workforce could be addressed at a later meeting as the focus of the current meeting were workforce and harm reduction.

Member Dr. Tisha Smith commented on treatment deserts and people who are incarcerated. Dr. Smith also expressed a desire to have more information from DOCCs on services (particularly MAT) for incarcerated people.

Member Dr. Kevin Watkins asked for a copy of the agency recommendations that were discussed at this meeting, which OASAS Commissioner Cunningham said would be provided.

Motion was made by Member Dr. Waldman to accept the preliminary recommendations from the agencies as discussed earlier in the meeting and was seconded by OMH Commissioner Sullivan. After discussion, Member Dr. Waldman retracted the motion and made a motion to vote up or down on the list of recommendations and prioritize them after the vote. Member Constantino seconded and the motion carried, with Member Joyce Rivera not present, and Designee O'Shea and Member Livingston abstaining.

The Board made motions to accept the following items are priorities:

- 1) Invest in salaries that are equitable and reasonable. Motion by Member Dr. Waldman, Seconded by Chairwoman Pantin, and passed unanimously.
- 2) Invest in equitable incentives-Members Constantino and Israel voted in the negative, Designee O'Shea abstained.
- 3) Prioritize funding for employee benefit programs through grants. Motion by Member Constantino seconded by Member Israel. After discussion, the motion was revised by Member Israel to focus just on health insurance (see below).
- 4) The previous motion was amended to focus on just health insurance, Member Constantino motioned, Member Israel seconded. Motion carried with Designee O'Shea, Member Marquesno, and Commissioner Cunningham abstaining.
- 5) Invest in recruiting and hiring certified and non-certified staff with lived experience. Motion by Member Livingston, second by Chairwoman Pantin. Members, Israel, Marquesano, Dr. Brown, Lavigne, Designee O'Shea, Commissioners Cunningham and Sullivan abstained.
- 6) Motion to recruit, hire, and train diverse staff. Motion carried with Designee O'Shea abstaining.
- 7) Motion by Member Dr. Waldman, seconded by Chair Pantin to invest in task force to increase Medicare and Medicaid reimbursement amounts for treatment within diverse populations. This motion was amended to invest in increasing agency Medicaid/Medicare reimbursement and commercial reimbursement. OASAS General Counsel Allen noted that there are Federal

procedures in place that are required in order to request increased reimbursement amounts. The motion was seconded by Member Israel and carried, with Designee O'Shea abstaining.

Member Marquesano asked that the next meeting discussing prevention also include information from the Department of Health on public awareness campaigns.

### **Public Comments**

Public comments were given by John Coppola, Executive Director of ASAP-NY who spoke about the need for teamwork and advocacy by the Board and by Jessica, an assistant to Member Israel, who discussed her lived experience with addiction and the need for additional harm reduction strategies and supplies.

### **Adjournment**

Following public comments, there was continued discussion about virtually appearing at Board meetings. General Counsel Allen explained the specific requirements.

Member Marquesano also asked for continued agency integration in upcoming presentations and at meetings.

The Board agreed to request that DOH, OMH and OASAS work collaboratively to provide information and recommendations at the next meeting that are focused specifically on criminal justice, prevention/public awareness campaigns, and treatment. In addition, all recommendations were requested to be presented through a lens of co-occurring disorders and equity.

Board Members requested a 9:00 am start for the September 30<sup>th</sup> meeting, or as early as the location permits.

Motion to adjourn made by Board Member William McGoldrick, seconded by Board Member Ashley Livingston, and carried. The Board adjourned and was set to meet again September 30, 2022.

### **Attendees**

Board Members:

Chair Deb Pantin, Dr. Lawrence S. Brown, Dr. Stephen Giordano, Anne Constantino, Avi Israel, Suzanne Lavigne, Ashley Livingston (appearing virtually), Dr. Joshua Lynch (appearing virtually), Stephanie Marquesano, Cheryll Moore (appearing virtually), Carmen Rivera (appearing virtually), Joyce Rivera (appearing virtually), Dr. Tisha M. Smith, Dr. John Giftos (appearing virtually on behalf of Dr. Ashwin Vasan), Dr. Justine Waldman, Dr. Kevin Watkins (appearing virtually), William M. McGoldrick (appearing virtually)

Agency Representatives:

Chinazo Cunningham, OASAS Commissioner

Anne Sullivan, OMH Commissioner

Peggy O'Shea, DOB (Designee)

Tracey Collins, OASAS

Trisha Allen, OASAS

Deborah Davis, OASAS

Patricia Zuber-Wilson, OASAS

Gregory Meyer, OASAS

Jennifer Farrell, OASAS

Johanne Morne, DOH (Designee)

Allan Clear, DOH

Dr. Thomas Smith, OMH (Designee)



## **New York State Opioid Settlement Fund Advisory Board**

**September 30, 2022**

- Welcome 10:00 a.m.
- Introduction 10:10 a.m.
- Outstanding Recommendations 10:20 a.m.
  - Workforce Recommendations
  - Harm Reductions Recommendations
- Lunch 12:00 p.m.
- New Recommendations 12:30 p.m.
  - Prevention
  - Public Awareness Campaigns
  - Treatment
- Administrative Items 2:00 p.m.
  - Public Participation
  - Team Decorum
- CJS Presentation 2:15 p.m.
- Public Comment 2:45 p.m.
- Recognition of written letters 3:20 p.m.
- CJS Recommendations 3:30 p.m.
- Next Steps 4:15 p.m.



**Office of Addiction  
Services and Supports**

KATHY HOCHUL  
Governor

CHINAZO CUNNINGHAM, MD  
Commissioner

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# **OASAS and Criminal Justice Collaboration**

**Steve Hanson Associate Commissioner  
Courts and Criminal Justice**

**September 29, 2022**

# Courts and Criminal Justice Division

- Created 4 years ago to focus attention on these critical relationships
- Work with Courts:
  - Drug Treatment Courts
  - Veterans Courts
  - Opioid Courts
  - Family Courts
- Work with Criminal Justice Agencies
  - DOCCS
  - Probation
  - Local Jails and Law Enforcement



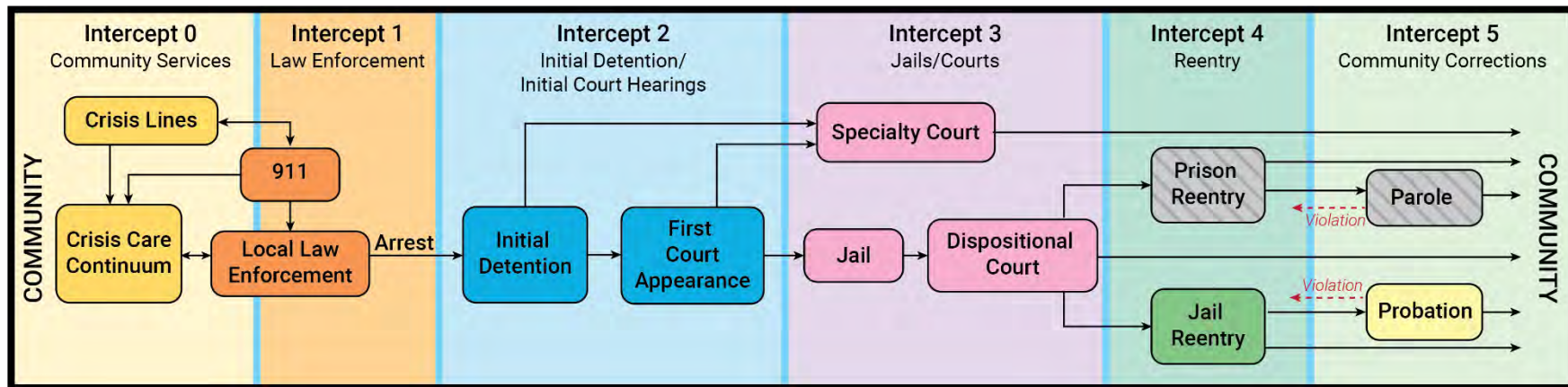


# OASAS Involvement

- Policy Development – Working with State Agencies, Community Providers, Legislature, Advocacy Groups
- Training – Law Enforcement, Courts, Corrections, Parole and Probation
- Technical Assistance – Corrections and County Jails on MAT
- Guidance Development – Practice standards, use of Evidence Based Practices
- Troubleshooting – Helping with difficult cases, entities not following laws/regulations/guidelines, etc.



# Sequential Intercept Model



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>  
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# DOCCS

# DOCCS SUD Services

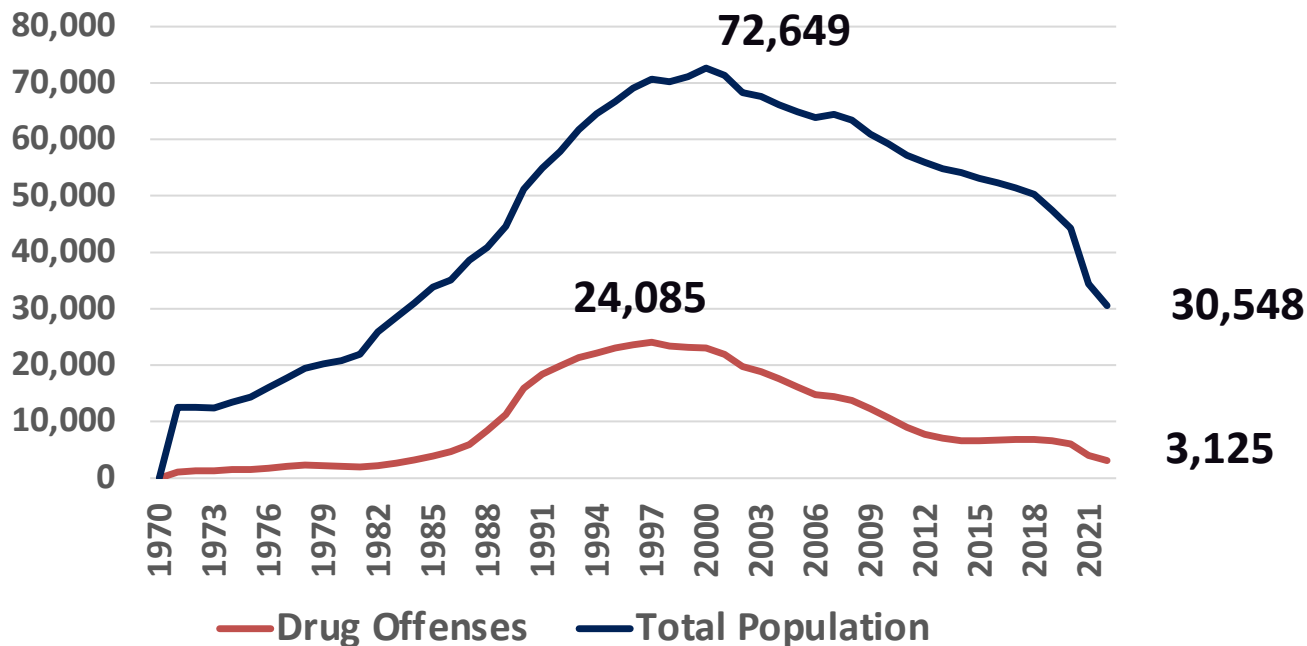
- Variety of Programs – ASAT, CASAT (includes work release component), IDDP (Integrated Dual Disorder Program), etc.
- ASAT – 6-month intensive program (5 days/week, half day programming). Curriculum includes various EBPs including CBT, MET, etc.
- Large percentage of staff possess CASACs or other QHP certification
- MAT programs – Historically for pregnant women, 2018 for other parts of the population



# DOCCS MOUD Services

- 44 Total Facilities
- 42 Facilities have contracts with OTPs to provide methadone services
- All DOCCS medical practitioners have X-waiver for buprenorphine
- Currently over 500 incarcerated individuals receiving MAT

# DOCCS Population (1970 - 2021)



# Comparison of Top 10 States by Prison Population

## (Prison Population 2/28/2021)

Rank	State	Prison Population	% Total Population In State Prison
1	Texas	117,843	0.41%
2	California	96,161	0.24%
3	Florida	79,425	0.41%
4	Georgia	44,285	0.42%
5	Ohio	43,246	0.37%
6	Pennsylvania	38,545	0.30%
7	Arizona	36,975	0.51%
8	Michigan	33,215	0.33%
9	New York	32,376	0.15%
10	North Carolina	29,484	0.28%

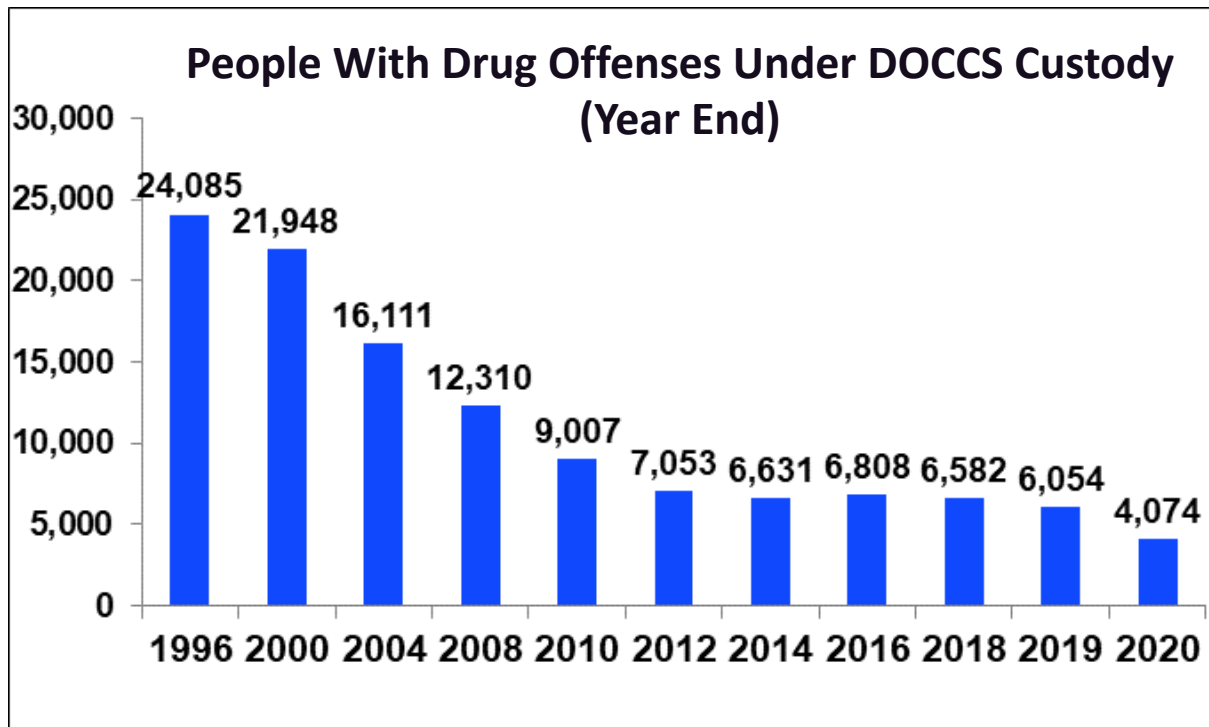
Impact of COVID-19 on State and Federal Prisons, March 2020–February 2021, USDOJ  
Bureau of Justice Statistics, August 2022



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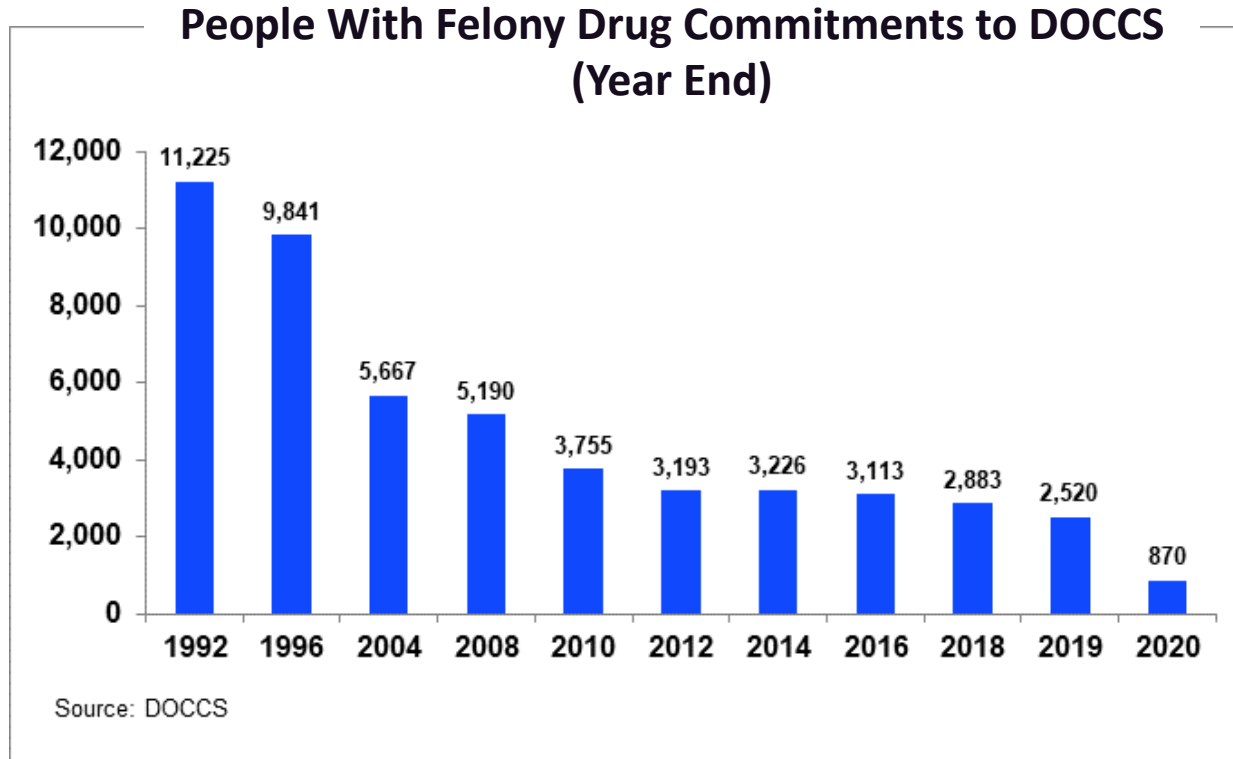
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# NYS Prison Population





# NYS Prison Population



# County Jails



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# NYS Jail Survey By DOH – August 2022

## (44 of 58 Jails Responded to Date)

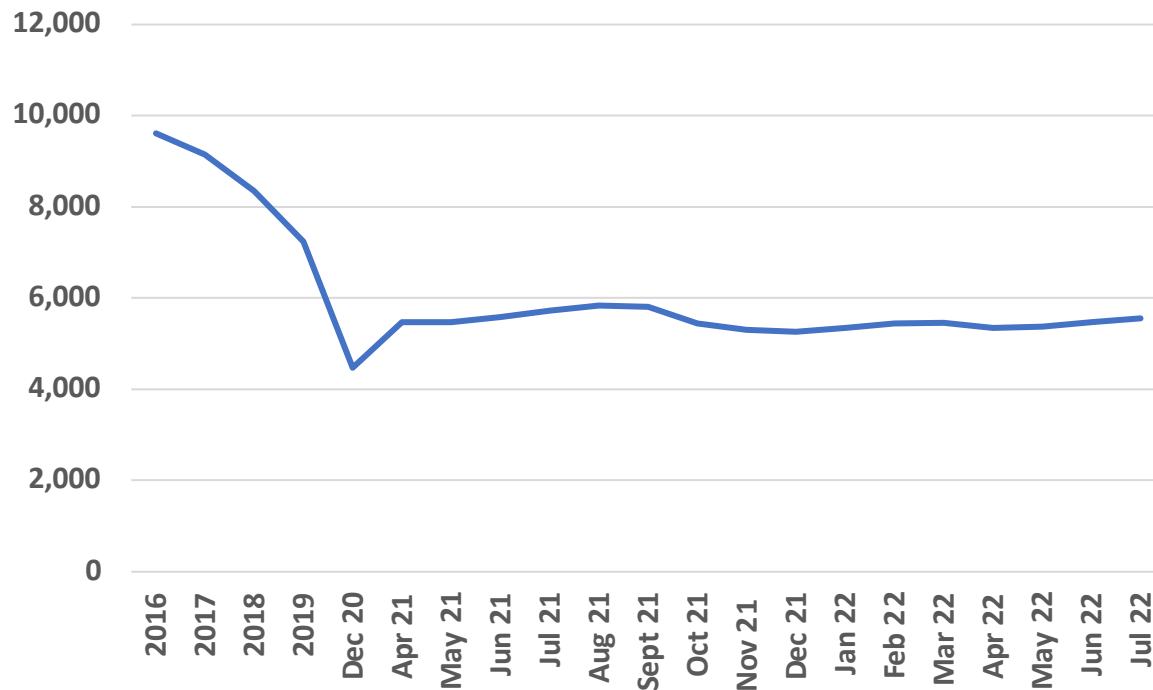
Medication	Jails Providing	
	Initiation	Maintenance
Buprenorphine	24	30
Methadone	6	21
Naltrexone	30	27



# NYS Jail Population



# NYC Jail Population



## 2. Subdivision 18 of Section 45 of the Correction Law

- Programs to provide:
  - (a) Alcohol, benzodiazepine, heroin and opioid withdrawal management;
  - (b) At least one formulation of every form of medication assisted treatments approved for the treatment of a substance use disorder by the FDA
  - (c) Group and individual counseling and clinical support;
  - (d) Peer support;
  - (e) Discharge planning; and
  - (f) Re-entry and transitional supports.

### 3. Section 19.18-c of the Mental Hygiene Law

- Requires all counties to have plans for providing SUD Services including Medications for Addiction Treatment (MAT) – Plans will be approved by OASAS
- Commission on Corrections developing program standards
- Development of Guidelines for MAT programs
- Limited waivers for Counties lacking resources
- Counties can develop agreements with Community Opioid Treatment Programs (OTPs) to provide methadone services

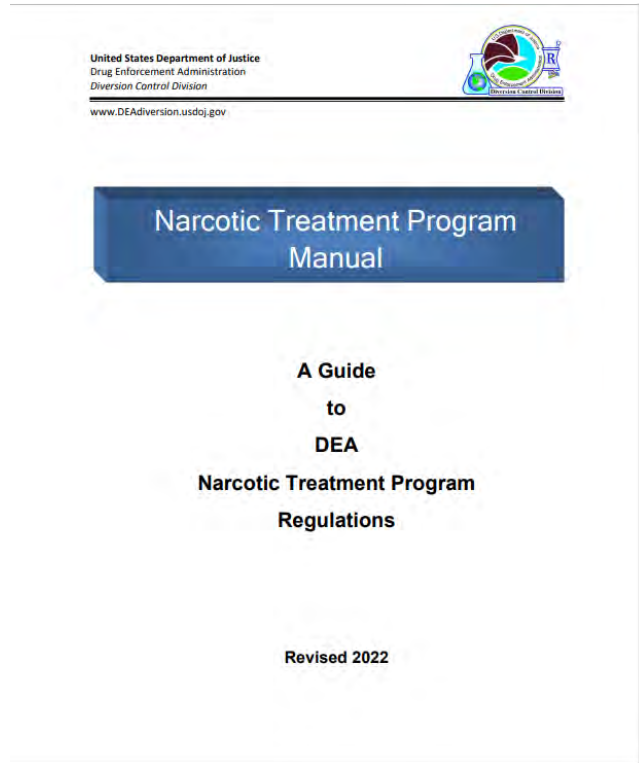
# MAT Logistical Issues

- Myriad of Federal and State regulations
  - Prescribing
  - Dose preparation
  - Storing
  - Transportation
  - Administration
  - Destruction
  - Documentation
- Oversight by DEA, SAMHSA, NYS DOH BNE, OASAS





# DEA Narcotic Treatment Program Manual



- OASAS worked with DEA to identify a mechanism where methadone could be brought to a correctional setting.
- Released June 2022
- Corrections staff are designated as “agents” of the OTP.

# Guidelines for OTPs Working with Jails

- Guidelines provide information on how to provide methadone to incarcerated individuals in compliance with DEA/ SAMHSA/NYS DOH BNE/ OASAS regulations
- Similar guidelines for buprenorphine being developed by DOH



# Guidelines for OTPs Working with Jails

- Jail and OTP develop agreement for OTP to provide “take home” doses to the jail – individually labeled single doses.
- DEA requires agreement to include designating jail staff who transport, store, handle and deliver the medication as “agents” of the OTP.
- OTP prescriber provides medical order for methadone.
- Only the OTP prescriber can change the order.
- Requires communication between OTP and Jail medical staff.



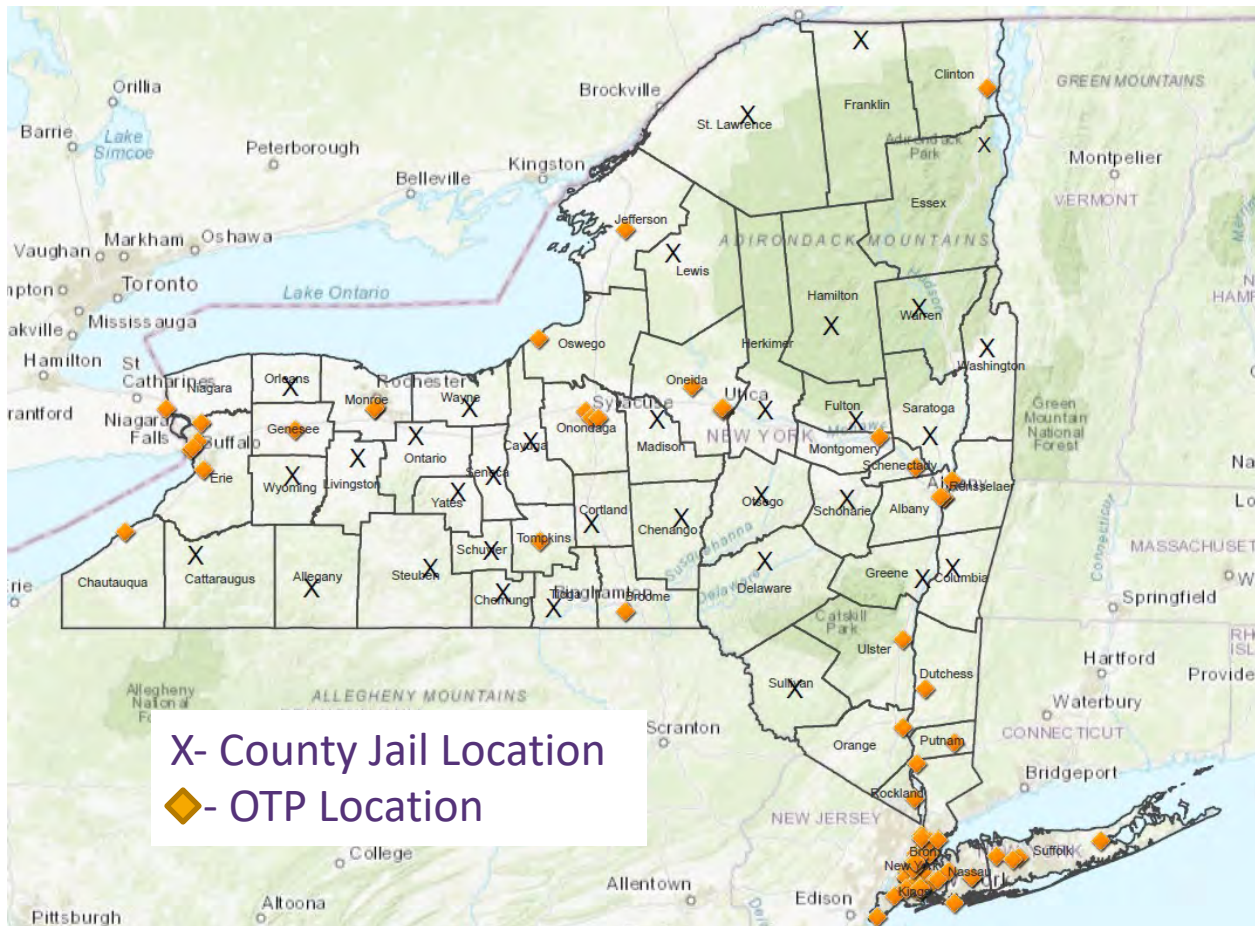
# Buprenorphine

- Requires an X-waivered prescriber (MD, DO, PA, NP)
- SAMHSA simplified waiver process for MDs/DOs – no training required to treat up to 30 patients– simply apply
- Training required for up to 100 patient – 275 after one year.
- Various sublingual forms – pills and strips
- Long term injectable – Sublocade
- Not yet approve Brixadi (long term injectable)



# Implementation Issues

- Access to Methadone – rural areas – increasing methadone capacity very complicated due to federal regulations and siting issues – program capabilities
- Buprenorphine patient limits for prescribers – Many prescribers have several jobs with many patients
- Staffing – Nursing staff shortages for both corrections and community providers
- Disposal rules – Federal/State conflicts
- Diversion concerns and responses



## Methadone Access Issues

- Rural Areas
- Federal Regulations
- Siting issues
- Sustainability
- Impact on individual's life and recovery
- Other options (buprenorphine)
- Mobile Methadone Units



# Law Enforcement



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# Law Enforcement Assisted Diversion (L.E.A.D.)

- Programs in several communities – Staten Island (HOPE), Albany, Monroe and others.
- Law Enforcement Officers able to offer assistance to individuals with risk of overdose
  - Take individuals to hospitals, treatment programs or 24/7 Open Access Centers
  - Access to peers





# Courts



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# Drug Courts

- First NY Drug Court – Rochester in 1995
- Currently 141 Drug Courts
  - 94 adult drug treatment courts
  - 18 family treatment courts
  - 28 opioid courts
- Over 7,000 active participants



# Opioid Intervention Courts

- Individuals dying between arrest and drug court admission
- Need for immediate intervention
- All arrestees screened for possible OD risk
- Referred to special arraignment
- Offered participation in program which includes immediate assessment, referral for treatment, MAT access and peer contact.
- Criminal proceeding put on pause
- Usually 90 days participation



# Community Supervision

# Parole and Probation

- Parole is a part of DOCCS
- Parole has issued memos related to insuring parolees have access to MAT, particularly those transitioning back to the community.
- Probation is county run with some oversight monitoring from DCJS Office of Probation and Correctional Alternatives (OPCA) fully supports the use of MAT

# Parole and Probation Enrolled in OTPs

(Census as of 9/23/2022)

	N	%
<b>Total OTP Population</b>	<b>42,504</b>	<b>100%</b>
Any Justice Status*	4,315	10%
Parole	999	2%
Probation	1,154	3%

\* Includes patients involved with Drug Courts, Alternatives to Incarceration, Family Court, Diversion Programs. Does not include incarcerated individuals



# Questions?



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The New York State Opioid Settlement Fund Advisory Board (Board) strives to make meetings as productive as possible.

1. To ensure the safety of members of the Board, employees and visitors, the Board:
  - A. Shall preserve decorum by operating in a civil and courteous manner to ensure a safe workspace for all attendees of a meeting.
  - B. Shall not make threatening or abusive comments or act in an otherwise aggressive or threatening manner.
2. Meetings shall be run in accordance with the Board's Bylaws and Robert's Rules Of Order, accordingly:
  - A. The Chair may limit or end discussion by a member if they deem the member's comments or behavior to be in violation of these guidelines.
  - B. A member of the Board shall speak when recognized by the Chair on the issue under consideration. Other members shall not interrupt unless similarly recognized by the Chair or to ask the Chair to deem another member out of order.
  - C. The Chair has the right to cut off discussion that is threatening, abusive or not germane to the issue at hand.
  - D. Under continuous violations of these guidelines a member may be removed from the meeting in accordance with Roberts Rules of Order.



## **New York State Opioid Settlement Fund Advisory Board**

**October 14, 2022**

- Welcome 10:00 AM
- Introduction 10:10 AM
- Review Current Recommendations 10:20 AM
  - Workforce
  - Harm Reduction
  - Prevention
  - Public Awareness Campaigns
- New Recommendations 11:20 PM
  - Treatment
  - Recovery
  - Criminal Justice
  - Housing
  - Women & Children
- Lunch 1:00 PM
- Local Share Recommendations 1:30 PM
- Process for drafting and approving the final Report 2:30 PM
- Clarifying FY 2023 vs FY 2024 3:30 PM
- Public Comment 4:15 PM
- Next Steps 4:30 PM

# OS I

OPIOID SETTLEMENT FUND		
TOTAL	11	
D		
Reserved for Municipalities	64,006	7,535
State Investments	128,820	TBD
Expansion of Opioid Treatment Services (OASAS)	60,000	
Statewide Transportation Initiative (OASAS)	1,000	
Transitional Housing Initiative (OASAS)	2,300	
MATTERS Program Expansion Initiative (OASAS)	8,000	
NYS Overdose Prevention Program (DOH)	8,520	
MAT in DOCCS Facilities (DOCCS)	-	
Addiction Workforce College Credit Scholarship (OASAS)	4,000	
Unallocated	45,000	
TOTAL	1	TOTAL
C	1	TOTAL

In the FY 2023 Enacted Budget, funds were appropriated with details in a scorecard that was agreed upon by the Senate, Assembly, and Executive. These numbers have been updated to reflect additional settlement monies. FY 2024 has been added to show OSF balance carrying forward, projected receipts, and amounts reserved for local governments.



# **Sections**

- I. TERMS/DEFINITIONS**
- II. OVERARCHING THEMES**
- III. INVESTMENTS NEEDED ACROSS THE SERVICE CONTINUUM**
  - A. ORGANIZATION BUDGETS AND REIMBURSEMENT STRUCTURE
  - B. DATA AND TECHNOLOGY
  - C. WORKFORCE
  - D. DEVELOP AND EXPAND INTEGRATED CARE DELIVERY
- IV. HARM REDUCTION INVESTMENTS**
  - A. HARM REDUCTION SUPPLIES
  - B. FUNDING TO THE DOH
  - C. EXPAND TELEHEALTH LOW THRESHOLD MAT
  - D. OASAS HARM REDUCTION DIVISION
- V. INVESTMENTS IN PREVENTION**
  - A. COMMUNITY REGIONAL APPROACHES
  - B. SCHOOL BASED INITIATIVES
- VI. INVESTMENTS IN PUBLIC AWARENESS**

## **I. TERMS/DEFINITIONS**

*“Workforce”: The workforce includes individuals (that both have and don’t have certification, or licensing) who contract or are employed by organizations that do not receive state funding, licensing and or certification and by organizations that do receive such funding, certification, and/or licensure.*

*“OASAS”: Office of Addiction Services and Supports*

*“DOH”: Department of Health*

*“OMH”: Office of Mental Health*

*“Agencies”: For these purposes include OASAS, DOH, and OMH.*

*“PWLE”: People with lived experience, for these purposes to include those that are criminally justice involved, use drugs are or have use disorders, have mental health diagnoses, represent populations disproportionately affected by the overdose epidemic, or are parents/loved ones who have been affected by the loss of children or loved ones either to overdose or whose children have been legally withdrawn from their homes.*

*“Peers”: Are PWLE who walk the journey with other PWLE*

*“diverse”: For these purposes separated from People with Lived Experience representing a diversity from an ethnic, racial, language, sexual orientation standpoint.*

*“SDOH”: Social Determinants of Health (SDOH) used for these purposes to go beyond health promoting factors found in one’s living and working conditions to also include issues of health disparity to include access to bathrooms, showers, computers, coffee, respite in a warm place, food, clothing, tents, language services, legal services, housing, help with paperwork and referrals, transportation/escorts to court dates and appointments.*

*“Taskforce”: Refer to multi-agency long term workgroups with representation to include, but not be limited to the Agencies, a diverse group of “PWLE” and a diverse group of community based professionals representing the full spectrum of services.*

*“Co-occurring Disorders”: the combination of one or more mental health disorders and substance use disorder. Many individuals who develop substance use disorder (SUD) are also diagnosed with mental health disorders, and vice versa.*

*“No Wrong Door”: people presenting with a substance use disorder or for a mental health disorder(s) should be routinely screened for substance use disorder, and all*

*people presenting for treatment for substance use disorders should be screened for mental health disorders. Effective systems must ensure that a person needing treatment will be identified, assessed, and receive treatment, either directly or through appropriate referral, no matter where he or she seeks services.*

*“Integrated Treatment”: coordination of mental health and substance use interventions by linking people to providers who can deliver individualized and personalized services to treat the physical and emotional aspects of mental and substance use disorders. While, there are three models for delivering care for co-occurring disorders: coordinated, co-located, and fully integrated, with integrated care, a more complete recovery is possible.*

*“Integrated Care”: Care available on site to include, but not be limited to prevention, treatment, recovery, SDOH, harm reduction and co-occurring mental health conditions trauma care, trauma resiliency (for patients and staff)*

*“LGU”: Local Government Unit*

*“Local Services”: For these purposes to include but not be limited to LGU’s, pharmacies, local hospitals, EMS, fire, police, sheriff, high schools and colleges.*

*“OOPS”: Opioid Overdose Prevention Site (A DOH designation) - an organization that orders and receives free naloxone on site for distribution and has at least one naloxone trainer on site*

*“SSP”: Syringe Service Program*

*“Health Hub”: SSP with a medical provider and expanded services*

*“OPC”: Overdose prevention site*

*“At risk Populations”: Individuals and populations who have been disproportionately affected by the overdose epidemic to include people that are criminally justice involved, mothers and children.*

*“At Risk Geographic Areas”: Geographic areas lacking access to services and or with high overdose rates.*

*“Criminal Justice System”: To include jails, prisons, drug courts, parole and probation, and diversion programs*

*“DSS”: Department of Social Services*

*“CPS”: Child Protective Services*

*“ST”: Short Term funding that can go out expeditiously and will be funded for X number of years - potentially these may get funded at a higher annual rate but for a shorter length of time.*

*“LT”: Long term funding that can go out expeditiously but will have long term outcomes and will get funded at a lower annual rate but will get funded for a longer length of time.*

*“Sites”: To include all places, venues, streets, parks, indoor/outdoor, where substance users feely interact; includes mobile units/vans; places or venues where substance users receive services but are under some form of state or institutional supervision.*

*“Drugs”: Chemicals which affect our brain function. These chemicals can and do change how we think and feel. These chemicals can and do regulate moods and feelings. There are no “good” or “bad” drugs.*

*“OSFAB”: Opioid Settlement Fund Advisory Board*

*“Organizations”: to include community based organizations that are licensed, certified and or funded by state agencies and those that are not*

## II. OVERARCHING THEMES

Per the state statute, funding shall be distributed regionally and to ensure adequate geographic disbursement across the state...with an emphasis on supporting programs that are culturally, linguistically and gender competent, trauma informed and evidence-based, and where appropriate, employ individuals with lived experience as part of the services provided.

In addition, the board recognizes the opportunity to make a lasting systemic impact on interagency collaboration with increased utilization of multi-agency task forces, and to put an emphasis on supporting agencies, programs and organizations that are typically underfunded, demonstrate a commitment to populations that have been disproportionately affected by this epidemic, are geographically isolated, and demonstrate a commitment to co-occurring disorders, workforce diversity and to current best practices or new promising practices. The OSFAB also recognizes the absolute need for a transparent process in which initiatives are being evaluated based on outcomes that include equity, engagement, and decreased overdose rates to best evaluate if funding dollars are being utilized appropriately.

The impact of the Opioid Settlement Dollars will be assessed not only in terms of lives saved, positive impacts on populations disproportionately affected by the epidemic, decreases in suffering, but in the ways in which the funds are utilized to meet these overarching programmatic themes:

- 1) Many, if not all of the systems in which people of color receive care in the United States are fraught with historic and present racial injustices, it is therefore of paramount importance that every program is developed, implemented and reviewed with an antiracist lens. And to that goal, it is imperative that information shared about a patient's healthcare with those in the criminal justice system be limited as the patient sees fit.
- 2) The need to co-locate and fully integrate services across the spectrum of care so that every organization offers access to prevention, treatment, recovery, harm reduction and care for co-occurring disorders.
- 3) The need to ensure that equity and social determinants of health are not only emphasized but are elevated to the magnitude of the interventions and services mentioned above with the recognition that the types, volumes and



impacts of these services will vary depending on location and population being treated.

- 4) The recognition that access to care will not result in engagement and retention unless the care meets the needs of the individual - signaling a need for services to be culturally competent and low barrier.
- 5) The need to integrate, elevate and incorporate the voices of communities, PWLE, and cultural identity a feeling of belonging into all services.
- 6) The need to integrate PWLE peers into all services including schools, colleges, employment centers, criminal justice portals, Department of Social Services and hospitals.
- 7) The need to invest in workforce training, jobs and housing for people who use drugs at all levels of recovery in order to reestablish community and safety into their lives.
- 8) The need to prioritize at-risk individuals, populations, communities and geographic areas immediately.
- 9) The recognition that the loss of privacy associated with witnessed or frequent urine drug screens and or searches of body and or belongings in the hospital or any community organization should be minimized and or eliminated if possible.
- 10) The creation of opportunities for community based organizations that are not licensed, certified or funded by the state or federal government to apply for funding.

### **III. INVESTMENTS NEEDED ACROSS THE SERVICE CONTINUUM**

#### **A. ORGANIZATION BUDGETS AND REIMBURSEMENT STRUCTURE**

- “Agencies” work to increase Medicare, Medicaid, and commercial payor reimbursement for “integrated care”
- Develop a billing modifier for “integrated care”
- Revise budget and funding processes to:
  - Allow for the assessment of fiscal feasibility and service gap/performance to be part of the process.
  - Expedite funding disbursement and simplify data collection and reporting
  - To develop and implement a standard scoring and bonus system around patient acuity, risk of overdose, patient, and staff satisfaction, and “integrated care” across “diverse” demographics
- Funding to programs experiencing budgetary shortfalls for example:
  - Increased operational expenses due to retaining workforce
  - Establish a fiscal stabilization fund established to provide emergency assistance to programs experiencing cash flow or deficit issues when revenue does not cover the full cost of delivering services

#### **B. DATA AND TECHNOLOGY**

- Investment in infrastructure and technology data collection:
  - Analytics, reporting tools
  - Develop a regional/statewide dashboard and analytics
  - Develop a robust data collection survey system for:
    - annual surveys
    - ad hoc requests for information
    - enhanced responses to crisis situations like
    - Work with other state and out of state organizations (ex: the RHIO) to collect unified data
- Telehealth:
  - equipment, connectivity and technology
  - Laptops, smart TV’s, hardware and data plans

#### **C. WORKFORCE**

- Recruitment:
  - Salaries that are reasonable and equitable
  - Recruitment Incentives with additional funding for hiring “diverse” staff:
    - increase loan forgiveness from the state national program has too many burdens- work for a period of time

- scholarship money to continue education after working a period of time
  - Establishing and maintaining competitive Employee Benefit packages
  - Recruitment and retention of “diverse” staff
- Advancement:
  - Paid internships for PWLE to get advanced degrees
  - Funding for BIPOC leadership development
- Create Capacity Training Workforce or resources to develop, train and implement:
  - Concepts to communities, local services and any organization in which patients or participants may go to seek help about “No Wrong Door” integrated care:
    - SDOH
    - SUD
    - Harm reduction
    - Co-Occurring mental health
    - Trauma informed
    - Drugs- understanding their effects on the brain from a scientific non-ideological perspective
    - Anti-racism, Social Justice, and diversity and inclusion
  - Implementation-to organizations offering care including prevention programs, school, local services, all medical specialty providers, hospitals, recovery, treatment, SSP’s, and MH organizations:
    - How to integrate PWLE and PWLE peers into the workforce
    - Universal screenings
    - Harm reduction tools
    - Treatment of opioid use disorder and co-occurring mental health
- Expand the Integrated Care Workforce:
  - Develop a free public awareness and recruitment program of young people especially “diverse” young people for employment in health equitable human services
  - Unite all the “agency” “PWLE” certification programs into one “integrated care” non-abstinence-based program that is fully funded including recruitment, training, certification, job placement
  - Integrated Care Medical Workforce Curriculums:
    - Interdisciplinary fellowships for “integrated care”
    - Medical students and residents
    - Statewide “integrated” echo for mentoring and ongoing medical education
  - Allow paraprofessionals to bill for services:

- Occupational therapists
- Case Managers (including nursing and peer)
- Develop a network of CRPA's/peers:
  - Hospital departments, neighborhoods with training of hospital staff (24/7)

#### **D. DEVELOP AND EXPAND INTEGRATED CARE DELIVERY**

- Deliver integrated care in all treatment, prevention, and recovery programs, SSP's, Health Hubs, OPC's, mobile, homeless, street outreach programs, hotlines, and all mental health facilities (inpatient and outpatient) and all hospital departments
- Funding to bolster capacity in and/or to:
  - Native American tribes and nations
  - "At risk" geographic and populations
  - Expand services in underserved areas to address specific populations and services that are lacking
- Fatal and non-fatal Overdose or suicide near real time surveillance state with central alert system, LGU and tribal partners
  - Rapid response plan and teams
  - Coroner/medical examiner to support fatality review process
  - Central alert system - near real time surveillance to counties and tribal patterns with statewide rapid response plan and teams
  - Immediate support to families and children after a fatal overdose

## **IV. HARM REDUCTION INVESTMENTS**

Substance use challenges, problems, disorders, addictions, and State responses to it are inextricably related within the legacy of the war on drugs with punitive prohibition as an ideological infrastructure that has defined and shaped the availability of public health tools and the related preparation of professionals to fill its treatment ranks. By centering social justice in our funding, we address the treatment gap that impacts some more than other members of our State; we acknowledge that some communities are more negatively affected than others; that those negative impacts are reproduced through stigma that drives the scarcity of resources; that we can mitigate those ideological and structural harms with an expansion of evidence-based tools to mitigate these historical harms and spare less-harmed communities from the institutional injustices associated with viewing the challenges and problems as individually or family-based, rather than as socially determined.

### **A. HARM REDUCTION SUPPLIES**

- A Statewide bulk purchase, distribution, training, and supervision of harm reduction items to all “agency” programs and all “local services”:
  - Coordination of 100 naloxone vending machines at emergency access points across the state
  - Expand mail order services
  - Expand naloxone appropriations for overdose kits
  - Expand fentanyl test strips
  - Expand the scope and the dollar amount of N-CAP
  - Work closely with hospitals to:
    - dispense naloxone
    - Dispense, prescribe MAT

### **B. FUNDING TO THE DOH**

#### **SSP’S:**

- Increase the number of SSP’s
- With goal opening in every LGU starting with “at risk”
- Increase number of 2nd tier and ESAP programs
- Expand SSP’s to offer 24 hour/7 day a week drop in services
- Expand and enhance access to “health hub” services which include low threshold buprenorphine, basic medical care including the ability to treat, vaccinate and screen for infections, mental health services and offer reproductive health and linkage to other services
- Increase supplies
- Harm reduction legal services for those experiencing discrimination

- Expand distribution of drug testing via spectrometry at every SSP

### **RAPID RESPONSE TO CHRONIC MED DISRUPTION**

- Chronic pain management providers are closing their doors
- Create a rapid response telehealth/outreach program to be proactive as opposed to reactive

### **OVERDOSE PREVENTION CENTERS**

The board recognizes the role of OPC's in saving lives and offering another day to drug users and as a resource aligned with each point of the integrated care pathway:

- To understand the benefits and address any perceived or real negatives
- To develop public messaging
- To work on compliance/risk/policies
- To find potential sites around the state

### **C. EXPAND TELEHEALTH LOW THRESHOLD MAT**

### **D. OASAS HARM REDUCTION DIVISION**

- In order to avoid redundancy and cuts to an already underfunded department, develop a clearer understanding of the division of programmatic ownership between DOH and OASAS
- With providers to understand and to further expand the logistics and activities of incorporating harm reduction in prevention, treatment and recovery
- Increased changes in regulations around prevention, treatment and recovery to maximize integration of harm reduction
- Develop new regulatory designation for providers offering low threshold MAT treatment

## **V. INVESTMENTS IN PREVENTION**

Promotion, expansion, enhancement and further development of evidence based, and trauma informed integrated prevention programming with coalitions both at the state and community levels and in schools.

### **A. COMMUNITY REGIONAL APPROACHES**

- To also include health prevention, wellness, and variety of substances
- Education, information, referral and
- Integrated Supports and access to services for family and all aged children impacted by and or at risk
- Community Drug Disposal Programs
- Components to enhance retention in school
- Build healthy relationships and community pride
- Minimum of 5 year grants to produce effects needed

### **B. SCHOOL BASED INITIATIVES**

- Integrated Programs that are K-12 that:
  - Enhance curriculum with age-appropriate substance use, misuse, and addiction information - new NYS law statewide
  - Are trauma informed with demonstrated effectiveness
  - Support greater access to mental health services and support and SDOH
  - School-based or youth-focused programs or strategies that have demonstrated effectiveness in case management for high risk children

## **VI. INVESTMENTS IN PUBLIC AWARENESS**

- Create region-wide, multi-stakeholder, community coalition with connection to media outlets; Health and behavioral health care; academia; local government; law enforcement; faith leaders; local planning; local priority setting; local needs identification campaigns
- Funding for communities to create, develop specific campaigns and community based strategies
- Help and hope for recovery for the long term with options
- Linkage to treatment numbers
- Life saving measures
  - 988 suicide hotline Regional
  - Narcan saves lives
  - Dangers of fentanyl contamination
  - Use of fentanyl strips



## **New York State Opioid Settlement Fund Advisory Board**

October 14, 2022 – Meeting

10:00AM-4:30PM

Empire State Plaza

### **Opening Remarks**

Board Chair Debra Pantin opened the meeting and the Board members reintroduced themselves.

Chair Pantin gave opening remarks indicating that the board would review the September 30, 2022 meeting minutes at the next meeting, and that previous categories of recommendations including workforce, harm reduction, prevention and public awareness and that members have developed additional recommendations within those categories to be discussed later in the meeting.

### **Review of September 30, 2022 Recommendation Discussions**

Board members discussed adding a “systems bucket” for recommendations.

Member Stephanie Marquesano read from an amended working document that addressed overarching definitions and policy recommendations for a co-occurring system of care. Member discussion on this issue included: the need to have a common comprehensive and universal template for screening and treatment assessment for individuals with co-occurring addiction and mental health disorders; that the building of the system would be a long-term goal; to establish a co-occurring system of care work group including the Department of Health (DOH), the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH) county mental health directors, behavioral health providers and community organizations; simplifying the billing and reimbursement process for services; linking the system to different funding streams; and that any increase to Medicaid rates would come from the General Fund and not Opioid Settlement dollars.

Member Marquesano made a motion to have the language she presented on co-occurring disorders serve as the overlay to Board’s full recommendation, excluding the part she had mentioned about the establishment of a workgroup. Member Livingston seconded and the motion carried with abstentions from DOH Designee Johanne Morne, OASAS Commissioner Dr. Chinazo Cunningham, OMH Designee Dr. Tom Smith, DOB Designee Peggy O’Shea and nays from Chair Pantin and Members Dr. Justine Waldman, Avi Israel and Anne Constantino.

### **Overarching themes**

Board reviewed the working document on overarching themes. Members discussed revisions stating coercion should not be used as a drug treatment tool, clarification of the language in the additional overarching themes, and including veterans in the definition of special populations. Member Constantino requested that any additional language amendments occur after voting on funding recommendations. Member Marquesano voiced concern about holding off on addressing the overarching themes.

Member Israel made motion to save policy recommendations for a separate meeting with the three agencies. Member Ashley Livingston suggested that the amendments and additions to the overarching themes go into the “parking lot” to be addressed at the next meeting. The motion was seconded by Member Dr. Tisha Smith, and carried with abstentions from Commissioner Cunningham, Designee Dr. Tom Smith, Designee Morne, Designee O'Shea, and Member Suzanne Lavigne. Members Waldman and Marquesano voted in the negative.

Chair Pantin clarified that the recommendations discussed in the overarching document are in addition to those that were voted on by the Board from last Board meeting.

### **Review of Current Recommendations**

#### *Investments Needed Across the Service Continuum Section of Working Document*

Member Waldman made a motion to amended language under the investments needed across the service continuum recommendation, motion seconded by member Livingston and carried.

Motion by Member Waldman to revise budget and funding processes second by Member J. Rivera. Member Constantino suggest amending the motion include incentive-based payments for achieving specific outcomes. Chair Pantin indicated that the Board already voted on similar language. Member Dr. Kevin Watkins expressed concern that rigid language with could negatively impact regions of the State which may not be able to comply due to lack of resources. Member Dr. Lawrence Brown raised concern about the level of specificity of the recommendation. DOB Designee O'Shea advised that the language was too specific and required further discussion. Motion carried with abstentions from Chair Pantin, Member Lavigne, Designee O'Shea, Designee Morne, Designee Smith, Commissioner Cunningham, Member Lavigne, Member Brown, Member Dr. Stephen Giordano, and Member William McGoldrick.

#### *Workforce*

Members began to discuss workforce recommendations. Member Lavigne spoke about the unique challenges to recruitment and retention in rural areas of the State. Member Lavigne made a motion that language in a previously rejected motion be revised put it in the parking lot. Member Livingston seconded the motion, which carried unanimously.

### *Create Permanent Capacity to develop, train and implement*

Members discussed the need to separate certain concepts including recovery and treatment. Member Waldman made motion to accept, Member Constantino seconded. Motion carried unanimously.

Member Waldman made motion to add language addressing training and implementation, which was seconded by Member Livingston. Member Marquesano suggested adding language to address cross training. The amendment was accepted by Member Waldman, and motion carried unanimously.

### *Expand integrated care and workforce*

Member Waldman discussed adding language for paraprofessionals to be added to the expanded workforce portion of the document. Dr. Lynch made motion to approve, seconded Member Brown. Motion carries with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham.

Member Waldman put forth motion regarding additional language on demand services, Members Giordano seconded. Member Constantino raised issue with copays. Dr. Lynch suggested amending language to provide support for the uninsured and underinsured population. General Counsel Allen agree with Member Constantino regarding legal issues with respect to copays and insurance. DOB Designee O'Shea advised the Board that State is working on other funding streams to address uninsured and underinsured. Member Waldman accepts amendment as proposed by Dr. Lynch, Member Livingston second. Motion carries with abstentions from Designee O'Shea and Designee Smith.

## **New Recommendations**

### *Treatment*

Member Constantino suggested amendments to language. Chair Pantin requested clarification as to language in the working document that was not statewide. Member Constantino provided clarification about duplicative development, and cited crisis stabilization rollout as an example. She noted that different regions have different strengths and needs and need the flexibility to create their own solutions to properly address their needs. Chair Pantin discussed concerns regarding funding through the nine regions and making funding work for each region through better regional planning between the state and provider community. Member Smith agreed with Chair Pantin and indicated that the issue requires additional discussion.

Member Waldman amended language regarding investments in treatment support, regional planning, and targeted solutions, increase access to Opioid Treatment

Programs (OTPs) and all forms of Medication-Assisted Treatment (MAT), technical assistance, agency investment, addressing barriers to methadone, and pharmacy dispensing. The motion was seconded by Member Livingston and carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham, and Members Brown and Marquesano.

Member Waldman made a motion to consider recommendation on funding for medical clearance and against medical advice accompaniment – direct transport and warm handoff for all discharges or leaving against medical advice. Member discussion included amending language funding for contingency management; whether to remove or keep the not abstinence language, concerns about the use of incentives. Motion amended by Member Waldman based on Board discussion, motion carried with abstention from Designee O'Shea.

Members engaged in further discussion on incentivizing treatment. Members further discussed issues related to residential addiction treatment, including reimbursement rates for residential treatment. After discussion of concerns about the specificity of the suggestion, there was a motion to place the issue in parking lot and vote on rest of the recommendation. The motion carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham, Member Smith.

#### Agency Joint Treatment recommendations

Commissioner Cunningham presented joint agency recommendations for Treatment. She highlighted the need for quality and comprehensive treatment noting the current fragmentation of the systems. Commissioner Cunningham spoke about the significant strides that have been made but that there is a need for further improvement in delivering service and coordination across agencies.

The joint agency recommendations included-investing, supporting and expanding the integration of treatment across both settings--IE expanding hospital ER to engage with people after overdose. Finding ways to better meet the needs of people with co-occurring disorders in psychiatric setting. Continuing to expand OMH outpatient programs to treatment for SUD. Enhancing OASAS screening for mental health disorders. Cross training for clinical and support staff. Improving access to medication access. Promoting the integration of peer and integration services across the continuum of care.

The second part of the Treatment recommendations from the agencies focused on enhancing the connections to treatment for those initiating treatment and those transferring care across settings. Enhancing hotlines, expanding same day appointments, telehealth options for treatment, investing in behavioral health networks, improving outreach and engagement including harm reduction (street, subway, shelter).

Board members discussed issues including evaluation and metrics of the recommendations. Designee Morne mentioned that metrics to evaluate is an overarching theme. Chair Pantin made a motion to accept the agencies' proposal. Designee Morne, Designee Smith and Commissioner Cunningham abstained. Member Waldman was not present at the time of the vote, motion carried.

### *Recovery*

Member Waldman put forth motion to on recovery recommendations to include widespread funding to recovery centers to expand and integrate care including family recovery centers and drop-in centers-safe havens. There was member discussion on Recovery centers' ability to bill for peer services and it was noted that the issue had been addressed by another recommendation. Motion seconded and carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham, Member Giordano was absent for this portion of the vote.

Member Waldman put forth a motion on a suggested recommendation for investment in special populations – Prioritized service delivery including education on legal rights. Member J. Rivera provided second for the motion. There was member discussion about whether the recommendation should just be specific to special populations or if everyone who are suffering with addiction related issues needs. There was additional conversation on the need to target the overlooked populations because their issues are compounded, and special populations are priority populations because certain communities are at greater risk and more impacted. Motion seconded, and carried with abstentions from Members Israel and Constantino.

### *Agency Joint Recovery Recommendations*

Joint Agency recommendation regrading recovering focused Agency investment in sustainability community based; investment in peer training, living wage, certification and include investing in sustainability and expansion of recovery community. Outreach centers, community-based, recovery organizations community-based mental health services, and recovery-friendly workplaces. In addition, investing in peer training, mentoring and leadership development invest in living wages and scholarships, obtaining and maintaining peer certifications and credentials, and invest in recruitment and training for people with lived experience. There was member discussion regarding including homeless population within the scope of special/priority populations. Motion made by Chair Pantin to accept the recommendation on recovery, seconded and carried with abstentions from, Designee Morne, Designee Smith, Commissioner Cunningham and Designee Giftos.

### *Criminal Justice*

Member Waldman put forth a motion on suggested criminal justice recommendation including language related to Legislative action, buprenorphine, education, diversion programs for localities. There was member discussion about eliminating and or minimizing abstinence as the specific goal of recovery and maximizing self-directed wellness and to reword the recommendation as a funding recommendation.

### *Members broke for Lunch*

### *Criminal Justice Discussion continued*

Members returned from lunch and continued criminal justice recommendations discussions and suggested recommendations including funding education with Harm Reduction principles. Motion from Member Waldman, motion carried with abstentions from Designee O'Shea, Designee Morne and Designee Smith.

### *Joint Agency Criminal Justice Recommendations*

Commissioner Cunningham presented the agencies' joint recommendations which included fiscal support for the new the MAT in jails as required by Chapter 432 of the Laws of 2021 as amended by Chapter 147 of the Laws of 2022. Criminal Justice initiatives that focus on co-occurring disorders, expansion of the electronic and telehealth referrals in correction settings, expansion of Peer Services expansion, expansion of re-entry services, expansion of naloxone, and harm reduction education. Dr. Brown made motion to accept the joint agency recommendations, which Members Constantino and Dr. Giordano seconded. Member discussion on jail policies that act as a barrier to peers providing services in facilities, the cost of MAT for jails and prisons and the potential need for additional funding for jails, that jails could also use their Opioid Settlement funds for MAT and that funds have already been sent to the Department of Corrections and Community Supervision (DOCCS). Motion carried, with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham.

### *Women and Children Issues*

Member Waldman presented an overall statement/recommendation on Investment Women and Children including: prioritize funding to programs with Innovation at the grassroot level, recognizing the cultural burden imposed on women who use drugs, to create family-based models co-located in the full continuum of respectful accessible care for pregnant, parenting adults, and children that allows for body autonomy, inclusive of wraparound services optimized, extend adult participation in ongoing health care and support the healthy, long-term development of children, affected by parental substance, use of these models integrate the full Continuum of Care, Family Medicine, Women's Health, child, and adult Behavioral Health and addiction medicine co-located at one

location. Member Waldman made motion to accept the stated language which was seconded by Member Brown and carried unanimously.

Member Waldman put forth a suggested recommendation for vocational programs, and resources for sex workers that prioritize their health and safety. Member Livingston suggested amendment to sex worker language to include all gender and non-binary individuals within the scope of sex workers. The amendment was accepted by Member Waldman, and the motion carried unanimously.

Member Waldman put forth recommendation related to co-occurring disorders for women and children. A motion to include was carried unanimously.

### *Joint Agency Recommendations on Women and Children*

DOH Designee Morne presented the joint agency recommendations for Women and Children which included utilization of medication for OUD and SUD, specific peer services for children and families, integrating parent education, high quality childcare/educational plans, and statewide plan to increase cross agency collaboration, that would include OMH, OASAS, DOH and the Office of Children and Family Services (OCFS). Motion to accept joint agency recommendations by Member Waldman, seconded by Lavigne. Motion carried with abstentions from Members Livingston and Waldman, Designee Morne, Designee Smith and Commissioner Cunningham.

### *Housing*

Member Waldman made a motion to adopt the Housing First Model, Member Constantino seconded the motion. There was member discussion about support living versus recovery housing and clarification by Commissioner Cunningham that recovery, supportive and transitional housing are different types of housing. Motion to accept the rest of the recommendation, seconded and carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham.

### *Transportation*

Motion by Member Waldman to consider recommendation to explore alternatives to Medicaid transportation such as Uber Medical. Members discussed the need for recovery transportation for those who don't have Medicaid, including transportation to work, childcare, health food stores, and other supportive transportation. Member Israel spoke about the services his agency provides including transportation to treatment facilities, and the court system, and stressed the need for a long-term funding because. He noted that transportation is harm reduction and is a huge part of recovery. The Chair advised that each year the board will have the opportunity to re-evaluate every year and that there will be a separate discussion regarding long term funding from the state. Motion carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham, and Member Brown.

### *Investment in Research*

Member Waldman presented recommendations including funding for research to address methamphetamine/stimulant addiction, research, and evaluation to test promising prevention, psychedelic medications, examine substance use among out and young adults, the creation of a research institute on par with the New York State Psychiatric Institute to address substance use, misuse, and addiction. There was member discussion regarding the existing of the Institute in Buffalo and getting more information about what is already being done in terms of substance abuse research.

Commissioner Cunningham explained that OASAS has small, focused initiatives in partnering with research and that OASAS wants to raise the level at the work that is done and use a data driven approach to a formal official research institute at the state level that would enhance the work done across the board. Dr. Brown suggested the Board hold off on making recommendations under this topic table this until they receive clarity on what research is already being done.

Member Giordano agreed with Dr. Brown that the Board should review the issue to avoid duplication. Member Waldman motioned to exclude the research institute aspect of the recommendation and approve the remaining recommendations, which was seconded by Member Livingston and carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham, and Member Brown.

### **Clarification of Funding Available in Fiscal Years 2023 2024**

Designee O'Shea presented an overview of Opioid Settlement funds available in fiscal years 2023 and 2024.

Member discussed including expansion for integration services in the expansion of opioid treatment services, aligning the recommendations made with the funding reflected, MATTERS program to be discussed at next meeting, expansion of opioid services attached to OASAS needing to include recommendations for services provided by OMH and DOH, and that any changes to the scorecard must go back to legislature for approval. Members discussed how counties are using their share of the funding.

Chair Pantin asked members to consider recommendations for changes to the scorecard. Members suggested a specific line with DOH as the lead agency for harm reduction, increased funding for Transportation and Workforce, opioid treatment services to focus on drug treatment services since fentanyl is found in other drugs besides opioids, funds for progress and rate reform, case management and prevention on the scorecard and expansion of opioid treatment services for treatment deserts including expansion of naloxone.



Commissioner Cunningham advised that a lot of the board has been discussing could fit into the expansion of opioid treatment services and expand what is already on the scorecard.

Members discussed cross referencing their recommendations with the score card, focusing the Board's priorities on what is going to save and enhance quality of life, and the need to focus on an immediate rescue effort for the first year of recommendation.

Commissioner Cunningham suggested that the Board consider a process to prioritize funding recommendations. She further suggested that each board member votes on the top 3 or 5 priorities and be prepared to vote on the short term and long-term top 3 or 5 assigning points and be ready at next meeting board to vote on the broad themes.

Member Waldman suggested that services across the continuum, small amounts of funding need to go towards long term goals, with 75% for immediate rescue recommendations and 25% for developing and expanding integrated care and other long-term goals

### **Opioid Settlement Fund Local Shares and Presentations from Local Governments**

Designee O'Shea discussed the portion of the Opioid Settlement Fund receipts which are reserved for Local Government Units (LGUs) including counties, towns, villages, and other entities. Designee O'Shea explained that funding will be distributed through a grant program administered by OASAS, and asked the Board to recommend how this program be administered.

The Board discussed having a group from the Mid-Hudson region present to the full Board.

Motion from Member Giordano, seconded by Member Marquesano

Commissioner Cunningham concerned about more presentations and such a tight timeline to issue the report. Members Israel and Livingston agreed about needed to speed things up.

Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham, Member Smith, Member Livingston, Member Brown, Member Cheryl Moore, and Member McGoldrick, Waldman, Designee Dr. Jonathan Giftos abstain. Members Israel, Constantino and Watkins vote in the negative. The motion failed, with 3 votes in the affirmative, 3 in the negative.

### **Process for Drafting/Approving Final Report**

The Board discussed next steps to finish the report. The Board discussed meeting again on October 19<sup>th</sup> and again on the 31<sup>st</sup>. Member Livingston reminded the board about the

excel spreadsheet to input recommendations, Member Giordano said that it was a suggested document from the Legislature, but that it was not mandatory. General Counsel Allen also stated spreadsheet is not a mandate for the report.

### **Investments in Special Populations**

The Board discussed youth and young adults. Member Livingston spoke about investing in recovery high schools and colleges. Commissioner Cunningham mentioned enhancing recovery support for youth and young adults instead of specifying clubhouses. Member Waldman made a motion to accept proposed language. Member Marquesano made a suggested amendment related to universal screening. Member Waldman accepted the amendment. Motion carried with abstentions from Member Brown, Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham. Member J. Rivera was not present for this vote.

Member Waldman presented language on services for veterans. Member Israel mentioned the importance of utilizing peers in providing services for veterans, and suggested training veterans as peers. Member Israel mentioned that the agencies should to more to collaborate with the Department of Veterans Affairs (VA) and other veteran services agencies. Motion from Member Waldman to accept language as amended during the discussion, seconded by Member McGoldrick. The motion carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham.

The Board then moved into a discussion into how to assist older adults struggling with SUD. Members noted that older adults with co-occurring health, mental health, and addiction disorders face particular challenges, and that rehabilitation and long-term care facilities often reject individuals on MAT. Motion by Member Waldman to approve proposed language, seconded by Member Livingston. The motion carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham.

The Board moved on to a discussion on the LGBTQIA community. Member Waldman presented the Board's suggested recommendations including working with treatment centers to recognize non-binary and non cis gender. Motion carried with abstentions from Designee O'Shea, Designee Morne, Designee Smith and Commissioner Cunningham, Designee Giftos and Member Watkins. Members Moore and Brown were not present for this vote.

*Public comments were made from people in attendance at the meeting.*

Chair Pantin made closing remarks and the Board adjourned.

### **Attendees**

Board Members:

Chair Debra Pantin, Dr. Lawrence S. Brown, Dr. Stephen Giordano, Anne Constantino (appearing virtually), Avi Israel (appearing virtually) Suzanne Lavigne, Ashley Livingston, Dr. Joshua Lynch, Stephanie Marquesano, Cheryll Moore (appearing virtually), Carmen Rivera(absent), Joyce Rivera (appearing virtually), Dr. Tisha M. Smith, Dr. John Giftos (appearing virtually on behalf of Dr. Ashwin Vasan), Dr. Justine Waldman, Dr. Kevin Watkins (virtually), William M. McGoldrick

**Agency Representatives:**

Chinazo Cunningham, OASAS Commissioner

Peggy O'Shea, DOB (Designee)

Tracey Collins, OASAS (Executive Secretary of the Board)

Trisha Allen, OASAS

Johanne Morne, DOH (Designee)

Dr. Thomas Smith, OMH (Designee)



**New York State Opioid Settlement Fund Advisory Board**

**October 19, 2022**

**SUNY Administrative Offices, Broadway, Albany, NY**

- |                                                          |           |
|----------------------------------------------------------|-----------|
| • Welcome                                                | 10:00 AM  |
| • Introduction                                           | 10:05 AM  |
| • Approval of September 30 <sup>th</sup> Meeting Minutes | 10:10 AM  |
| • Presentation by DOH/MATTERS                            | 10:15 AM  |
| • Quick Review of Recommendations                        | 10: 25 AM |
| • Prioritize/Funding Recommendations for FY 2023         | 12:00 PM  |
| • Lunch                                                  | 1:00 PM   |
| • Prioritize/Funding Recommendations for FY 2024         | 1:30 PM   |
| • Public Comment                                         | 3:00 PM   |
| • Process for drafting and approving the final Report    | 3:30 PM   |
| • Next Steps                                             | 4:30 PM   |

# NYSDOH New York MATTERS Program

Data through 9/30/2022



# MATTERS

Medication for Addiction Treatment & Electronic Referrals



Department  
of Health

## WHAT IS IT?

New York MATTERS is a collection of resources to initiate care and quickly link patients to appropriate treatment. It utilizes an electronic platform (hosted by the New York State Department of Health) to efficiently refer patients with opioid use disorder to community-based clinics from emergency departments along with OB/GYN offices, correctional facilities, inpatient units, pre-hospital settings, etc.



[newyorkmatters.org](https://newyorkmatters.org)



## 3 Goals During Patient Encounter



1. Evaluation



2. Access to  
Medication



3. Referral to  
treatment

# Linkages to Care

## Online Referral Platform

- Housed on NYSDOH secure online platform – Health Commerce System (HCS)
- Seamless electronic referrals to high quality community-based treatment organizations (low barrier access to MOUD, agreed to vision of NY MATTERS program)
- Referral process takes place on a tablet, allowing the patient to take ownership of their own referral
- Patients may choose to seek treatment at any participating MATTERS program partner organization
- Receiving clinic must agree to NY MATTERS Vision, patient-centered approach, cannot refuse patient due to poly-substance use, insurance status and cannot require counseling to access MOUD, etc.
- NY MATTERS referrals can now be sent via mobile device

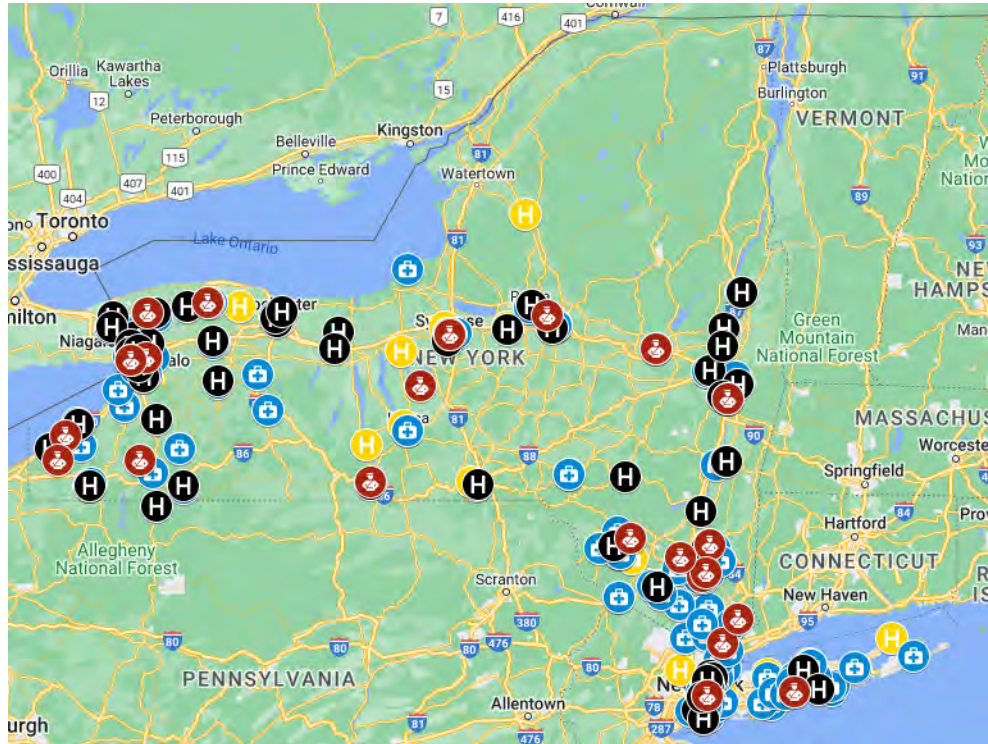


# Program Statistics

## Online Referral Platform (continued)

- Currently 70 referral hospitals and 177 receiving clinics
- Nearly 100 receiving clinics are OASAS clinics
- NYC H+H joined 2022
- 77 participating NY MATTERS program sites have made over 1,400 referrals to 122 participating clinics
- Expanded to include Urgent Cares, Criminal Justice, Ob/Gyn, Inpatient and EMS

## NY MATTERS Network: Current and Future Partners



Clinics \*177



Hospitals \*70



Future Partners (Hospitals & Clinics)  
\*32



Criminal Justice Settings  
(Jails, Prisons, Courts and  
Probation) \*32



Department  
of Health

# Addressing Social Determinants of Health

## Telemedicine

- 2 Virtual ED's to initiate buprenorphine (ECMC and Kaleida Health)
- REACH Medical for initiation and ongoing care
- Overall, 44% of referrals have been made via telehealth

## Medication Voucher Program

- Vouchers cover up to 14-day buprenorphine prescriptions for under/uninsured patients
- NY MATTERS participates with major pharmacies across NYS including various independently owned locations
- Partnership with Pharmacy Association of Western New York (PAWNY)
- Currently includes CVS, Walgreens, Wegmans, Duane Reade/Walgreens and independents

## Transportation Voucher Program

- Patients are now offered transportation to and from their first clinic appointment through a partnership with Uber Health

# Harm Reduction

## Peer Referral

- Patients have the option to be linked with a local peer navigator
- 9 Peer Navigation Services currently connected to NY MATTERS

## Harm Reduction Provision

- Naloxone and Fentanyl Test Strip provision for patient, family/friends at EDs and participating clinics

# Staffing

## **NY MATTERS UBMD**

- Program coordination, expansion, training and technical assistance for implementation
- Manage website
- Medical Director, Director of Research, Director of Telemedicine Operations  
Director, Program Manager, Program Coordinator (2) and Research Manager

## **NYSDOH**

- Oversee all aspects of online referral platform, programmatic, contract management, evaluation and syndromic surveillance
- HRI IT, AI/Office of Drug User Health, Office of Program Evaluation and Research, Legal Affairs, Finance and Grants Administration and AI Executive staff

# Staffing

## **NY MATTERS Regional Care Coordinators (RCC)**

\*Staffed by Drug User Health Hubs/Syringe Service Programs (Region)

- ACR Health (Central and Mohawk Valley)
- Alliance for Positive Health (North Country)
- Catholic Charities (Capital Region)
- Community Action for Social Justice (Long Island)
- Evergreen Health Services (Western New York)
- Hudson Valley Community Services (Mid-Hudson)
- STAP (Southern Tier)
- Trillium Health (Finger Lakes)
- Urban League of Westchester (Lower Hudson Valley)

# Evaluation Metrics

## Evaluation of program conducted by NYSDOH

- NYSDOH/NY MATTERS dashboard to monitor activity, includes:
  - Overview of NY MATTERS Network Referrals and Voucher Utilization
  - NY MATTERS expansion: # New referral sites onboarded, # New clinics onboarded, # New independent pharmacies
  - Trends in Key Treatment Indicators among NY MATTERS Network Patients
  - County Health Rankings and the NY MATTERS Metrics

## Syndromic Surveillance

- NYSDOH Electronic Syndromic Surveillance System (ESSS) reports include syndromes that pertain to Drug Overdose, Heroin Overdose and Opioid Overdose
- ESSS Reports include Hospital, County, Date of Spike and # included in the Spike
- NYSDOH staff determine NY MATTERS utilization data from facility and communicate with RCCs and NY MATTERS team for targeted outreach/engagement



Seventy-seven participating MATTERS program sites have made **over 1,470 referrals** to 122 participating clinics.

**Telemedicine** is an important component of the MATTERS program and **over 43% of referrals have been made with telemedicine**.

Select a Date Range:

All

Select a Region:

All

Total Number of Referrals:  
1,478

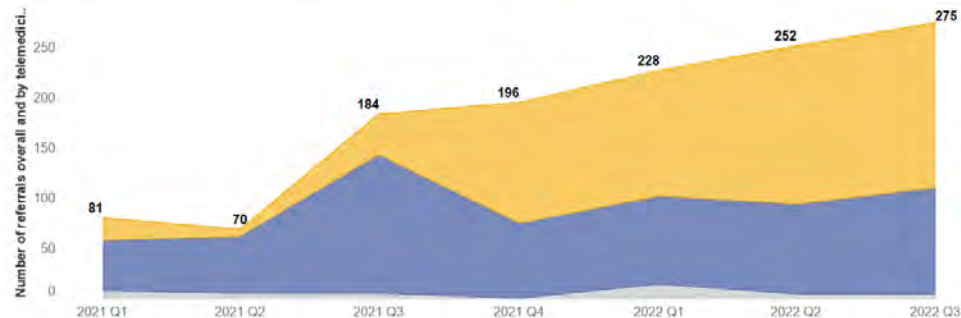
Total Number of Telemedicine Referrals:  
645

Of all referrals through MATTERS to date, **169 were second or subsequent referrals**.

Number of Unique Sites That Have Made a Referral:  
77

Number of Unique Clinics That Have Received a Referral:  
122

Over 750 referrals have been made to date in 2022, with an increasing number being made each quarter. **Telemedicine referrals have rapidly expanded**, while the **proportion of referrals made in-person has declined from 60% in 2021 to 38% in 2022**.



Department  
of Health



# Expansion

- Increase the capacity for mental health referrals and other supportive services that address social determinants of health
- Onboarding OMH facilities, as well as additional OASAS licensed programs and NYSDOH programs
- Automatic patient follow-up and retention programming
- 24/7 on demand telemedicine evaluations (Virtual ED)

## Opium Settlement Board Funding Prioritization

0

[illegible]

## **New York State Opioid Settlement Fund Advisory Board**

October 19, 2022 – Meeting

10:00AM-4:30PM

SUNY H. Carl McCall Building, 353 Broadway, Albany, NY 12246; Nancy L. Zimpher Boardroom

### **Opening Remarks**

Board Chair Debra Pantin opened the meeting and gave opening remarks. In the opening remarks Chair Pantin indicated that most of the Board's work was finalized as members had already voted on recommendations in the ten buckets and that task for today's meeting was to prioritize buckets and recommend funding for them. The Chair asked member to think beyond their own expertise and prioritize a continuum of services that can service communities across the state and to be mindful of how they speak of other parts of the continuum of services that are not familiar with and to consider language when expressing their thoughts.

Board members reintroduced themselves.

### **Approval of September 30, 2022 Meeting Minutes**

The Board then took up the approval of the September 30, 2022 meeting minutes. Member William McGoldrick put forth the motion to accept the minutes with a second from Member Anne Constantino. Discussion on the motion by Member Joyce Rivera referenced pages 1-4 of the minutes and indicated that she had voted in the affirmative with respect to Member Dr. Justine Waldman's amended motion on the expansion of telehealth and on page 6 in the second paragraph she also voted in the affirmative after receiving clarification that Screening, Brief Intervention, and Referral to Treatment (SBIRT) would be replaced by universal screening. The meeting minutes were approved, with requested amendments by Member J. Rivera, and the motion carried unanimously. Commissioner Cunningham was not present during this vote.

### **Presentation by Department of Health (DOH) Designee Johanne Morne on the MATTERS Program**

DOH Designee Johanne Morne gave a presentation by PowerPoint providing the history and overview of the MATTERS program and its proposed expansion across the state through funding allocated by the scorecard.

Commissioner Cunningham was present at the meeting at 10:28 am.

There was Member discussion following the presentation including Members Avi Israel, Constantino and Dr. Stephen Giordano praising the accomplishments and precedent established by the MATTERS program and approval of expanding the program statewide.

Member Dr. Lawrence Brown raised concerns about technology and inquired about the safeguards in place to protect confidentiality and safety of patient data given the number of stakeholders involved. DOH Designee Morne explained that the MATTERS platform is safeguarded by DOH.

Member Joyce Rivera asked about the relationship between Criminal Justice agencies and MATTERS, DOH Designee Johanne Morne explained that MATTERS partners with Criminal Justice agencies so that the agencies are informed about appropriate access to care and services and that the agencies can send referrals to regional MATTERS regional providers.

Commissioner Cunningham indicated the important role MATTERS has played in connecting people to care and that many other states interested in developing a similar program. Access and connecting to treatment.

Member Stephanie Marquesano asked about overlaying and integrating services for individuals with co-occurring disorders over the MATTERS scorecard allocation. DOH Designee Moore discussed how the MATTERS program decreases the barriers and changed culture in the Emergency Departments, people treated more appropriately in Emergency Departments with re-education Emergency Departments as needed. Expanded to a virtual program, allowing patients to make decision on their time.

Member Marquesano asked how the MATTERS program works with respect to crisis stabilization centers that are integrated to reduce number of people presenting at the Emergency Department. DOH Designee Morne advised that there have been many decades of work by the three agencies still a lot of work and disparities, that the Continuum of services need to meet the unique needs of all individuals and that the agencies need to provide the continuum of services to people who need different things at different times.

Member Waldman expressed concern about looking at the retention rate of other statewide programs that have a completely integrative process and the MATTERS program being valued while other smaller ones that are being undervalued and overlooked. She indicated that referrals do not equal engagement and suggested that the money allocated to MATTERS on the scorecard also be disbursed to other programs that can show success backed up by data. DOH Designee Morne advised that MATTERS is currently a DOH program but moving forward the goal would be to look across all agencies and for ways for the agencies to work collaboratively.

Commissioner Sullivan explained that stabilization centers and Emergency Departments are both needed within the service continuum and need to be well integrated.

Chair Pantin asked for a motion to accept MATTERS funding as a Board recommendation. Member Ashley Livingston inquired if that was permissible because the Board was advised not to make recommendations for funding for a specific program.

Office of Addiction Services and Supports (OASAS) Deputy Counsel Greg Meyer advised that MATTERS is to be considered since it is specifically on the scorecard.

Member Constantino made Motion to accept MATTERS funding per the scorecard as presented after explaining that the MATTERS program falls under several different categories of the members' recommendations. Member Giordano clarified that the vote was to indicate that the members did not want to remove MATTERS from the scorecard. Motion was then seconded by Member Giordano, motion carried with abstentions from Division of the Budget (DOB), Office of Mental Health (OMH), DOH, OASAS, Member Marquesano, Member Dr. Joshua Lynch. Members Dr. Waldman, Livingston, and J. Rivera voted in the negative.

### **Quick Review of Recommendations**

Chair Pantin gave a brief overview of the working documents and explained the format. Chair Pantin then gave a brief overview of the ten buckets within the document.

There was discussion between Member Constantino and Member Waldman regarding whether the recommendation was for investments in the current service continuum by way of the existing continuum versus expansion of treatment system. Member Waldman clarified that there is some expansion of the treatment system in terms of peers or paraprofessionals, behavioral health, and inpatient psychiatric services.

Member Waldman indicated that she added priority populations to the list of definitions and that the agencies joint recommendation language was noted in orange. Member Waldman put forth a motion to amend some of language for overarching themes (1, 10, 11, 14) with a second from Member Livingston. Member Marquesano requested to further amend the language in overarching theme 10. Member Waldman accepted the amendment and the motion carried with abstentions from OASAS, DOH, OMH and DOB.

Member Waldman put forth motion to amend language under "Investments Needed Across the Service Continuum" with respect to increasing Medicare and commercial reimbursement for integrative care, Member Constantino request amend language to cover all rates, amendment accepted, motion carried with abstentions from the OASAS, DOH, OMH, and DOB.

Member Waldman put forth a motion regarding looking at regional need with respect to services and funding, second by Chair Pantin, motion carried with abstentions from OASAS, DOH, OMH, and DOB.

Motion by Member Waldman to amend the language under the Workforce bucket regarding to fund recruitment in rural areas for psychiatry and MAT providers, with second from Member Livingston. Motion carried with abstentions from OASAS, DOH, OMH, and DOB.

Member Giordano made motion for workforce funding for treatment courts and criminal justice facilities with a second from Member McGoldrick. The motion was

carried with abstentions from OASAS, DOH, OMH, DOB, Members Moore, Marquesano and Livingston and Members Waldman, Giftos, C. Rivera, and J. Rivera voting in the negative.

Member Waldman made a motion regarding recommendation requiring all OMH program staff be adequately trained in co-occurring substance use and mental health disorders, and ongoing maintenance and sustainability in all housing services. Members Marquesano and Lynch second the motion. There was member discussion regarding amending the language to require training for co-occurring housing services for all agencies. Member Waldman accepted the amendment and the motion carried with abstentions from OASAS, DOH, OMH, and DOB.

Member Giordano made a motion regarding the research institute language in the recommendations. Member discussion regarding the need to learn more about what the existing research institutes are already doing through presentations and the need to let the agencies to take the lead on providing the Board with information of existing research and current and future research partnerships in the state. Member Lynch proposed amendment the recommendation to support research efforts and to allow the state agencies to prioritize those efforts for the Board. Amendment accepted by Member Giordano, with a second by Member Constantino motion carried with abstentions from OASAS, DOH, OMH, and DOB.

### **Prioritize/Funding Recommendations for FY 2023**

Chair Pantin discussed how the Board would approach prioritizing and recommending funding for recommendation indicating that it would be best to prioritization and or rank the recommendations first, and then address funding percentages. She explained that each member in the room and video will read out their five top choices which would be tracked by Member Waldman in real time.

Member Livingston made a motion to add another bucket specifically for Overdose Prevention Centers (OPCs) after discussion she amended the motion to create a separate bucket and to keep them under the Harm Reduction bucket. Member Giordano suggested the creation of an innovative opportunities bucket. Member Brown indicated that he would vote against a separate bucket for OPC and leaving it under harm reduction and that it is best that it is just left under harm reduction. Member Israel suggested that the Board wait until OPCs are legal in the state.

Member Livingston's motion was seconded from Member Waldman. The motion failed.

Members returned to discussions regarding the appropriate process for prioritizing recommendations and funding. After discussion member determined that they would utilize a two-step process. They would first rank their priorities on a scale of 1 to 10 with 10 indicating the top priority and 1 indicating the lowest priority and then conduct a fiscal assessment of the priorities by assigning a percentage of the funding to them.

Member Constantino put forth amended motion, with a second from Member McGoldrick, motion carried with abstentions from OASAS, DOH, OMH, and DOB.

### ***Members Rank Priorities***

Board Members ranked the 10 buckets of recommendations on a scale of one to 10 with 10 as the top priority and one as the lowest priority by first writing them down on paper voting sheets and stating their rankings which were recorded by Member Waldman and OASAS Deputy counsel and staff. An excel spreadsheet and the Members voting sheets will be posted as associated documents on the OSFAB website. The overall ranking of the buckets are as follows: 10 – Harm Reduction, 9 – Treatment, 8 – Investments across the Service Continuum, 7 - Priority Populations, 6 – Housing, Recovery – 5, Prevention – 4, Transportation – 3, Public Awareness Initiatives – 2, and Research – 1.

*Members took a break for Lunch.*

Members returned from lunch and DOB Designee Peggy O'Shea gave fiscal overview. Members Marquesano, Giordano, and J. Rivera requested that the scorecard be displayed and discussed. Chair Pantin advised the members that the Board is making a recommendation for funding, by with respect to the bucket not the specifics underneath the bucket, allocate money to the bucket and state will advise on how the money is allocated. Member Brown suggest member assign a percentage of dollars and let the state decide the rest.

Chair Pantin advised the members that having ranked their Board buckets by priority they need to also decide on percentages for each of the bucket and that percentages should add up to 100%. There was Member discussion regarding assigning percentages.

Members voted on the percentage of funding they would assign to each bucket on a voting sheet and each member stated their percentages on the record. Members percentage sheets and corresponding spreadsheet detailing the percentages each member assigned and the average percentage will be posted on the OSFAB. The average of the percentages are as follows: Harm Reduction – 22.23529412%, Treatment - 12.23529412, Investments Across the Service Continuum - 16 %, Priority Populations - 14.6, Housing - 9.941176471%, Recovery - 9.941176471%, Prevention - 7.294117647 %, Transportation - 5.294117647, Public Awareness Initiatives - 1.647058824, and Research - 0.764705882.

### **Public Comment**

Public comments received from Laura McNamara and Vann Smith of New York Alliance Recovery Residences provides recovery housing for men and woman in recovery.

### **Prioritize/Funding Recommendations for FY 2024**

Member Giordano made a motion to accept the recommendations from 2023 for 2024 seconded by Member Brown. There was member discussion regarding short and long term goals with short term goals as the priority for 2023 and long term as the priority 2024, concern that more money may need to adjust percentages, addressing long term

view with subtle shifts in percentages for 2024, concern that there was no data to use to determine changes 2023 priorities and percentages, suggestion that recommendations should be good for both 2023 and 2024, without needed changes of percentages within the next two years, it will likely take time to before the Board can measure the outcome of the recommendation and that the two year time frame will allow for better planning recommendation of how to implement the recommendations. Member Giordano advised that the motion on the table as stated, motion carried with abstentions OASAS, DOH, OMH, DOB and Member Marquesano.

### **Additional Items not Listed on the Agenda**

Chair Pantin advised members that they had concluded the scheduled matters on the agenda but that Members Israel and Marquesano had questions/issues they wanted to raise. Member Israel asked questions about the scorecard and whether the Board would receive an update if the recommendation do not line up with the scorecard and would need to be reviewed by the legislature and who from the legislature would renegotiate or conduct the review of the differences.

Member Marquesano expressed concern over whether OASAS and OMH had a plan regarding coordinating services for co-occurring disorders. Commissioner Sullivan advised that the agencies have already started talking and both agree with the recommendations on collaboration between the agencies regarding co-occurring disorders.

Member Marquesano requested that DOH, OMH and OASAS work together to create Requests for Proposals (RFPs) and Requests for Applications (RFAs) for all recommendations. DOB Designee O'Shea reiterated that agencies had committed to collaborate and the lead agency for initiatives would be decided based on issues such as expertise, staffing, and capacity. Commissioner Cunningham and Sullivan indicated that the agencies already voted and agreed to collaboration in implementing the RFAs for recommendation. OASAS Associate Commissioner Debbie Davis advised that the agencies already partner on RFAs and RFPs.

Member J. Rivera and Chair Pantin discussed member opportunity to review and provide comment on the written report and Chair Pantin advised that she would like to give members at least two opportunities to review and comment on the report before it is finalized.

Members Marquesano, Lavigne and Giordano expressed concern that the Board had not yet heard from Local Government Units (LGUs) including the Mid-Hudson Region Mental Hygiene Directors regarding their priorities. Member Giordano said it was a missed opportunity to have them, and the Board should hear from the LGUs by next year; not every county functions seamlessly with the provider community, but they should.



Commissioner Cunningham suggested that LGUs should present their priorities to the Board and that should focus on prioritizing which groups present and when they should present.

Motion put forth to plan and schedule all groups who should present to the Board.  
Motion carried with abstentions from OASAS, DOH, OMH, and DOB.

Member Waldman made a motion requesting that OMH, OASAS provide presentations on all the data for their respective programs and services with corresponding PowerPoints in 2023 and annually (amended in the first half of every year) with the goal of helping members of the Board understand what programs are in place and implemented and their impacts. Second by Member Livingston, motion carried with abstentions by OASAS, DOH, OMH, and DOB.

Chair Pantin made brief closing remarks and the Board adjourned.

### **Attendees**

#### **Board Members:**

Chair Debra Pantin, Dr. Lawrence S. Brown (appearing virtually), Dr. Stephen Giordano, Anne Constantino, Avi Israel, Suzanne Lavigne, Ashley Livingston, Dr. Joshua Lynch, Stephanie Marquesano, Cheryll Moore, Carmen Rivera (appearing virtually), Joyce Rivera (appearing virtually), Dr. Tisha M. Smith, Dr. John Giftos (appearing virtually on behalf of Dr. Ashwin Vasan), Dr. Justine Waldman, Dr. Kevin Watkins (appearing virtually), William M. McGoldrick.

#### **Agency Representatives:**

Chinazo Cunningham, OASAS Commissioner

Peggy O'Shea, DOB (Designee)

Tracey Collins, OASAS (Executive Secretary of the Board)

Trisha Allen, OASAS

Johanne Morne, DOH (Designee)

Dr. Thomas Smith, OMH (Designee) (appearing virtually)



**New York State Opioid Settlement Fund Advisory Board**

**October 31, 2022**

**SUNY Administrative Offices, Broadway, Albany, NY**

- Welcome 10:00 AM
- Introduction 10:05 AM
- Approval of Minutes 10:10 AM
  - July 18th
  - July 19th
  - September 20th
  - October 4th
  - October 19th
- Review & Vote on Final Report 10:15 AM
- Lunch 12:00 PM
- Group Picture & 2023 Meeting Dates 12:30 PM
- Vice Chair Position 1:00 PM
- Public Comment 1:30 PM
- Next Steps 2:00 PM

Appendix C  
Public Comments

## **Public Comment: In Person Participants**

June 28, 2022

Linda Ventura, Thomas' Hope Foundation/Family Member  
Terri Kroll, Family Member

August 29, 2022

Alexis Pleus, TruthPharm  
Jessica Salmon, TruthPharm  
Courtney Hayes, TruthPharm  
Tracie Gardner, Legal Action Center

September 20, 2022

John Coppola, NY Association of Alcoholism and Substance Abuse Providers (ASAP)  
Jessica Petty, Save the Michaels of the World

September 30, 2022

Ben Riker, Friends of Recovery-NY (FOR-NY)  
Dalvis Medrano, Dynamite Youth Center  
Saeeda Dunston, Elmcors  
Jim Scheider, Dynamite Youth Center  
Mandy Gio, Dynamite Youth Center  
Jake Fagan, Dynamite Youth Center

October 14, 2022

Kathleen Kott Bennie, Oxford House  
Helen Cano, Samadhi Recovery Center  
Philip Boham, Samadhi Recovery Center  
Matt VanNostrand, Samadhi Recovery Center  
Tim Hunt, HEALing Communities

October 19, 2022

Lauren McNamara, NYS Association of Recovery Residences (NYSARR)  
Van Smith, NYSARR

October 31, 2022

Alexis Pleus, TruthPharm, and NYS Harm Reduction Association  
Kathy Staples, TruthPharm

**From:** Debbie Silver <debbie@generationsos.org>  
**Sent:** Wednesday, June 8, 2022 12:40 PM  
**To:** oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>  
**Subject:** Generation S.O.S. Preventing Opioid Misuse

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

Good afternoon, OSFA Advisory Board

I'd like to introduce you to Generation S.O.S., a unique non-profit organization dedicated to **preventing the misuse of opioids**. Tragically, most teens have lost multiple friends to opioid overdose. Today's grim reality is a teen doesn't have to have a substance misuse issue to die of an overdose; a life is ended in one encounter with a fentanyl-laced drug.

Generation S.O.S is **youth-focused and school-based**. We organize presentations for high schools and middle schools and community organizations, free of charge. The impact is invaluable; school and program administrators are overwhelmed by students' feedback. "This is the best assembly we've ever had in our school."

Here's what happens at a Generation S.O.S. presentation: Teens listen to one of our young adult speakers share their story how substance misuse addiction destroyed their life. They hear about the turning point, making the decision to live and the difficult journey through recovery. No lectures, no stigma, just stories of resilience and hope. "Talk to a friend, get help if you're struggling, but don't make the same mistakes I did." A question and answer follows; students ask questions or submit anonymously. Coping tools are shared, and for once, teens feel a part of a true support system.

We also work closely with Dr. John Tamerin, a world-renowned psychiatrist specializing in adolescent substance misuse. Please have a look at a [recent article](#) he wrote about Generation S.O.S. This [4-Minute PSA](#) and recent [NY1 Feature](#) will help you understand why teens and young adults are drawn to our program.

Our goal is to bring Generation S.O.S. to middle and high schools throughout New York State, as well as youth centers and community organizations. We'd like to ask your board to consider Generation S.O.S' prevention program for funding.. We look forward to connecting with you.

Sincerely,

Robin Kiam Aviv-Founder

[robin@GenerationSOS.org](mailto:robin@GenerationSOS.org)

Jim Hood-CEO

[jim@GenerationSOS.org](mailto:jim@GenerationSOS.org)

Debbie Silver-Director of Communications

[debbie@GenerationSOS.org](mailto:debbie@GenerationSOS.org)

June 21, 2022

Dr. Chinazo Cunningham, MD  
Commissioner  
Office of Addiction Services and Supports  
1450 Western Avenue  
Albany, NY 12203

RE: Opioid Settlement Fund Advisory Board

Dear Commissioner Cunningham,

On behalf of the Community Health Care Association of New York State (CHCANYS) and the more than 70 NYS community health centers (CHCs) we represent, I write to express our enthusiastic support for the work that will result from the convening of the Opioid Settlement Advisory Board. As directed by Chapter 171 of the Laws of 2022, this board will ensure that the opioid settlement funds will be used for initiatives and activities that are effective in preventing and treating substance use disorder and assisting in recovery efforts. CHCANYS and CHCs are committed to partnering with this board, the Office of Addictions Services and Supports (OASAS), the Executive Chamber, and the Department of Health to ensure an equitable and comprehensive system of prevention, treatment, recovery, and harm reduction across New York. As such, I write to underscore the need for strong and close collaboration between primary care and substance use disorder providers.

As you know, CHCANYS is the primary care association for all of New York's federally qualified health centers (FQHCs), also known as CHCs, which provide comprehensive primary and preventive care to more than 2 million New Yorkers at over 800 sites statewide. Among our patients, 90% are low income, 68% are people of color, 13% are uninsured, and 59% are enrolled in Medicaid or Child Health Plus. CHCs are New York's health care safety net; they are located in medically underserved neighborhoods and provide quality and affordable health care services to all, regardless of immigration status, insurance coverage, or ability to pay.

Many of our health centers provide or are closely partnered with organizations that provide medication assisted treatment and substance use disorder services. Some are licensed under Articles 31 or 32 of the mental hygiene law to provide enhanced mental health and/or substance use disorder services on site. It is well documented that people with substance use disorder benefit from an integrated system of care that focuses on whole person health – mental health, substance use disorder services, primary care, and access to social services and supports. At its heart, this reflects the community health center model of care.



CHCANYS requests that the Opioid Advisory Settlement Board prioritize integrating primary care into the provision of substance use disorder services and incentivize partnerships between primary care and substance use disorder serving providers. We also recommend the Advisory Board support only programs that provide evidence-based substance use disorder services that have strong quality performance outcomes. CHCANYS believes that following the NIH Principles of Effective Treatment<sup>1</sup> will ensure that funding allocations will be directed to programs and services that are impactful.

As the National Institutes of Health writes, “*effective treatment attends to multiple needs of the individual*” and must be appropriate for the individual’s age, gender, ethnicity, and culture. The Opioid Settlement Funds must be used to narrow longstanding gaps in substance use disorder care. Special attention must be given to low-income communities and communities of color that have been disproportionately impacted by the opioid epidemic. A wholistic approach to physical, behavioral, and social needs is essential to improving outcomes.

Thank you for taking the time to consider our recommendations. We stand ready to partner with OASAS and the Advisory Board to combat the opioid epidemic.

Sincerely,



Rose Duhan  
President & CEO

CC: Dr. Mary T. Bassett, MD, MPH  
Commissioner, Department of Health

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<sup>1</sup> <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

**From:** DIANNA KARWOWSKI

**Sent:** Wednesday, June 29, 2022 8:55 AM

**To:** oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>

**Subject:** 06/28/2022 meeting

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Good morning,,

I have a vested interest. Please advise when the meeting from yesterday will be available to view online. And any subsequent meetings to be held.

I was unable to attend as a bereaved parent.. I would like to view it in entirety.

I would also write that the NYS government does NOT have the right to allocate any funds without input from the board, and is money that arrived from the deaths of our loved ones, MY SON .

Thank you for your attention.

Dianna Brigadier





1529 Western Avenue  
Albany, New York 12203  
518-487-4395  
[www.for-ny.org](http://www.for-ny.org)

**Date:** July 13, 2022

**To:** President Stephen Giordano PhD  
Vice President Debra Pantin

**From:** Ben Riker, Director of Policy, Friends of Recovery –  
New York (FOR-NY)

**Subject:** Funding for Recovery Friendly Workplace (RFW)  
activities in New York State



I am writing on behalf of Friends of Recovery – New York that helped to establish the NYS coalition for Prevention of Addiction and Recovery in Employment (PARSE). We acknowledge the important role the Settlement Board is performing in response to the devastating impact of the opioid crisis on New Yorkers. The purpose of this memo is to bring to your attention a critical gap in New York State's response to the opioid crisis. New York State has not implemented a **Recovery Friendly Workplace program** as sister states New Hampshire, Rhode Island, and Connecticut and many others have. These programs are fundamental to helping people in recovery succeed. Employment gives people in recovery purpose, a routine, the ability to be self-sufficient, and to grow. The workplace is a key location for intervention where employers can be active participants in our communities' Recovery Oriented Systems of Care. **Specific funding requests are on page 4 of this letter.**

**RFWs** are committed to making foundational change in the way they hire, treat, and support workers living in or seeking recovery from substance use and mental health disorders.

**RFW** means moving from “zero tolerance” policies emphasizing disciplinary action to a “recovery” policy emphasizing help, hope, and realizing the economic potential of healthy employees.

National data has shown that hiring workers in recovery is very good for employers. Employers who hire workers in recovery:

- Save an average of over \$8,500 in annual costs related to absenteeism, productivity, healthcare utilization, and workers' compensation.
- Avoid \$4,088 in annual turnover and replacement costs.

Workers in recovery miss 13.7 less days per year compared to workers with unmanaged/ untreated substance use disorder.<sup>1</sup>

The State of New Hampshire initiated the first RFW program in the country and currently has more than 300 employers qualified and active in hiring workers in recovery. They fund a staff of seven people using a combination of grant and state funds. Sam Lewandowski, Assistant Director of RFW New Hampshire, has established the RFW Multi-State Community of Practice with over 26 states represented.

Treatment of workplace injury and stress can cause initiation of new cases of addiction due to opioid prescription, lack of access to alternative pain treatments, or self-medication. In 2018, private employers reported 2.8 million work injuries and illnesses. Data from the National Institute for Occupational Safety and Health (NIOSH) show that 44% of workers' compensation claims in 2017 included at least one prescription for opioids.<sup>2</sup>

Massachusetts has documented that a high rate of opioid fatalities occurs in industries with a high risk of occupational injury and lower availability of paid medical leave and job

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<sup>1</sup> <https://www.nsc.org/workplace/safety-topics/drugs-at-work/drug-use-in-the-workforce-methodology>

<sup>2</sup> Harduar Morano L, Steege AL, Luckhaupt SE. Occupational patterns in unintentional and undetermined drug-involved and opioid-involved overdose deaths—United States, 2007–2012. MMWR Morb Mortal Wkly Rep. 2018;67(33):925–930

### Key Elements of a RFW

1. Employers commit to establishing a RFW.
2. Collaborate with employees, unions, and communities.
3. Develop a culture that reduces stigma.
4. Improve safety and support injured workers.
5. Proactively identify and address work stress and mental health issues.
6. Offer health benefits that provide comprehensive coverage for SUDs, including MOUD, aftercare, and counseling.
7. Acknowledge recovery from SUD and OUD as a strength.

security.<sup>3</sup> Between 2011 and 2015, 4,302 opioid deaths occurred in Massachusetts. Opioid death rates among construction and extraction workers were six times higher than among all Massachusetts workers, and rates among workers in farming, fishing, and forestry were five times higher. Individuals involved in these occupations do hard physical labor and usually are paid only when working, resulting in many working in constant pain. An update for 2016 -2017 found the annual rate of opioid overdoses fatalities doubled compared to the previous period.<sup>4</sup> The Massachusetts Department of Public Health recommended addressing workplace hazards that cause injuries or illnesses for which opioids are prescribed, providing appropriate pain management following injury (including safer opioid prescribing), improving access to evidence-based treatment for OUD and overdose prevention education.

Several studies have shown a strong correlation between work-related pain treatment and opioid misuse, addiction, and overdose fatalities. Forty percent of U.S. workers report chronic or recurrent musculoskeletal pain, 15% report pain on most days, and work-related back pain accounts for \$5.3 billion in lost productivity.<sup>5 6</sup>

<sup>3</sup> Opioid-Related Overdose Deaths in Massachusetts by Industry and Occupation, 2011–2015. Boston, MA: Massachusetts Department of Public Health, Occupational Health Surveillance Program; 2018.

<sup>4</sup> Opioid-Related Overdose Deaths in Massachusetts by Industry and Occupation, 2016–2017. Boston, MA: Massachusetts Department of Public Health, Occupational Health Surveillance Program; 2021.

<sup>5</sup> Burton WN, Pransky G, Conti DJ, Chen CY, Edington DW. The association of medical conditions and presenteeism. *J Occup Environ Med.* 2004;46(suppl 6):S38–S45.

<sup>6</sup> U.S. Department of Health and Human Services. QuickStats: age-adjusted percentage of adults aged ≥ 18 years who were never in pain, in pain some days, or in pain most days or every day in the past 6 months, by employment status—National Health Interview Survey, United States, 2016. *MMWR Morb Mortal Wkly Rep.* 2017;66(29):796

A national survey by the National Safety Council from 2017 documented that the majority of employers did not offer job training nor have a written drug policy, and many lack sufficient insurance coverage for mental health and substance use treatment.<sup>7</sup>

The Council of Economic Advisors estimated that the total economic cost of the opioid crisis in 2015 was \$508 billion, or 2.8% of the gross domestic product.<sup>8</sup> An estimated 66.2% of self-reported illicit opioid users were employed full or part time.<sup>9</sup>

Economic Stability is also a key social determinant of health. [The U.S Department of Health and Human Services Healthy People 2030](#) goals include helping people earn steady incomes that allow them to meet their health needs as a national goal, further underlying the importance of recovery friendly workplaces in improving population health.

New York State has not conducted data analyses documenting opioid overdose fatality by industry and occupation. Another gap in the data is from New York State employers and labor unions regarding the status of current employment-based prevention and support programs.

The legislature established a tax incentive program for eligible employers who hire people in recovery, up to \$2,000 in tax relief. However, this valuable initiative is not enough to address the needs for a comprehensive recovery friendly workplace program in New York State.

Several New York State based non-profit organizations have received federal grants to help people in recovery and their family members return to work. These grants also support outreach to employers. However, each program has been doing this work independently of any statewide programmatic support with different criteria, outreach and training materials leading to disparate results; a lack of statewide data on the number of job placements, and the number of employers who have embraced a RFW approach, and evaluation of the relative impact and effectiveness of each program. There is an urgent need for statewide expansion, coordination, support, and evaluation of these critical programs.

In February 2022, FOR-NY helped to initiate the NYS Coalition, “Prevent Addiction and Support Recovery in Employment” (PARSE). The mission of PARSE is to create a culture of recovery-supportive workplaces within New York State that actively develops resources for preventing substance use and addiction.

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<sup>7</sup> Hersman D. 2017. How the Prescription Drug Crisis is Impacting American Employers. National Safety Council <https://www.insurancejournal.com/news/national/2017/03/10/444117.htm>

<sup>8</sup> Council of Economic Advisers, Executive Office of the President. Council of Economic Advisers report: the underestimated cost of the opioid crisis. Washington, DC: Council of Economic Advisers; 2017.

<sup>9</sup> Substance Abuse and Mental Health Services Administration. Results from the 2016 National Survey on Drug Use and Health: Summary of National Findings. Washington, DC: U.S. Department of Health and Human Services; 2017.

“We believe the work we do is an important part of the puzzle of filling the gaps that currently exist. Whether in recovery or struggling with addiction, people need supportive, fulfilling work.”

The PARSE coalition includes representatives from public health, mental health, substance use and other local, state, and federal agencies, employers, labor leaders, occupational safety and health experts, prevention, recovery, treatment and harm reduction professionals, and academic researchers, as well as people with lived experience (please see the attached list).

The coalition has established a steering committee and has developed the following tangible goals and we are requesting that the Settlement Board consider funding these activities.

1. Symposium – Spring of 2023

- a. We are planning a two-day statewide symposium on Opioids/SUD and the Workplace in New York State that will bring together government officials, employers, unions and community leaders to learn about the impact of the Opioid/SUD crisis on workers, families, and businesses. Speakers will review best practices for prevention, assistance to injured workers, and providing treatment and support to workers who need it. Key elements of a RFW program will be highlighted. The goal is to inspire employers, unions, and other stakeholders to embrace RFW strategies and begin implementing them.
- b. The plan for the symposium is to conduct a two-day hybrid event, in person in the Albany area and online, to reach the largest number of interested employers, labor organizations, and community leaders. The event will be planned in coordination with NYS DOH, DOL, OASAS, OMH, and DOS. A detailed budget is available upon request.
- c. The State of Connecticut has conducted 2 such events that helped kick start its RFW program. See: <https://portal.ct.gov/DPH/Environmental-Health/Environmental-and-Occupational-Health-Assessment/Opioid-Use-in-the-Workplace> The Connecticut symposium laid the foundation for the RFW program that has been funded by a federal US DOL ETA grant.

2. PARSE is working with legislative leaders to develop legislation to create a unified RFW workplace initiative in NYS. We would like to work with you and other stakeholders to address funding related to the proposed legislation.

3. We would like to meet to discuss these asks in August to assure that any policy changes that include a fiscal component can be brought to the Executive Branch for consideration this Fall as they develop the 2023-24 executive budget proposal.

Scientific evidence regarding the need for this employment focus in combatting the opioid/SUD crisis is available:

- 1) New Solutions Journal of Environmental and Occupational Health Policy Special issue, Opioids and the Workplace, Risk Factors and Solutions  
<https://journals.sagepub.com/toc/newa/31/3>
- 2) NIOSH/CDC Opioids in the Workplace: NIOSH Extramural Research  
<https://www.cdc.gov/niosh/topics/opioids/extramuralresearch.html>
- 3) American Public Health Association policy statement, A Public Health Approach to Protecting Workers from Opioid Use Disorder and Overdose Related to Occupational Exposure, Injury, and Stress <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/protecting-workers-from-opioid-use-disorder>

Please reach out to Ben Riker at [briker@for-ny.org](mailto:briker@for-ny.org) or 607-386-5577 to set up a meeting as requested in 3. above. Thank you all for your support and we appreciate all you do.

PARSE Coalition Founders:

Ben Riker, FOR-NY, Director of Policy

Jonathan Rosen, A J Rosen & Associates

Allison Weingarten, Former FOR-NY Director of Policy

Sarah Toledano, Assistant Director, Center for Academic Community Engagement, Siena College

Cristina Dyer-Drobnack, Public Policy and Program Director, County Health Officials of New York

Attachment: NYS PARSE Flyer

CC: Members of NYS Opioid Settlement Board

Jihoon Kim, Deputy Secretary for Human Services and Mental Hygiene

Allan Clear, NYS DOH

Chinazo O. Cunningham, Commissioner, OASAS

Roberta Reardon, Commissioner of Labor

Ann Marie T. Sullivan, Commissioner, OMH

Senator Peter Harckham

Senator Jessica Ramos

Assemblyman Phil Steck

Mike Neidl, Legislative Director, AFL-CIO

Dr. Angelia Smith-Wilson, Executive Director, FOR-NY

Allison Weingarten, National Clearinghouse for Worker Safety & Health Training

Jonathan Rosen, National Clearinghouse for Worker Safety & Health Training

Sarah Toledano, Siena College



**From:** Dylan F. Smith  
**Sent:** Tuesday, August 16, 2022 3:23 PM  
**To:** oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>  
**Subject:** Funding for MMU

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Hello,

I want to suggest that part of the settlement funding as a source to support the long-term viability of Mobile Medication Units (MMU) for Opioid Treatment Programs (OTPs). The reimbursement rates as they are and the additional challenges and costs of operating an MMU do not allow MMUs to be operated without grants. Ongoing funding is needed until reimbursement can sustain these critical services.

Thanks!

**Dylan F. Smith, CASAC**

Program Director – Opioid Treatment Program, Abbott Corners  
Phone: 716-822-2117 ext 1216 | Fax: 716-559-1565  
3176 Abbott Rd., Suite 500,  
Orchard Park, NY 14127





August 24, 2022

To:

Chinazo Cunningham, M.D.  
Commissioner  
Office of Addiction Services and Supports  
1450 Western Avenue Albany, New York 12203-3526

Ann Marie T. Sullivan, M.D.  
Commissioner  
Office of Mental Health  
44 Holland Ave.  
Albany, NY 12229

Stephen J. Giordano, Ph.D.  
Albany County Mental Health Commissioner  
175 Green Street  
Albany, NY 12202

From: Mid-Hudson Region Directors of Community Services

Re: MH and SUD Integration Progress at the County Level

Dear Commissioners Cunningham, Sullivan and Giordano:

Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties, the counties that make up the Mid-Hudson Region, recognize that the individuals we support often have multiple complex needs across a variety of behavioral health and other systems. Therefore, we are excited by the extensive discussion at the state level about improving the delivery of integrated services to individuals and families experiencing co-occurring mental health and substance use disorder conditions. We are writing to share our collective progress at the county level, and to provide some suggestions for how state agencies can help facilitate that progress efficiently and effectively. We strongly believe there are opportunities for helping to improve integrated services “on the ground” that can be accomplished by the state offices, and where applicable, their payer intermediaries (e.g., MCOS, settlement funds).

As you know, services have historically been siloed, not just within the behavioral health system, but the social services, child welfare, criminal justice, education, health systems, etc. and the people we serve often do not “fit” neatly into a single system. As such, the Mid-Hudson counties have come together to form a region-wide Co-Occurring System of Care (COSOC) committee, made up of representatives from each county’s local COSOC teams. Though each county’s COSOC is unique, we have each used the Comprehensive Continuous Integrated Systems of Care (CCISC) model, an evidenced-based SAMHSA “best practice” model (Minkoff & Cline, 2004, 2005), to reimagine and redesign our systems of care. Through the CCISC model we brought together cross system partners and created a vision of a system that responds to the complexity of needs of the people we serve regardless of where the individual initially enters. Therefore, our providers are striving to become integrated and co-occurring capable within their mission, resources, and type of licensure. Our shared vision is of a welcoming system of care

that expects individuals seeking services, to have complex needs and is prepared to provide competent integrated treatment and support in an empathic, hopeful, integrated, and strength-based way, a truly no wrong door approach. Each county has been able to support this endeavor by working with leaders and champions from our local provider systems to support the change. This approach has been well received and sustained, with very limited investment of resources. However, there is work to be done as many integrated programs, such as crisis call centers and crisis stabilization centers, continue to serve disproportionately low numbers of individuals with substance use disorders and other complex needs.

We have learned a lot from this process and made significant progress at the local level. We understand the importance of convening local partners beyond our OMH or OASAS licensed programs that are regularly involved with our shared clients. We recognize that co-occurring conditions are an expectation in all settings, so relying simply on special programs or special staff will not get our system where it needs to go. We have started to build a co-occurring framework in our region and some areas where we have already made progress are: including language specific to our expectations for a no wrong door philosophy and capacity for integrated care in our contracts; creating a supportive structure that tracks performance outcomes and supports our provider systems to improve its capacity to serve individuals with co-occurring complex needs; and, offering county specific provider orientations to foster excitement about providing co-occurring integrated care while simultaneously introducing them to best practices.

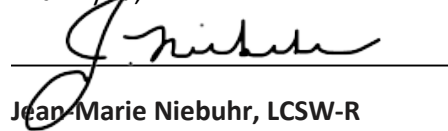
What is our request? We are recommending that representatives of our regional integration implementation effort be invited to the decision-making processes where the exciting work of planning and supporting integration is taking place. As county leaders, we know how to help this to happen on the ground and we are hoping to share our knowledge to help the state processes to be more effective and efficient.

In particular, we have learned a lot about how to overcome existing barriers and developed ideas about improvements that can facilitate our collective goals. We know how our efforts can be enhanced through shared learning and resources, coordinated efforts, regulatory support, and the elimination of unnecessary barriers. We can suggest ways in which new resources can be dedicated to helping counties in the Mid-Hudson Region, as well as other counties that have not yet started down this path, have the flexibility to use resources for this type of capacity building and system improvement. This will allow counties to leverage existing resources more effectively for the people we are already serving, rather than trying to work around systems that were designed during a time when the prevalence of co-occurring needs was not fully understood.

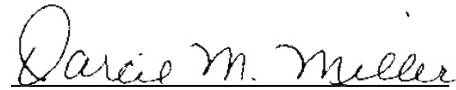
We implore you to take advantage of our local knowledge and existing local relationships. Our LGU's are willing and able to participate consistently, so we can support you in preventing duplication of efforts and maximize the positive impact of every dollar put into the system for those we serve. We look forward to supporting our state partners in creating a framework for integrated care with consistent messaging on the availability of integrated services state-wide.

Thank you for your attention to this important issue. We invite you to meet with us and learn more about our work and our commitment to continued progress. We look forward to scheduling our first meeting with you to discuss designing an integrated system where people with co-occurring needs are welcomed, engaged, inspired, and provided integrated help whenever and wherever they present.

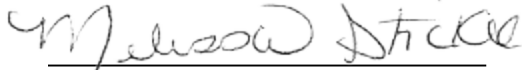
Thank you,




**Jean-Marie Niebuhr, LCSW-R**  
Dutchess County Department of Behavioral  
and Community Health  
Deputy Commissioner  
Director of Community Services



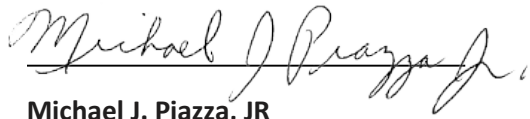
**Darcie M. Miller, LCSW-R**  
Orange County Department of Social Services  
Orange County Department of Mental Health  
Commissioner  
Director of Community Services



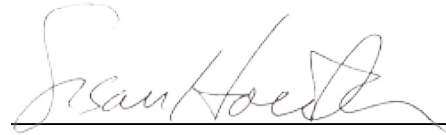
**Melissa Stickle**  
Sullivan County Department of  
Community Services  
Director of Community Services



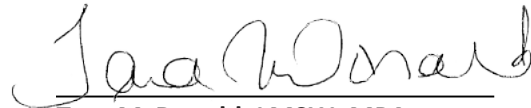
**Michael Orth, MSW**  
Westchester County Department of  
Community Mental Health  
Commissioner  
Director of Community Services



**Michael J. Piazza, JR**  
Putnam County Department of Social Services  
and Mental Health Commissioner  
Director of Community Services



**Susan L. Hoerter, D.O.**  
Rockland County Department of Mental Health  
Acting Commissioner  
Director of Community Services



**Tara McDonald, LMSW, MPA**  
Ulster County Department of Mental Health  
Commissioner  
Director of Community Services

From: Ralph DeRigo  
Sent: Thursday, August 25, 2022 7:59 AM  
To: oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>  
Cc: Alexis Pharm <truthpharm@gmail.com>  
Subject: Not Your Money.!

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Who is the state to take money allocated for families of lives lost and those who are struggling to heal. It's bad enough there's been no real state or federal assistance for the opioid epidemic. Is the state now compelled to prey on the people who fought to ease the pain and suffering by obtaining a settlement. Has pharma not done enough damage for years to come.? It's time now to start righting the wrongs.

If a board established to best help those impacted allow the state to take what they want then who does the board serve.

To view what looks and sounds like nothing other than criminal is criminal.

The state is not entitled to a dime of this settlement money. If they feel they want some then let the state establish a claim against .pharma. That has nothing to do with this. Yes let Albany take there asses to court with a claim. It's insulting to me and the families now victims to know their child's death was to profit the state.

How best can the money be spent,? I can't say but I'm pretty sure that falls upon you the appointed. All I can say is my child is gone so at the very least do your job or step aside so another can.

NYS's children did not die for profit and none should be made.

**From:** Robin Hill <[rhill@livingadk.org](mailto:rhill@livingadk.org)>  
**Sent:** Thursday, August 25, 2022 10:21 AM  
**To:** [OSFAdvisoryBoard@oasas.ny.gov](mailto:OSFAdvisoryBoard@oasas.ny.gov) <[OSFAdvisoryBoard@oasas.ny.gov](mailto:OSFAdvisoryBoard@oasas.ny.gov)>  
**Cc:** Toby Lindfield <[tlindfield@townofinletpd.com](mailto:tlindfield@townofinletpd.com)>  
**Subject:** TruNarc Device Funding Opportunities

Good morning! Our non-profit organization Central Adirondack Partnership for the 21st Century, Inc. (LivingADK), located within the Town of Webb, NY, was approached by our adjacent community Police Dept., in the Town of Inlet (Hamilton County, NY) for assistance in locating possible funding to purchase a TruNarc device to be used by the Inlet PD. This year alone, the Inlet Police Department processed a Fentanyl overdose and Fentanyl drug bust. However, they had to borrow a TruNarc device from the Lewis County Sheriff's Dept. to safely handle the drugs during the testing/verification process in a timely manner.

These devices are very expensive for small rural Adirondack police departments to purchase. Is it possible that any of the Opioid Settlement Funds can be utilized to assist the Town of Inlet in purchasing this device? Any directives or initiatives you can share would be greatly appreciated. Thank you for your time and consideration.



**Robin Hill**  
Executive Director  
[Visit our website](#)  
315.369.3353  
P.O. Box 642, Old Forge, NY 13420

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September 12, 2022

To the Opioid Settlement Advisory Board Chair, Co-Chair and Members:

I write on behalf of the Legal Action Center (“LAC”) with serious concerns about the structure of the Settlement board and the pace at which it is developing recommendations for the use of Opioid Settlement dollars in New York.

LAC is a national non-profit organization that uses legal and policy strategies to fight discrimination, build health equity and restore opportunity for people with arrest and conviction records, substance use disorders, and HIV or AIDs. For five decades, LAC has been working to achieve equitable, accessible, and affordable services for people with substance use disorders (SUD) and people who use drugs (PWUD).

Since the litigation against the various opioid manufacturers, distributors, and others first began working their way through the courts, LAC has been working to ensure any funds from those suits be used exclusively to enhance access to treatment, expand harm reduction and recovery services and ultimately save lives now. In 2018 as part of the Addiction Solutions Campaign, we released [recommendations](#) for how funds from the opioid litigation should be used. In 2021, LAC was part of a coalition led by Johns Hopkins Bloomberg School of Public Health that released [principles](#) to guide states in spending settlement dollars. We contributed to the Legislative Analysis and Public Policy Association (LAPPA) [model legislation](#). We worked with colleagues in New York to advocate for the legislation that established the Opioid Settlement Fund and created the Opioid Settlement Fund Advisory Board that is currently tasked with making recommendations for how the fund will be spent.

We have watched the proceedings of the Board meetings with deep concern. We are especially troubled that the composition of the Advisory Board does not meet the statutory obligation to be balanced and diverse, “representing the geographic regions and the racial and ethnic demographics of the state as well as those with lived experience of a substance use disorder. The board has within it the power to make efforts to meet this goal. Section 6 of the [revised bylaws](#) approved by the board includes a requirement for an annual assessment of the balance and diversity of the board with the ability to make recommendations. The first assessment should be done this year so that immediate steps can be taken to conform with your own bylaws. If legislative changes are needed to address how appointments are made to address this, the Board should formally relay that recommendation to the Executive, Assembly and Senate through a formal correspondence

LAC continues to be deeply committed to ensuring the Opioid Settlement Fund is used exclusively to equitably expand access to prevention, treatment, harm reduction and recovery services. We are concerned that the Advisory Board may not meet the November 1<sup>st</sup> deadline to submit recommendations for how the money should be allocated by the legislature. There is no doubt that delays in finalizing the legislation that created the board have contributed to a delay. But now that the board is fully constituted, every effort must be made to focus explicitly on

getting these critical recommendations finalized. Failure to do so could jeopardize the use of this funding this year and potentially in future years.

For the next two months, the board must work to finalize recommendations to the legislature and the Governor that are comprehensive and specific so that there are no open questions as to how board recommends that the funding be spent. The board should outline the types of evidence-based programming that the board has determined will achieve a reduction in overdoses as well as specific ways to fill existing geographical and other service gaps.

Further, the board has a responsibility to complete an equity analysis for all recommendations to explain how each recommended item of spending will address the abysmal record in the state of adequately serving Black and brown individuals. The data presented by OASAS on August 29<sup>th</sup> showed just how extreme the disparities are for Black individuals, both in overdose rates and in access to care.


The rubric introduced by Dr. Justine Waldman on 8/29 seems an excellent starting point for determining the current gaps in services and identifying programmatic needs with sufficient specificity. The rubric divides services into categories and then further breaks down certain characteristics of program including the harm they work to alleviate and where current gaps exist. Using this rubric will allow the board to analyze service system needs, rank them by importance, and fit them into the final recommendations. If the board determines there is an alternative way forward, that can always be adopted next year when there is more time before the deadline.

This funding presents a critical opportunity to not just inject dollars into the addiction treatment system, but to use those dollars to make long-necessary reforms by prioritizing evidence-based services that are shown to save lives.

Sincerely,



Paul N. Samuels  
Director & President



Tracie Gardner  
SVP of Policy Advocacy

Hi! I am Kim Durkee. I am a mother with two daughters with substance abuse disorder. I have other family members who also struggle. I work as a RN. I case managed injured workers for Workers Compensation during the day and supervise two nursing homes in the evening. I have experienced multiple situations with my daughters. It is time to "Think outside the Box" and rethink how money is being utilized. As a mother, I have experienced the problems with many areas. As a RN, I have seen the problem in the work area too.

Jail: My oldest daughter has been in jail multiple times. Since, she was in drug court, she would go to jail each time she relapsed. Then, she would go to treatment, get kicked out for various reasons, send her back to drug court and she goes back to jail. She did not receive any medications for her mood disorder while in jail. Broome County Jail does not have AA or NA meetings, visitation over 2 years or any assistance. The jail makes money with commissary, phones and tablets. I tried to call the medical department several times and receive minimal input. I left messages with Sheriff Harder without any responses. There are no hotlines to call, no one investigates the complaints, or no one reviews the medical department.

Inpatient Treatment: My daughters have been to treatment in Michigan and multiple places in New York. When my daughters went to Michigan for treatment, the facility did an assessment over the phone, and everything was arranged. In New York, an assessment must be done in person. Assessments are done with limited hours during business office hours. Assessments are not done on weekends, off hours or have longer hours. When someone wants



to go to treatment, delays occur while waiting for an assessment. Telehealth can be another option to be used. If someone needs treatment, it is better to get them in sooner vs later.

Before the legal system was involved with my daughters, Truth Pharm helped me get the girls into treatment, made the calls and got the help they needed. When I called, would not receive any return calls and if I did get a return call, it was days later. The legal system does not give options, they want you to sign papers to go somewhere but often do not explain to the inmate.

Some places are great like Samaritan Village because they offered medical, dental, mental health, self-care like getting haircut, jobs were assigned to do at the treatment center. Other places like Cayuga Addictions Services would not follow up with up with phone calls even when a health home advocate called or with when I called to asked about dropping off clothes. I then bought clothes because she gained weight while in jail. I drove to Cayuga, and they would not let her try clothes on while I was there so I could return them if they did not fit. I paid over \$300, and they did not care. They did not give her a list of rules prior to going there like other places do. They discharged her because she was fighting with someone over what channel to watch on television. I spoke to the person in charge but was dismissed and displayed a lack of concern.

I supervise Nursing Homes; they are inspected yearly by the NYS Health Department. Family or a patient can file a complaint. The complaint is reviewed and investigated. Treatment Centers do not have the same.

My niece was in jail multiple times, never offered any treatment options. I helped her to get into treatment, told her who to speak to in the jail. She was placed into treatment in the beginning of the pandemic. She was there for 14 days, given Suboxone and discharged. She has never returned to any treatment again.

There is no follow up with treatment after 1 month, 3 months, 6 months or a year. My niece is in active addiction with on-going medical issues.

Outpatient treatment: Both of my daughters have been in outpatient treatment. My youngest daughter had minimal issues. My niece was not offered outpatient services after inpatient. My oldest daughter has had great advocates for her situation however this last time was awful. The counselor had two meetings, the first one I was involved with the meeting and gave many suggestions and was received well. The counselor did not like my daughters progress and decided to have a second meeting, then nobody was there to advocate for my daughter. The meeting was about her, and she was not allowed to speak regarding her situation. Drug court, supportive living representative, counselor and counselor's supervisor were all present. This meeting occurred on a Friday, and she was not notified until Monday at her apartment by the supportive living representative. She was discharged from Addiction Center of Broome County and did not receive any papers with documentation stating why she was discharged. She had no say in anything. Her attorney was not present, health home advocate or my daughter or her support. Then, she was informed to go to New Horizons for an assessment to start from the beginning. New Horizons contacted ACBC and was given their side of the situation regarding her medication and care. However, her primary care physician ordered the medication, and no one would contact her physician to review the medications

even when a release was signed. New Horizons was not given accurate information vs doing an assessment based on my daughter's history. Based on this information, supportive living decided to discharge her from housing. My daughter did not have anywhere to go, she is now at my house. I do not receive any extra funds. I called Oasis and Champ program. Both programs called back but not right away. The best advocacy was with Truth Pharm, Courtney Hayes and she helped my daughter. ACBC overturned the ruling. However, she lost housing and has a tainted status with New Horizons.

OASIS: I have called the complaint line a few times. Messages were left and received return calls the next business day. When they call back, not sympathetic, not friendly and they act like you are bothering them. They want to speak to the Substance User however most of the times they are in jail or treatment and cannot use the phone. This is not helpful. If the person can call, they must leave a message, but a lot of times they do not have a phone, or they must borrow someone else's. What is their role in the review process? Complaints are called but have not seen anything in writing.

Housing: My youngest daughter did okay with supportive living but there was a lot of broken rules by the roommate. The roommate would stay out all night even though there was a curfew. Roommate would have the boyfriend stay overnight multiple times. There was no drop in curfew checks. My other daughter was kicked out of housing x 2. First time she was back to active addiction. Second time she was given a 30-minute notice before DSS closed. She now lives with me because she was given temporary options with her belongings remained in the apartment over a week until she was able to make an appointment to pick her stuff up. She was

kicked out based on assessments from New Horizons where she was told to go after being kicked out of ACBC. If I were not supportive or around, she would be homeless.

There is not enough supervision in the Fairview Supportive Living. Her roommate had another person stay in the apartment at night. Then, medication came up missing on both people living there. They were afraid to report due to being kicked out and roommate did have any place to go. When, my daughter moved into this apartment, there was cat waste in the room on the floor, it was dirty and unkempt with mold around the bathtub. The first apartment had not been cleaned either and kitchen items were missing like silverware and dishes. Repairs are not done after someone leaves. Many things are broken like furniture, beds, lights, toilet and list goes on. Education is not given on cleaning, cooking, time management or paying bills. When my daughter was kicked out, she asked for an appeal. I was not allowed to come in with her to be supportive. I was told this is the "Oasis Regulation" How often are facilities being assessed? If another agency came in to assess the work of another location like Truth Pharm this might be beneficial. There are not a lot of options for housing in the area. No Halfway housing for people who need more supervision. Why can't someone get a 30-day notice vs 30 minutes.?

Stigma: I hear multiple times this person is a junkie; they are a lost cause, and they only want drugs. This comes from all various people including health care professionals. When someone is not educated on this disease and make comments to someone who already feels bad and a failure. Then, the substance user will avoid care, sign themselves out against medical advice and avoid daily life activities. Some people have suicidal thoughts. My niece had abscess on her neck and had to have surgery. She had the surgery and then she would not receive any pain medication because she labeled in the hospital and signed herself out of the

hospital. She is also Hepatitis C and refuses to get treatment even when I try to give information.

I have seen nurses get fired because of stealing narcotics. Then, their license is at jeopardy, they do not want to talk to anyone. Facilities have reached out to me for resources, Truth Pharm and other resources have been given. Truth Pharm has offered to do Narcan training at these facilities.

I am a RN, and it is mandatory to have Child Abuse and Infection Control for my license. Substance Use Disorder should be another mandatory requirement.

Drug Court: My daughter has been terminated from drug court and will be sentenced in October. This program is very biased. The drug court requires releases to talk to their mother. Release is helpful when drug court needs to ask you about something but if you have a question, no response or return call. One person runs things and tells the judge but the person on drug court is not allowed to speak to the judge. Drug court does not have the facts regarding treatment, discharge or medications that interact with drug tests. Lamotrigine can cause a false positive drug test. Drug court reported to the judge my daughter had a positive drug test. Fortunately, my daughter had another drug test the same day to have the urine analyzed and was negative. Drug court was not prepared for housing when my daughter was discharged the last time from treatment, and she had to stay with me because jail was one of the options again.

Last time, my daughter was in treatment, she had to give a presentation and she wanted to go to Rochester to live in a halfway house for more support. She did a power point and

wanted to be around the deaf community. My daughter was working on her bachelor's degree for Sign Language. She was denied. She wanted to get out of the Broome County area instead of returning to the same people and location.

Probation: My youngest daughter was on probation and her officer was responsive, listened and followed up with her treatment. However, this is not consistent with everyone. Follow up care is not consistent with everyone. My daughter had a boyfriend who was on probation and was doing inappropriate actions and could not leave a message regarding a concern. My niece also wanted me to call and speak to probation after signing a release. I left a message and no return calls. What is the follow up? What is the success rate after 6 months or 1 year? Punishment is not consistent, some with a DWI charge have Intoxalock in their cars but cannot drive the car. It is very expensive between installation, maintenance and keeping the battery charged especially during cold weather. Other people have an ankle bracelet.

Family Support: There is not a lot of support for families. I got information from a man who was provided work on my house. Alexis Pleus name was being recognized in the community for helping families. Word of mouth in the community is that Truth Pharm is the place to get help without hoops and delays. Parents are embarrassed and do not understand how this problem happens or starts. A lot of times, we are shut out of information even though we are holding the bags like student loans that are co-signed and some parents are raising grandchildren. There are safety issues to consider when some is actively in addiction. I have changed the locks multiple times, cameras are around my house, multiple things have been stolen and broken. Classes helped me understand the confusion.

Active substance use is a disease just like cancer, diabetes and asthma. **Must think outside the box** with assessing programs and funding resources that are not working.

Community Programs are people who can check on someone who is on the radar and who is afraid to get care and needs help.

Who is the “Captain of the Ship” Who is overseeing each individual? The definition of success should be individualized and expanded out and reviewed. How is this person at 1 month, 3 months, 6 months, and 1 year? Why are we doing the same things over and over with the same results!

**THINK OUTSIDE THE BOX!!!!!!!!!!!!!!**

Thank you for your time. Please feel free to contact me if you have any questions at 607-321-3130.

Kimberly Durkee





**From:** Kellie Roe <kellie@scoalbany.com>  
**Sent:** Thursday, October 6, 2022 2:29 PM  
**To:** oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>  
**Subject:** Suggestion

You don't often get email from [kellie@scoalbany.com](mailto:kellie@scoalbany.com). [Learn why this is important](#)

**ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.**

Good afternoon,

I run a recovery community center in Albany, Funded by a SOR grant through OASAS. But it is Federal dollars.

We were funded in 2018 for \$350,000, since then our budget has been cut to \$250,000 without explanation. We have been successfully running the recovery community center for three years without any increase. So our agency is now supporting all of the center's activities, and over 20% of salary cost. We have had the same employees working for us since the beginning and no one is going three years without a raise.

Our volume of services has continued to increase over the same time period.

The Recovery Community Centers have become a perfect continuum of care for the treatment structure, we also get people into treatment, provide transportation, and provide life skills for clients to fully integrate from treatment into a life of recovery. We also provide harm reduction services.

We need to be fully funded for a time period of five years, with out having to redo the annual budget exercise. We need to be able to focus on the work at hand. Or three year contracts with two year options to renew, with an annual CPI increase at the very least.

We all need the flexibility to run programs as our community demands and not remain handcuffed by money. I also think that each recovery community center should have its own training budget, that we get to spend on training in the communities where we exist. Where we can recruit members of the recovering community to not only take the CRPA training but that can then volunteer at the community center getting the hours required to take the test.

Sincerely grateful,  
Kellie Roe  
Executive Director

518.489.1929 Office  
518.857.6335 Cell  
518.729.4211 Fax  
[Kellie@SCOAlbany.com](mailto:Kellie@SCOAlbany.com)

**From:** Katelin Arnold <KArnold@Helio.health>

**Sent:** Friday, October 7, 2022 1:42 PM

**To:** oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>

**Subject:** Distribution of Opioid Settlement Funds

My name is Katelin Arnold, and I have worked at the Recovery Center at Helio Health for over four years. The Recovery Center is one of over 30 Recovery Community and Outreach Centers (RCOC) in New York State. Each RCOC tailors its services to the community it serves and provides such recovery-oriented programs as Peer-led supports, harm reduction tools, Narcan training, employment services, sober holiday and leisure activities, mutual aid meetings, family supports and education, linkages to treatment and other community resources, and so much more. The Recovery Center is open 365 days a year with evening, weekend, and holiday hours to serve those in or seeking recovery as well as their family and friends. With so few recovery resources in our community, the Recovery Center fills a gap for individuals in recovery that may not have other safe, sober, welcoming environments to choose from.

Recovery centers, like the one at Helio Health, have so much potential but are limited by funding opportunities. We are currently funded through SOR dollars but do not know from year to year if funding will continue. Whereas funding seems to be available for prevention and treatment, recovery services need sustainable funding so we can fill the huge gap that exists between treatment and long-term, sustained recovery. Recovery is the end goal after all, isn't it?!

The Recovery Center served 923 unique individuals in 2021 for a total of 6,553 visits! We have outgrown the space that we fill in the basement of a building, and due to lack of available capital funding, have been unable to move to a larger space, although we know we could be serving more people and families in the recovery community if we had the additional space and resources.

I have attached a brochure and calendar of events so you can see what the Recovery Center is all about. As the voice of the participants who benefit everyday from coming through our doors, I strongly urge you to set aside a large portion of opioid settlement funds for recovery services, specifically RCOCs like the Recovery Center, with additional money for capital projects.

**Katelin Arnold, CASAC-T, CRPA, NYCPS**  
*Program Director*

Helio Health  
The Recovery Center  
714 Hickory Street, Syracuse, NY 13203  
O 315.701.1518  
C 315.480.8135  
F 315.474.5514  
[www.helio.health](http://www.helio.health)

**Timothy Hunt, PhD, MSW**  
School of Social Work  
Columbia University  
Associate Director  
Social Intervention Group  
October 14, 2022

# **Reducing Opioid-Related Deaths: Lessons Learned from the HEALing Communities Study (HCS) to inform planning for New York State**



# Acknowledgments:

We recognize the enormous contribution of hundreds of community coalition members and their implementing partners in the HEALing Communities Study (HCS) 16 NYS counties, and the over 200 investigators in our 4 state partnership (Kentucky, Massachusetts, New York, Ohio) along with 40 investigators from NYS with Columbia University and our partner universities City University of New York, Weill Cornell Medical College, New York University School of Medicine, University of Miami and Yale University, as well as our state community advisory board and critical state agency partners.

The research discussed is supported by the National Institutes of Health through the NIH HEAL Initiative under award number: UM1DA049415. PI, El-Bassel. The ClinicalTrials.gov Identifier for the study is NCT04111939

# Partnerships: Government and Universities

- NYS Office of Addiction Services and Support (OASAS)
- NYS Department of Health (NYSDOH)
- 16 Health or Mental Health Commissioners
- Columbia University
  - School of Social Work
  - Psychiatry/New York State Psychiatric Institute
  - Mailman School of Public Health
  - Data Science Institute
  - Information Technology (CUIT)
- Albert Einstein College of Medicine/ Montefiore Medical Center
- City University of New York
- Weill Cornell Medical College
- New York University School of Medicine
- University of Miami
- Yale University



# This Presentation Covers:

HEALing Communities Study (HCS): a community engagement (CE) data-driven approach for the deployment of evidence-based practices (EBP) in 16 NYS counties

Communities That HEAL Intervention: a evidence-based model for community engagement, tools and methods for focused decision-making, and sustainable EBP strategies to reduce OD deaths

Preview data visualizations for localized and state level data to inform the epidemic and the REACH of strategies for monitoring and evaluation, with emphasis on BIPOC communities

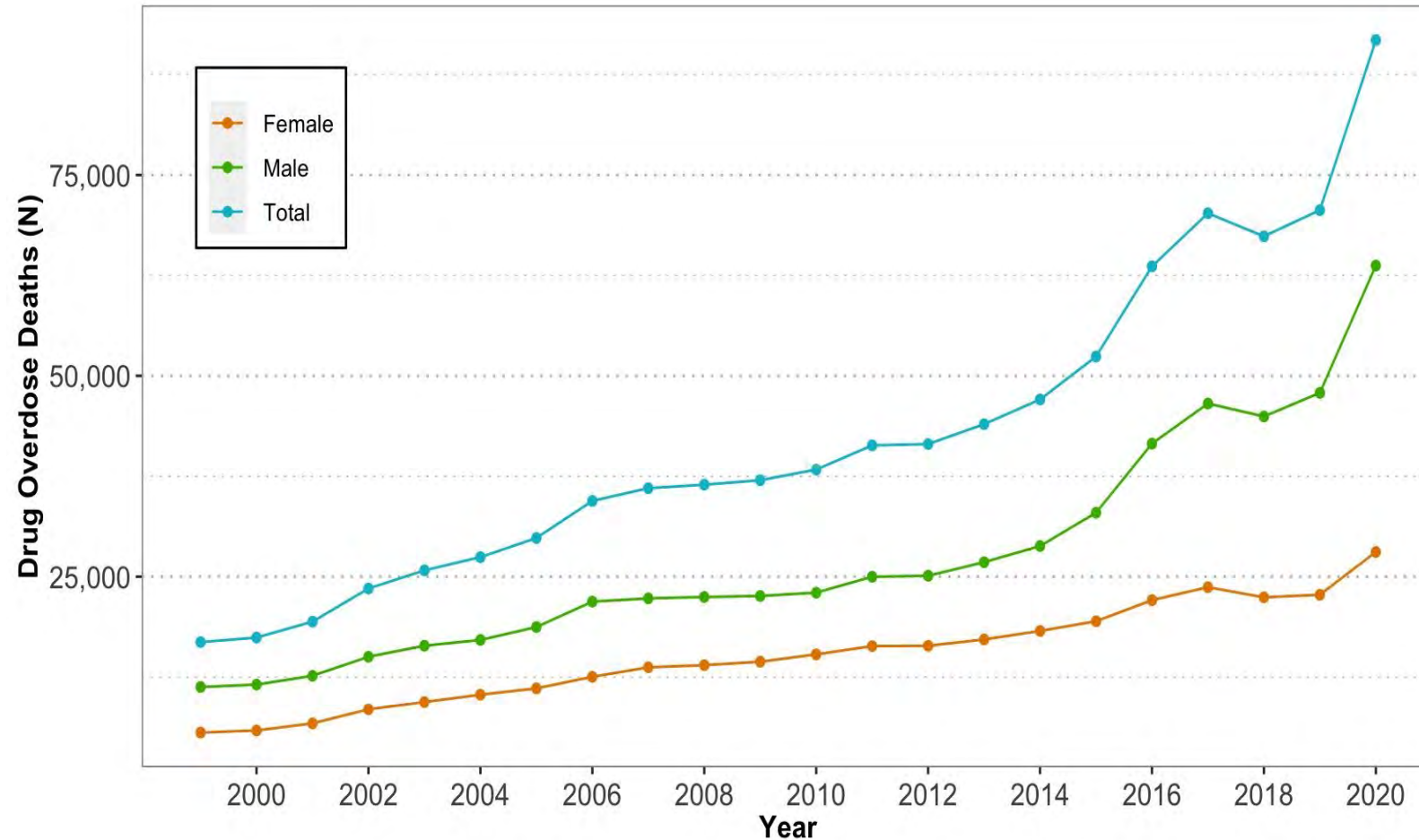
Lessons learned from deployment of EBPs to reduce opioid overdose deaths

- Health care settings providing MOUD and linkages to care
- Expanding Naloxone distribution and harm reduction led outreach
- REACH metrics expanded to include demographics to improve unique strategies to engage BIPOC individuals at risk
- Communications campaigns to reduce stigma



# National Drug-Involved Overdose Deaths

Number Among All Ages, by Gender, 1999-2020



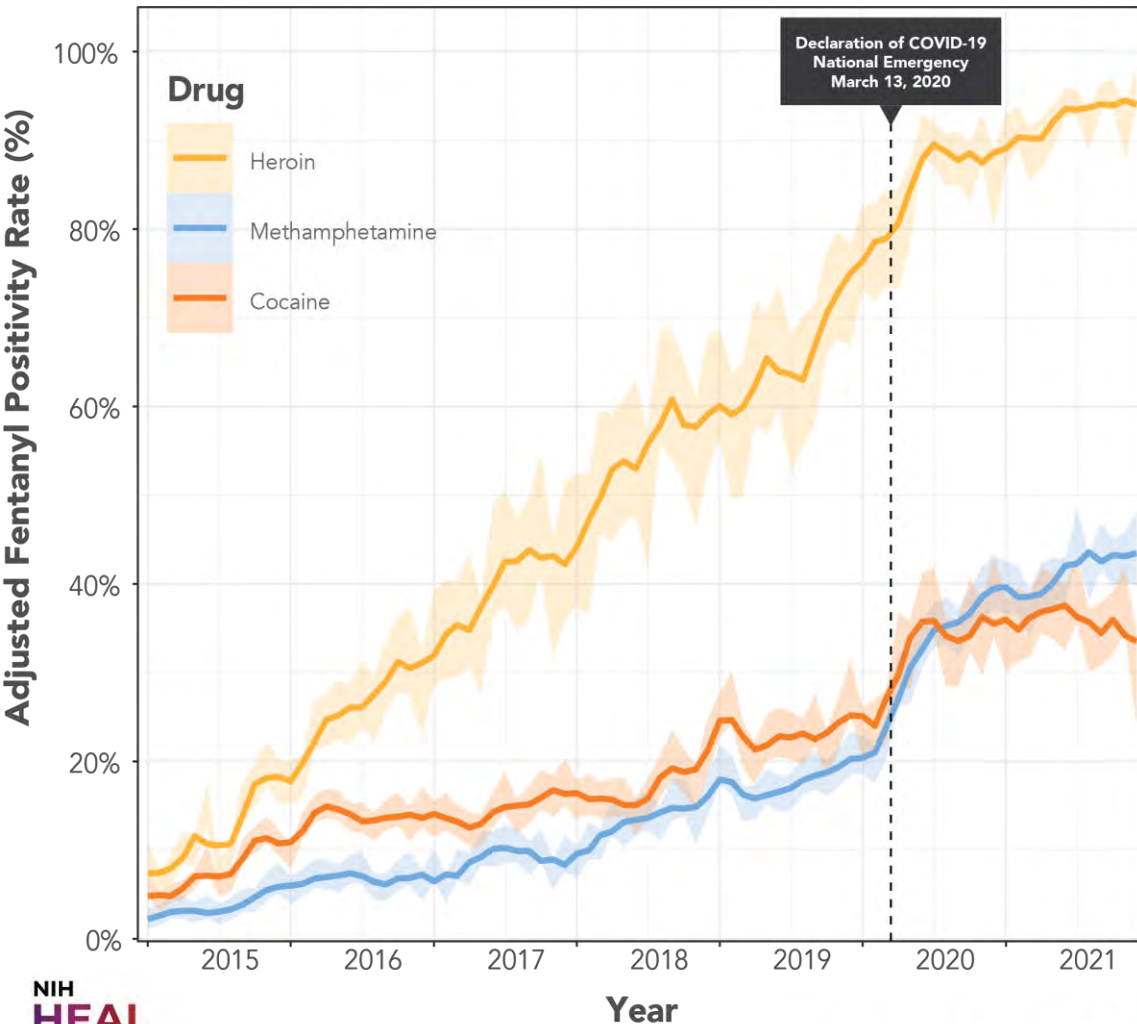
Drug overdoses have killed almost one million people since 1999

In 2020, over 100,000 people died from drug overdoses, an increase of 30% since 2019

\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

# Fentanyl Mixed with Heroin, Methamphetamine, or Cocaine

Urine Drug Testing (UDT) by Millennium Health, which monitors drug use nationally

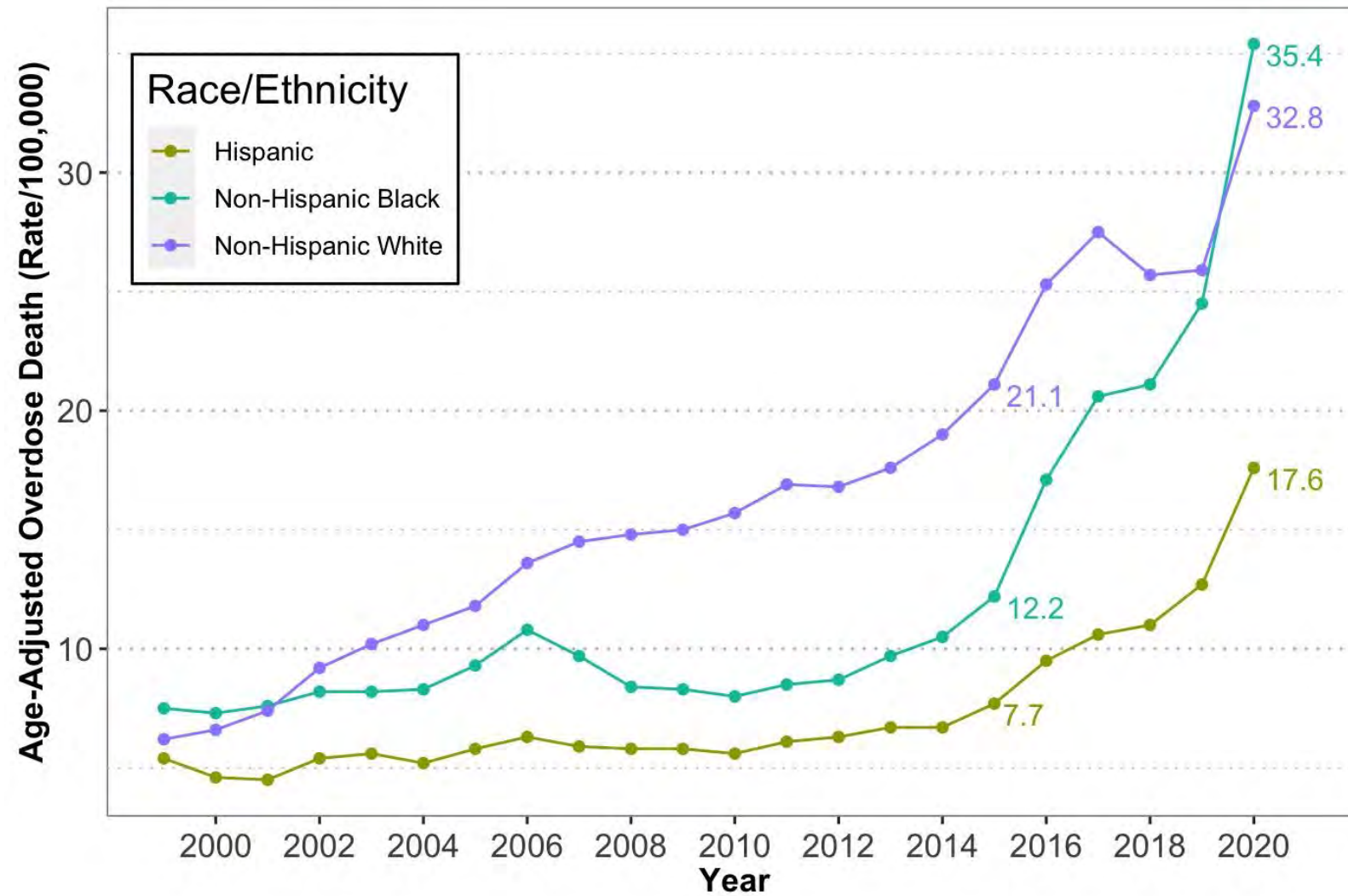


**Between 2019 and 2021, use of illicit fentanyl increased by:**

- 155% in individuals who used methamphetamine**
- 81% in individuals who used cocaine**
- 42% in individuals who used heroin**



# Fourth Wave of the Opioid Epidemic: Race/Ethnicity



- Drug overdose deaths are on the rise for all populations
- The rates of drug overdose deaths among Non-Hispanic Blacks are increasing the fastest
- Non-Hispanic Blacks: 12.2 to 35.4 per 100,000 (190% increase from 2015-2020)
- Hispanics: from 7.7 to 17.6 per 100,000 (130% increase from 2015-2020)
- Non-Hispanic Whites: from 21.1 to 32.8 per 100,000 (55% increase)

# Opioid Settlement Funds Advisory Board Priorities: Fully Aligned with the Communities That HEAL Intervention

- Focus on improvement access and quality
- Regional approach
- Integration to include public health and mental health approaches
- Data informed, data driven
- Money allocations will follow people
- Evidence based/proven best practices and promising practices
- Workforce plan, capacity building and investment
- Support services to include community based long term peer involvement and support for families
- DEI lens with a focus on underserved and challenging populations
- Social determinants, transportation, housing
- Harm reduction
- Overdose Prevention Centers
- Underserved, unserved, equity
- Vulnerable Women- pregnant +/- children
- Treatment
- Legal services for sustainability
- Does the intervention/service remove a barrier?
- Telehealth

# HEALing Communities Study

**April 2019:** Funded by NIDA

**\$350 million:** NIH's largest community-based research study

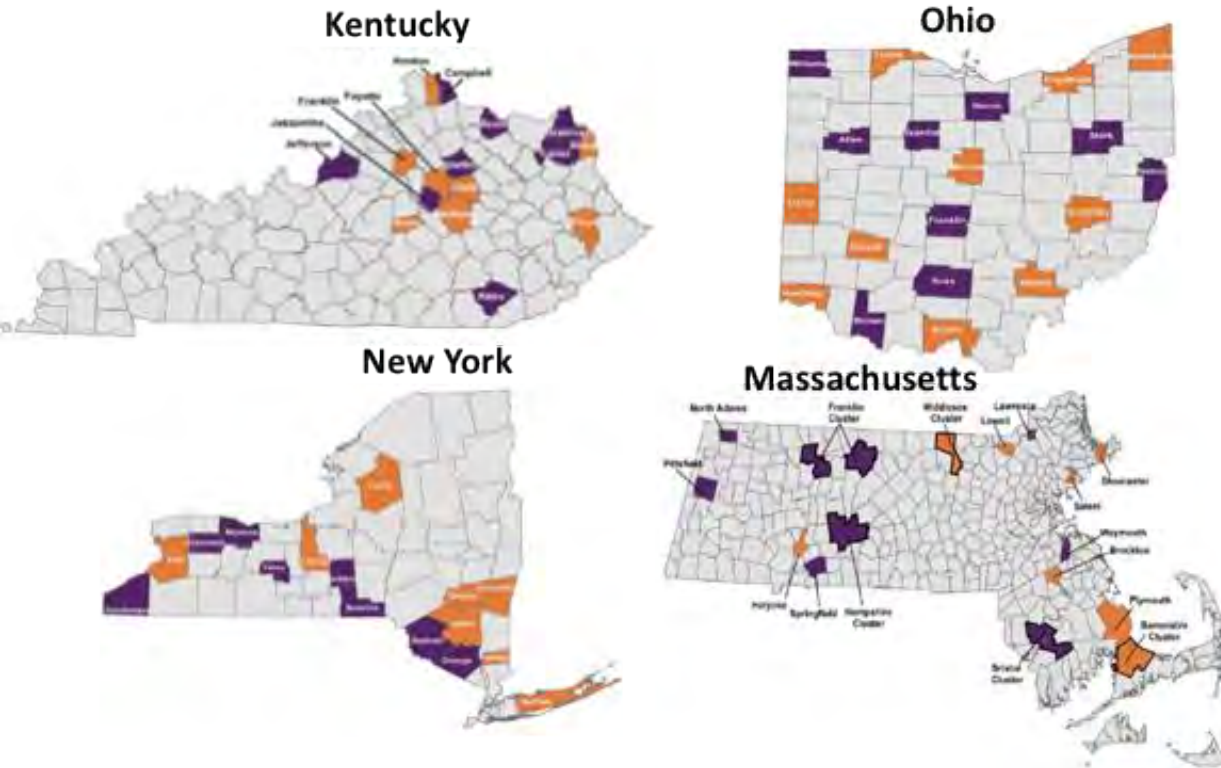
**67 communities:** Implemented in 4 states

**10 million:** Total population

**Goal:** Reduce overdose deaths by 40% over 3 years

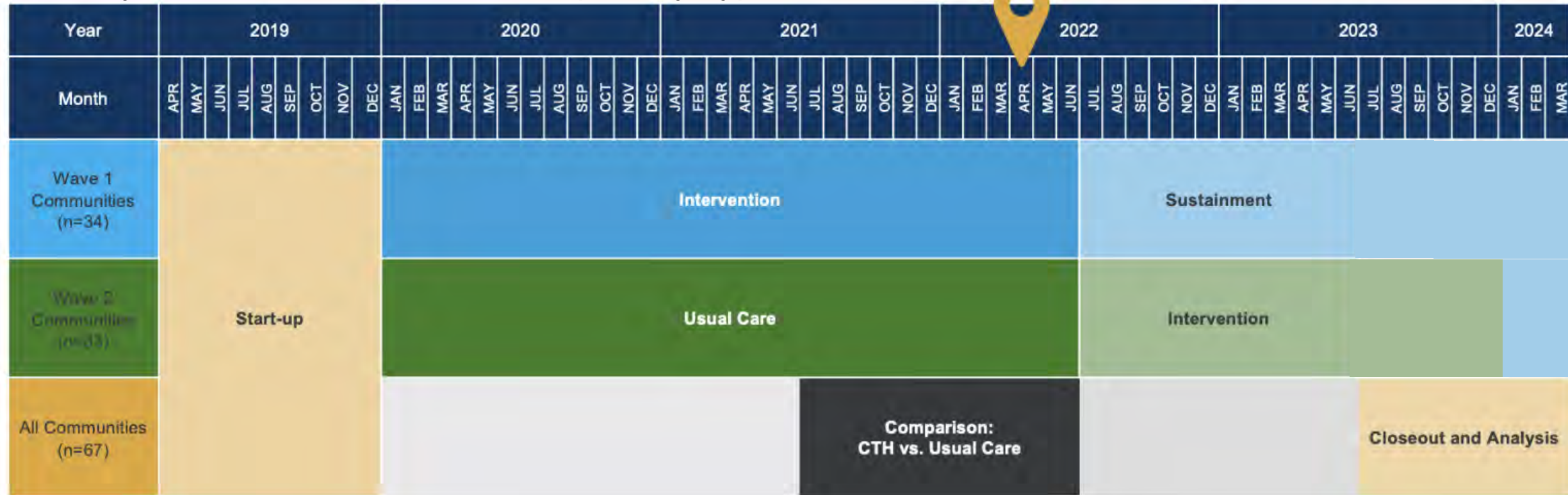
## Secondary outcomes:

- Increase naloxone distribution
- Increase access/utilization of MOUD
- Decrease high risk opioid prescribing



# HEALing Communities Study Design

- Multi-site, parallel arm, cluster randomized, wait-list controlled trial
- 50% of the 67 counties randomized to the intervention arm (wave I) or to wait-list (wave II)
- Study's outcomes compare for the primary hypotheses between wave I and wave II



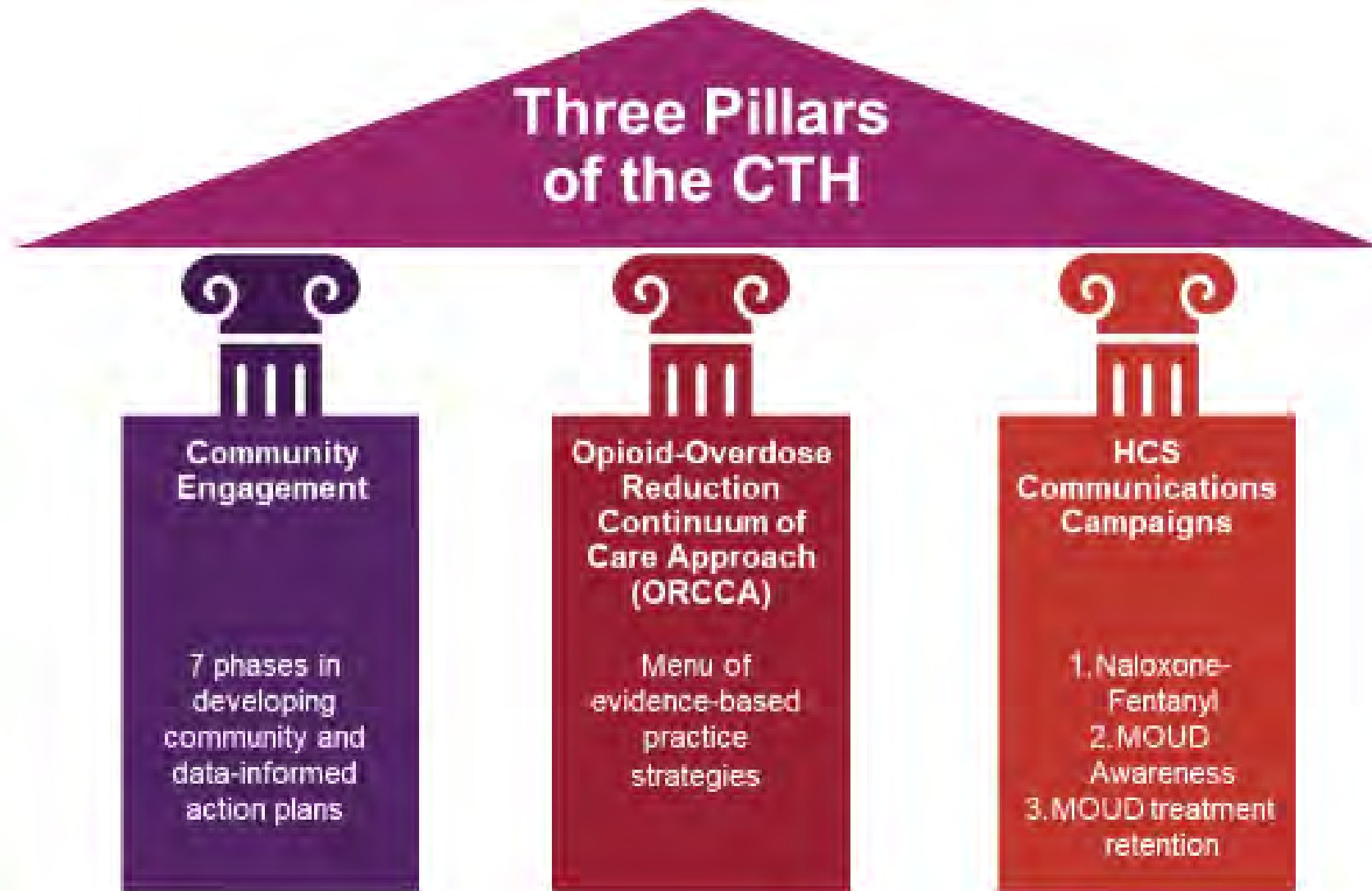


# Communities that HEAL Intervention (CTH)



- Coalitions charged with deploying data-driven evidence-based practices for 2 years
- 15 to 40 members in each coalition. Data manager/expert and a coordinator for each county as members of the coalition
- Policymakers, health and substance use providers, people with lived experience, family members of those lost to overdose, BIPOC representation, local government leaders

# CTH core elements

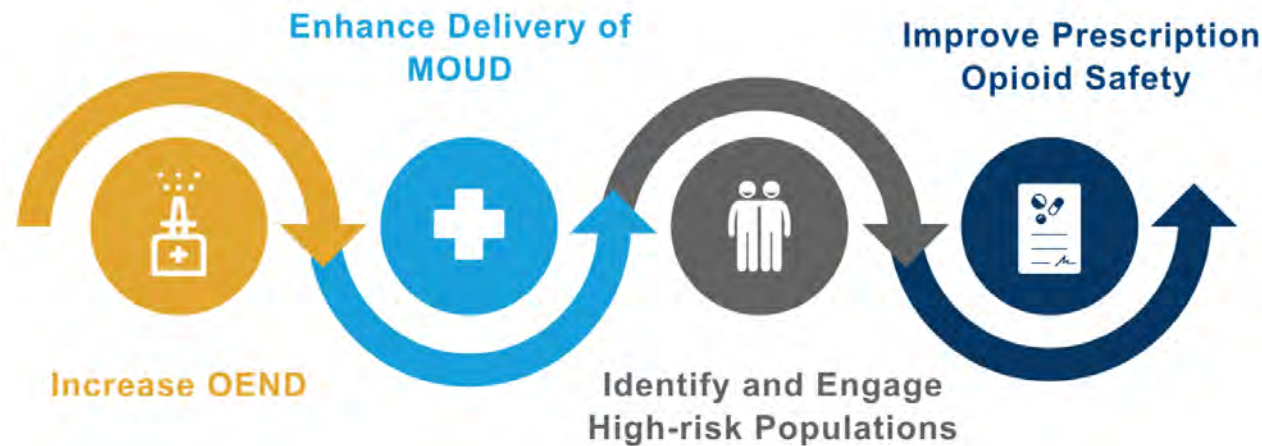


# Communities That HEAL Phases



# Coalitions are required to focus on at least four EBPs

1. Expand overdose education and Naloxone distribution
2. Improve access to MOUD treatment
3. Safer Opioid Prescribing for acute pain across all healthcare systems (Inpatient services, Emergency/Urgent Care, Outpatient Clinics, Ambulatory Surgery, Dental Clinics)
4. Reduce stigma against people who use drugs, those on MOUD, or who carry Naloxone





# Engagement Across Multiple Sectors

## Health Care

- EMS
- Emergency Depts.
- Hospitals
- Health Departments
- Pharmacists
- Primary/Specialty Care

## Criminal Justice

- Pre-trial programs, Drug Courts
- Correctional facilities, Police Departments
- Probation/parole, Halfway Houses

## Behavioral Health

- SUD Treatment
- Social Services
- Mental Health Treatment
- Shelters, Harm Reduction Programs

Winhusen, T., Walley, A., Fanucchi, L.C., Hunt, T.... Chandler, R., 2020.

# NYS Community Advisory Board

Brings perspective to the Study Team in the areas of:

- Key stakeholder allies in implementation & sustainability
- Representation:
  - highest levels of government & industry groups
  - leading voices of people & families with lived experience
- Critical to building a statewide culture to support HCS
- Ready partner in identifying and resolving barriers
- March meeting featured MOUD in jails/prisons panel

Dashboard & Metrics
Ethical Issues
Health Equity
Dissemination of Findings
Data Driven Resource Allocation
Community Engagement Strategies
Emerging Trends
Potential Program Changes
Policy Gaps & Changes
Sustainability Strategy



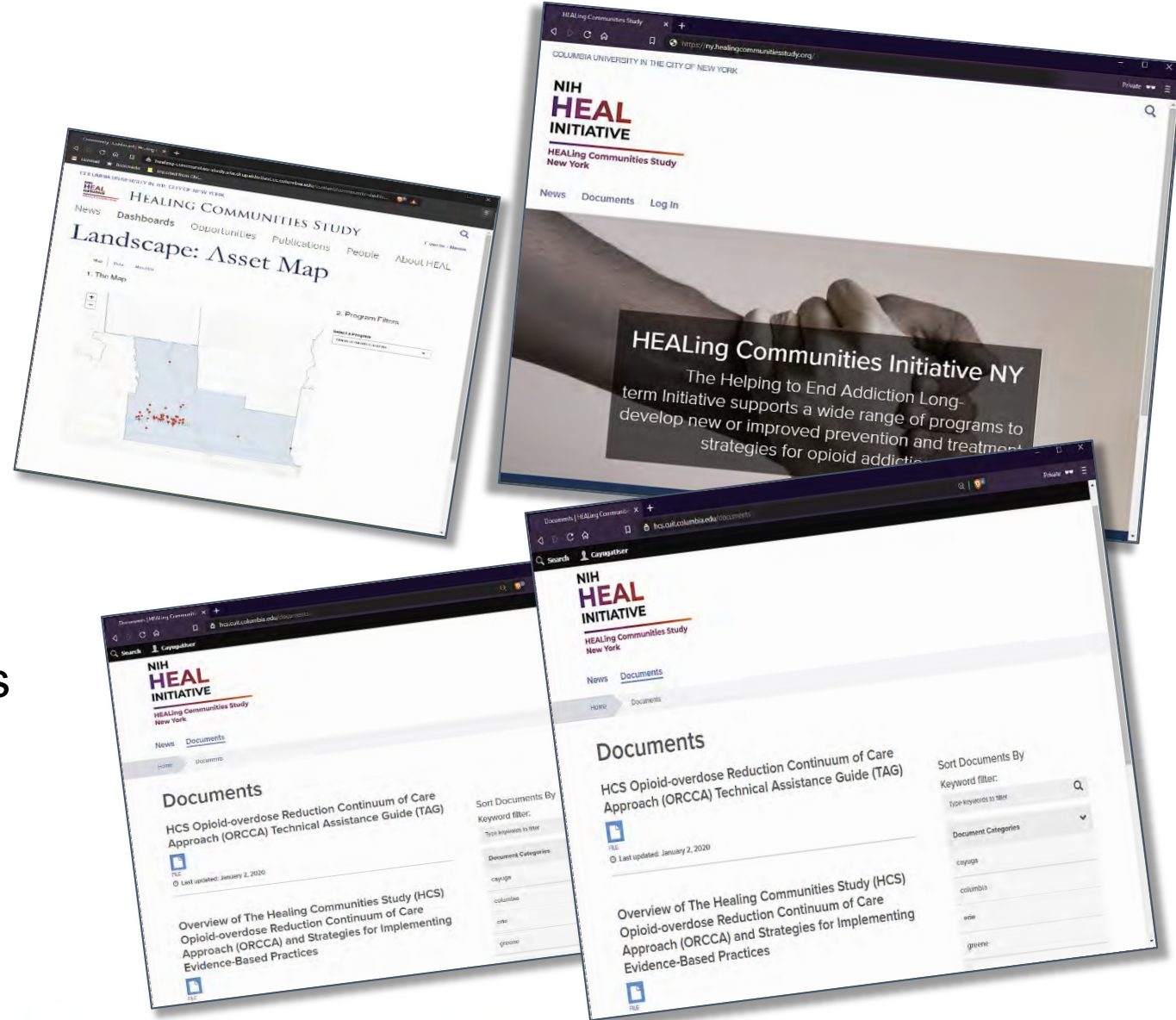
**Office of Addiction Services and Supports**

# Community Driven Research

- Overcome health and racial inequities by reaching out to all communities
- Co-learning, co-designing, consensus-driven plans for solutions
- Data-driven implementation process of EBPs
- Sustainability planning from the start

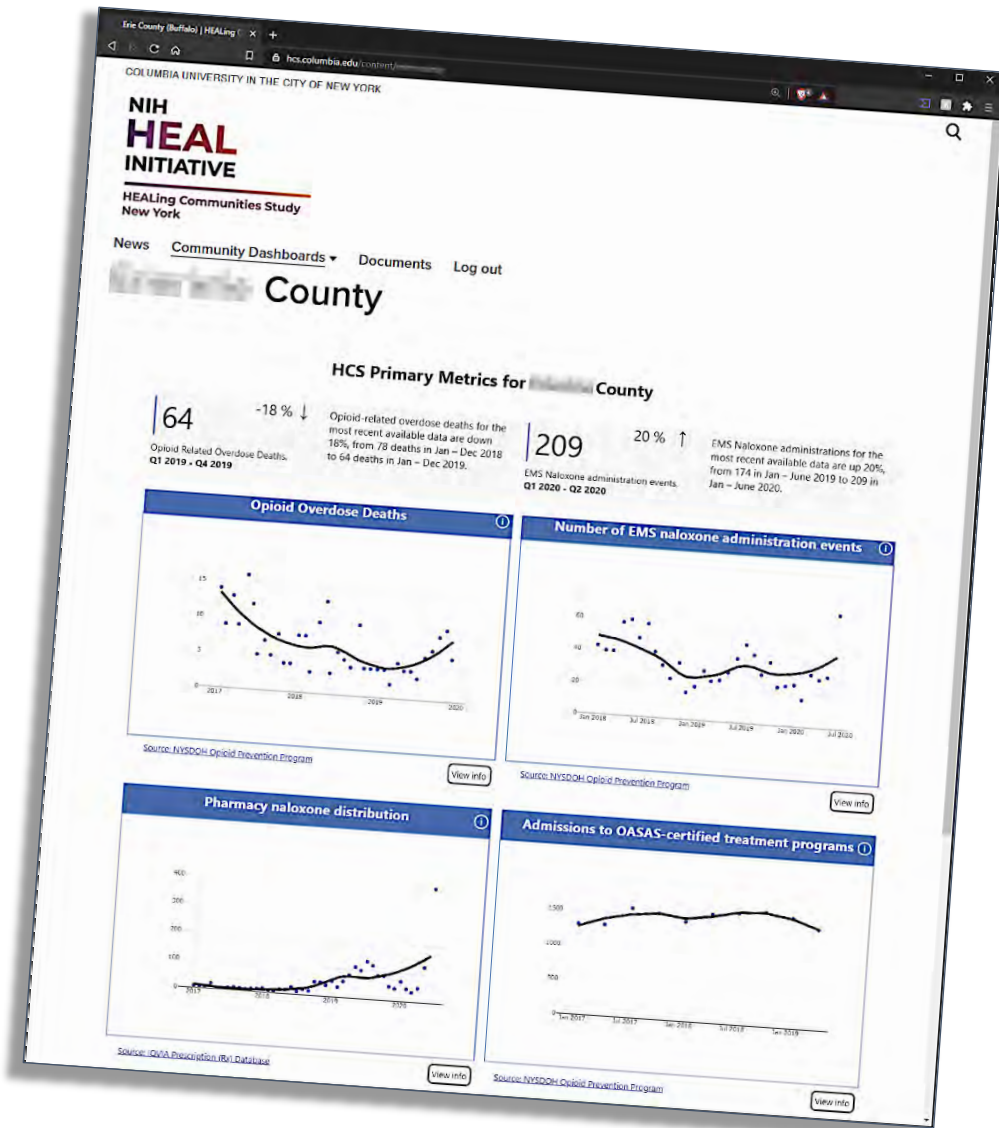
# CTH Portal: A co-created “Hub” for Coalitions to Access Data

- Content
  - Coalition information (e.g., agendas, minutes, rosters)
  - Community Profile & Landscape data/reports
  - Dashboards: Data visualizations location
- Landscape analysis on systems/agencies providing MOUD and other services and **Data Science**
  - Agent-based Modeling
  - System Dynamic Modeling



# Dashboards: Data Visualizations

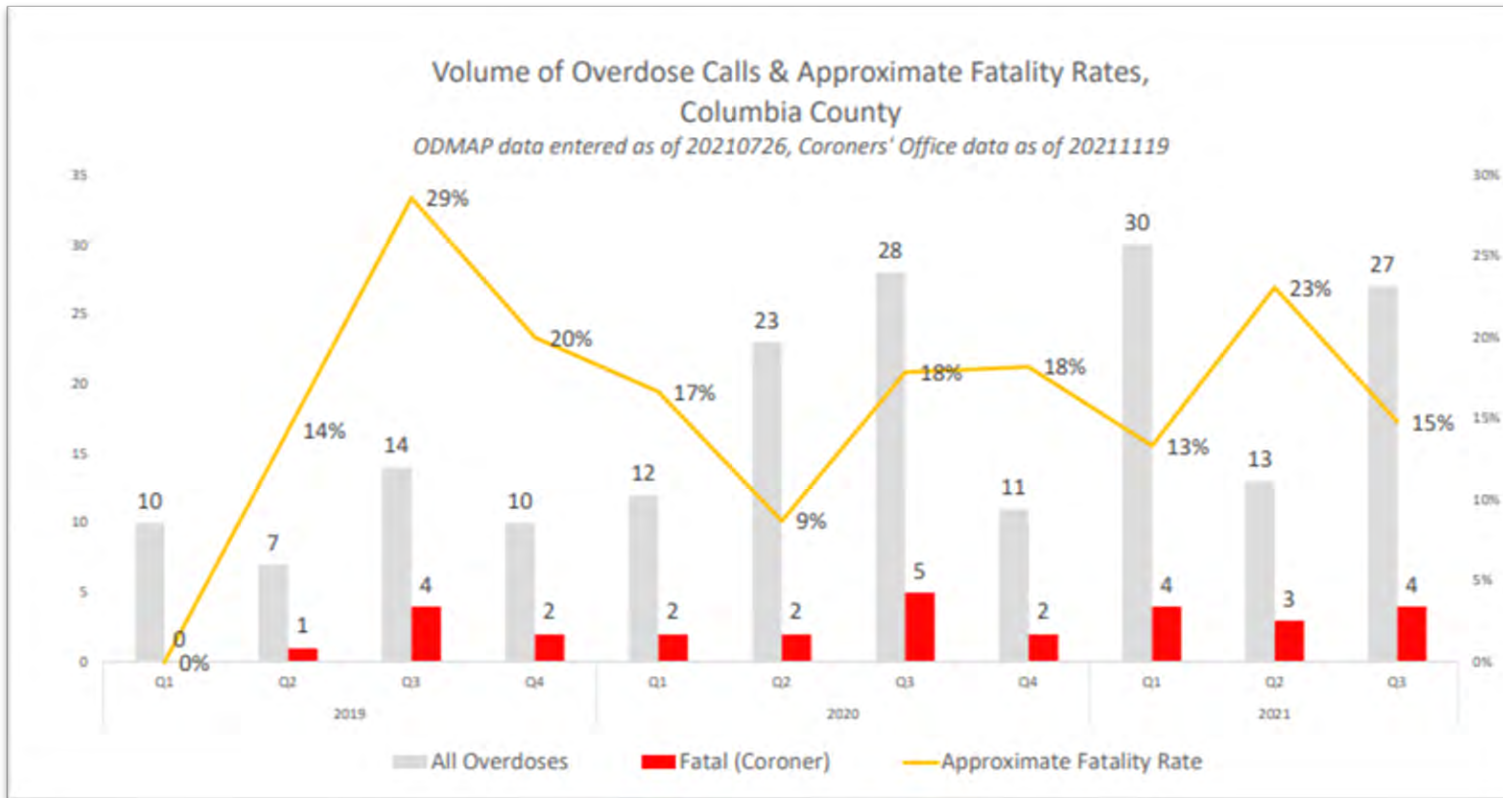
- Support data-informed decision-making
- Gaps & Assets of the community (services, etc.)
- Evaluation
- Monitoring progress
- Novel insights
  - Emerging trends





# Data-Driven Decision Making

## Coalitions use data to inform the deployment of EBPs

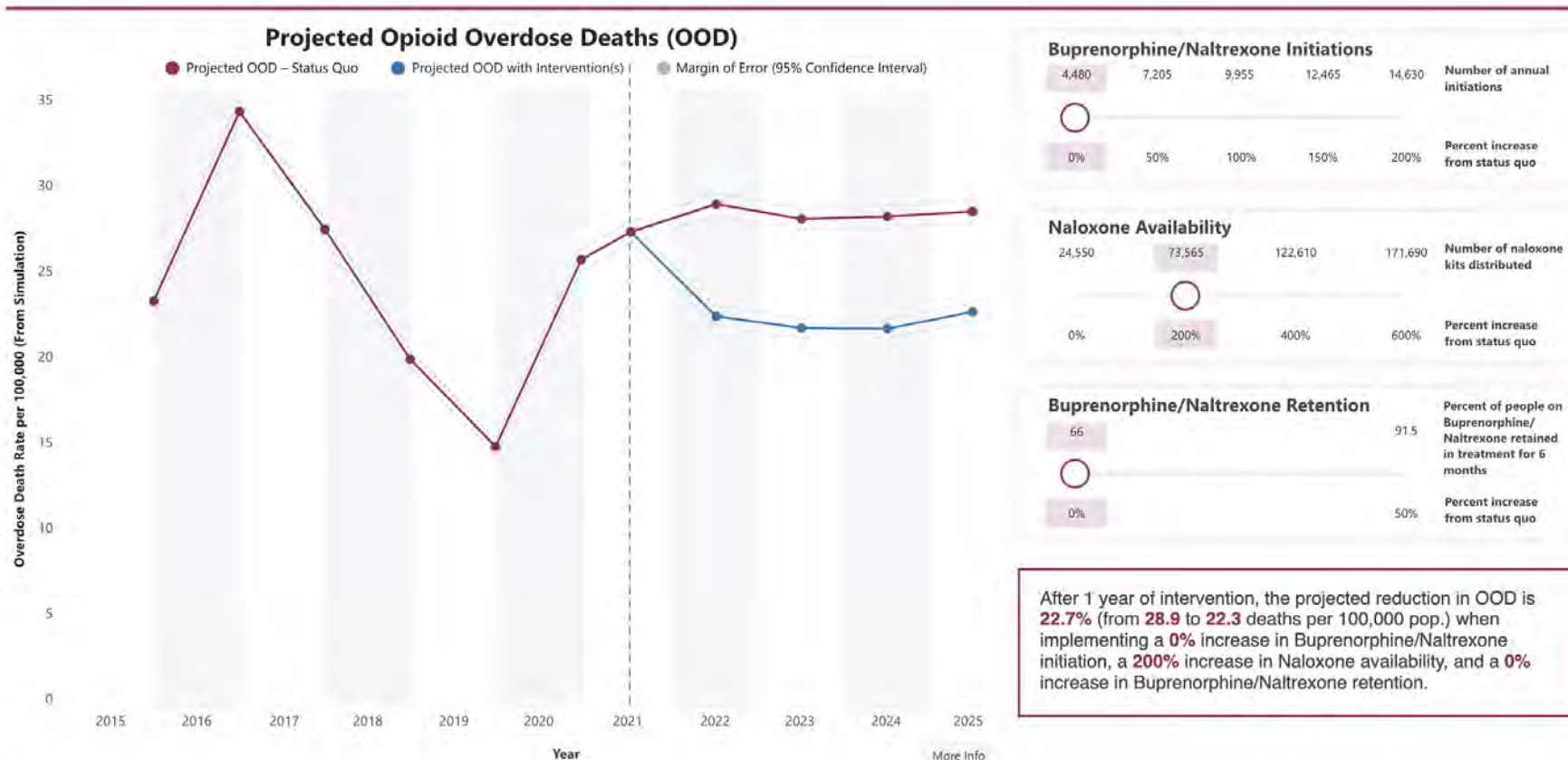


### Provide data on an on-going basis

- # Fatal & non-fatal overdose
- # Fatal & non-fatal overdose by race, gender & age
- # People on MOUD
- # Prescribers by health care location
- Landscape analysis on systems/agencies providing MOUD, Naloxone & other services

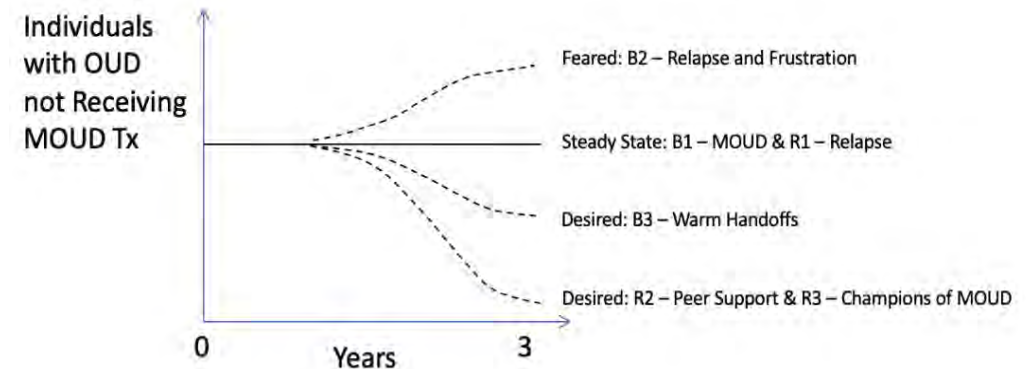
# Data Science: Agent-Based Modeling (ABM)

- Simulation, computational approach
- Many sources of data 2012-2020 to calibrate the model
- Predict and forecast, to reduce overdose deaths by 40%
- Increase MOUD by 7.5 times from the base rate
- New initiation of Naloxone kits by 8875

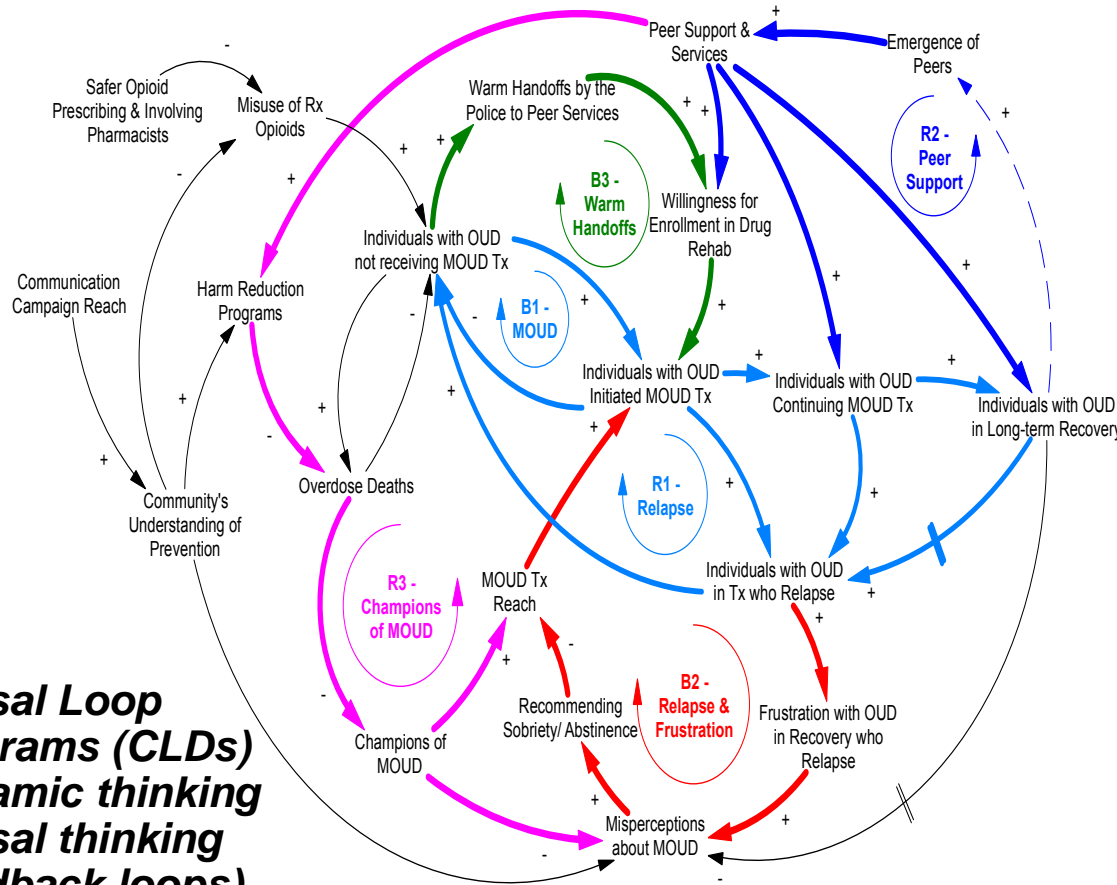


# Data Science: System Dynamic Modeling

- Participatory process, use qualitative and quantitative data collected, and meeting minutes
- Challenges, prioritization, crises, identify systems and ways to inform strategies for the selection of EBPs, deployment of EBPs
- Promote sustainability and key systems



**Causal Loop Diagrams (CLDs)**  
**Dynamic thinking**  
**Causal thinking**  
**(feedback loops)**





# Examples from HCS of Deployment of Evidence-Based Practices (EBPs)

# Wave 1: Coalitions Selected 173 Evidence Based Strategies

## 3 EBP Domains



**Overdose Prevention  
& Naloxone  
Distribution  
(OEND) and Harm  
Reduction Strategies**



**Medication for  
Opioids Use Disorder  
(MOUD), Integrated  
Care Co-occurring  
Disorders**



**Safer Prescribing  
and Dispensing**

## Implementation Settings



# Naloxone Distribution to Save Lives

# Hotspot Naloxone Distribution

## Data from multiple sources

- High Intensity Drug Trafficking Areas (HIDTA)
- ED data on where most overdoses occur

## Intensifying distribution in:

- Motels
- Homeless Shelters
- Commuter rail stations, parking lots
- Gas stations, restaurants, libraries
- Jails at release
- Mail naloxone
- Mobile vans



## Outcomes in all 8 Wave 1 counties, May 2020 – February 2022:

- 2,977 additional individuals trained due to HCS
- 9,294 additional kits distributed due to HCS

# Geotargeting NaloxBox Placement



Naloxone Boxes secured to a wall provides 24/7 access to naloxone

Naloxone Boxes contain 6-8 doses of naloxone, instructions for use, and treatment referral cards

Improves capacity of bystanders to save lives

Normalizes access to this overdose reversal tool

**Locations:** Local community areas, department stores, restaurants, small-businesses, motels

**HCS supported the installation of 369 Naloxone Boxes in 8 counties, January 2021 – March 2022**



# Partnership with 2 Motels Naloxone Boxes & Kits

- Focus on motels located in towns & neighborhoods with high opioid overdose death rates
- Housekeeping checks every box during room cleaning
- Local Drug User Health Hub is tasked with on-going replenishment
- HCS funded Naloxone Boxes
- **Launched January 2022**
- Total Naloxone Boxes : 49
- Total Kits: 98 stocked



# Medication for Opioid Use Disorder (MOUD) and Linkage to Care within the Health Care System

- Hospital-Based MOUD Expansion: (1) Comprehensive Psychiatric Emergency Program (CPEP) Unit and (2) Psychiatric Unit
- Urgent Care Center
- Community Mental Health Center

# MOUD Expansion to Hospital via CPEP Unit

- Comprehensive Psychiatric Emergency Program (CPEP) Unit
  - 6 psychiatrists trained to deliver MOUD inductions and linkages in CPEP
  - HCS provided training
- **Services in CPEP Unit**
  - Identify patients in need of MOUD
  - Provide MOUD/Suboxone
  - Link to Outpatient Clinic & follow-up appointment
  - Distribute naloxone kits to patient and/or family member at time of discharge
  - 37 linkages in past six months





# MOUD Expansion to Hospital In-Patient via Psych Consult

HCS provided training & capacity building for Psychiatric Consultation services to Medical/Surgical Units

A Peer Navigator (CRPA) was hired for the units

Psych consult team uses patient-find process to deploy services

Patients linked to substance use treatment and MOUD in the community

Naloxone was provided upon release

46 patients in the last four months



# 24/7 SUD/MH Urgent Care Center

## New urgent care clinic in Kingston will treat mental health, substance abuse issues

By Paul Kirby [pkirby@freemanonline.com](mailto:pkirby@freemanonline.com) @paulatfreeman on Twitter May 27, 2021 Comments



A new urgent-care facility to treat mental health and substance abuse issues will be in Suite 205 this building at 368 Broadway in Kingston, N.Y.

Tania Samicko — Daily Freeman

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MOST POPULAR

One county integrated MOUD assessment and linkage to MOUD services in an Urgent Care Center Dual Licensed program that operates 24/7

RN/Care Manager and Family/ Peer Navigator deliver the care

September through March: 12 individuals linked

# MOUD Expansion in County Community Mental Health Clinic Setting



**MOUD in Mental Health Care:** A Nurse Practitioner was hired to provide MOUD in the County Mental Health Clinic and make referrals

Collaboration with substance use treatment and Family Planning

Outcome: 97 individuals have been inducted into over the past two years



5 of 6

Veronica Ahern, 36, of Greene County, credits Laura Churchill and her clinic with keeping her on the path of long-term recovery with the assistance of Suboxone and counseling.

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HEALing Communities Study  
New York



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# Linkage to MOUD from Motels



# Temporary Housing Vouchers w/Care Packages for MOUD Linkage, Retention

## HCS Support

Housing vouchers attached to treatment engagement, care packages

Family of Woodstock Administration

## Progress

**Nov 2020 – January 2022**

**1019** nights shelter provided

**101** unique individuals

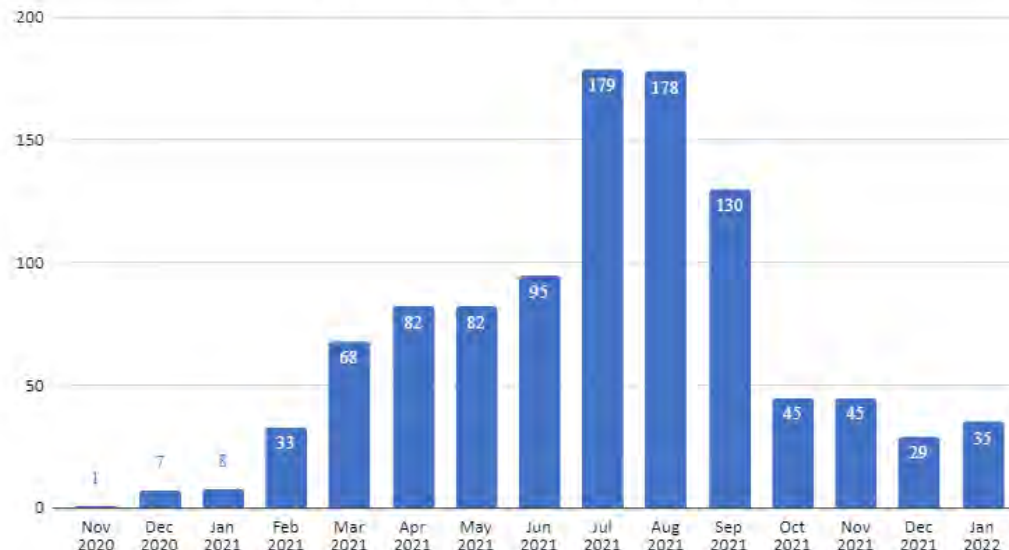
**91** MOUD initiations

**91%** retained on MOUD with housing voucher and case management



- Upon discharge from a residential program, linkage was provided to MOUD treatment
- Housing vouchers and case management were provided for linkage and retention in MOUD treatment

Number of Voucher Nights Distributed by Month



# EBP Strategies by Law Enforcement

- Police Telemedicine referral and linkage to NY Matters
- Opioid Court to link to MOUD and other services within 24 hours
- NYS-HCS partnership for MOUD in all jails and prisons
- Hope Not Handcuffs and ORACLE Team



# Police Telemedicine Matters Program



- Social Worker is deployed during the arrest process when drug/opioid use is involved
- Police and Social Worker use iPad to link individual to Emergency Medicine physician to prescribe buprenorphine, if appropriate
- Social Worker provides referrals to MOUD retention, through community-based clinics, and additional community services
- HCS funded the iPads for this workflow
- **Progress: May 2021 – Feb 2022**
  - 123 HCS MOUD Linkages/Referrals in two counties

# County Creates Opioid Court



In an HCS county with judge serving on the coalition, the coalition supported the creation of an Opioid Court with HCS funded technical assistance by PRA Associates

**The Opioid Court:** Pre-plea, voluntary model that can serve as a medical triage for any individual at high risk of overdose

Incarceration is deferred and MOUD is prioritized

Referrals take place within 24 hours, instead of several weeks

Upon stabilization, individuals are able to continue into a treatment program

**Partners:** County judge, peer organization

**Launched:** March 14, 2022



# Battling Stigma Through Media Campaigns

# Overview of Wave 1 Campaigns



## Objectives



## Priority Groups

### Campaign 1. Naloxone

- Increase demand for naloxone
- Increase access to and availability of naloxone

- People with Lived Experience
- Community Leaders
- Providers

### Campaign 2. Anti-Stigma

- Reduce stigma associated with OUD and MOUD

- People with Lived Experience
- Community Leaders
- Providers

### Campaign 3. MOUD

- Increase demand for MOUD
- Increase provider prescribing of MOUD

- People with Lived Experience
- Community Leaders
- Providers

### Campaign 4. Stay in MOUD Tx

- Increase support to stay in MOUD treatment
- Learn how to overcome common barriers to treatment retention

- People with opioid use disorder
- Needed supporters

# Communications Campaign Deployment/Distribution

## Paid Media

- Advertisements on social media, e.g. Facebook, Instagram
- Radio and television PSAs
- Direct Mail
- Billboards and banners
- Posters at transit hubs and buses
- Movie theaters
- Gas Station commercials
- Giveaways, e.g. coasters, tote bags, coffee Sleeves, palm cards

## Unpaid Media

- Press Releases
- Op-eds
- e-Newsletter stories
- Coverage by local media
- Unpaid social media posts





# Interventions: MOUD Stigma Campaign



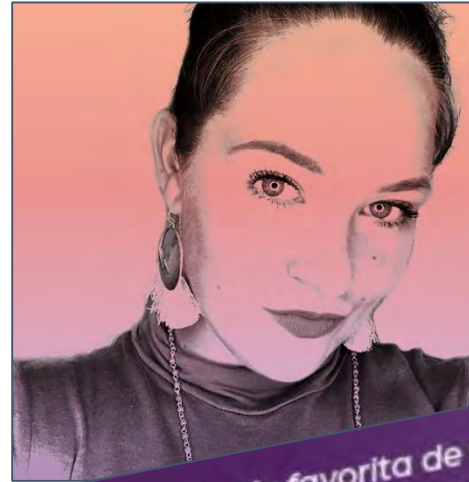
"I am strength. I am hope. I am not alone. I took buprenorphine and am in recovery."

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HEALing Communities Study  
New York

Overcoming opioid use disorder takes more than willpower. Learn how medication to treat opioid use disorder helps improve lives.

[HealTogetherNY.org/Cayuga](https://HealTogetherNY.org/Cayuga)



"I am a granddaughter, daughter, and mother to three beautiful girls. I am a volunteer and recovery support specialist. I take buprenorphine."

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HEALing Communities Study  
Kentucky

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HEALing Communities Study  
Massachusetts

«Soy la tía favorita de mis sobrinos, camarera y artista. También tomo buprenorfina». Los medicamentos contra el trastorno por consumo de opioides pueden ser parte de la solución.



"A devoted father, waiter, and coach. I also take buprenorphine."

Medications for opioid use disorder can be part of the solution.

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Ohio

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HEALing Communities Study  
New York



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# More Examples of Campaign Materials



- Focus on naloxone Distribution (left)
- Focus on MOUD (center/right)
- Featuring community leader (center)
- Featuring medical professional (right)



# Recent Unpaid Media Highlights

## NEWS Grondahl: Targeting cruelty of addiction in rural New York

Paul Grondahl  
Aug. 10, 2021 | Updated Aug. 10, 2021 3:16 p.m.



## LOCAL Narcan pilot program launches in Greene County

By Sarah Hines  
Posted: Jan 19, 2022 / 02:11 PM EST  
Updated: Jan 19, 2022 / 02:11 PM EST

SHARE



Narcan

The Mountain Eagle | January 21, 2022

## MTCC Launches Public Access Naloxone Program

As opioid use disorder (OUD), overdoses and deaths continue to rise in Greene County, Mountain Top Care Coalition (MCC), with funding from The HEALing Communities Study (HCS), has initiated program to install "Naloxone Boxes" at local businesses and organizations throughout the mountaintop towns of Greene County.

The "Naloxone Boxes" house resuscitation kits containing Narcan® (naloxone), an opioid receptor blocker, of an opioid overdose. Having this life-saving medication could save a loved one's life. The kits are provided by the NYS Department of Health (DOH) as part of the state's response to the opioid epidemic.

Maret Parzenbeck, PhD., a MCC board member, has spearheaded the PAN initiative, as well as free, virtual naloxone training within the county. "We want to get naloxone out into the hands of those who need it," said Parzenbeck. "The need to

## Guest Column Lauren Johnson, MA, CASAC Prevention Council of Putnam

## Putnam Pharmacists Combat Opioid Overdose

The Prevention Council of Putnam, alongside the Communities That Care Coalition, has been quick to respond to the growing concerns for opioid misuse in Putnam County. Since 2014, there have

has identified pharmacists as possible change agents helping to promote harm reduction with those who experience opioid misuse.

Programs such as prescription takeback boxes located in local

supporting a person with opioid use disorder. Community members are able to receive free naloxone kits and training to help reverse opioid overdoses. Free trainings can be requested by contacting the Prevention Council of Putnam.

Properly dispose of your unused or expired medications in one of several medication return boxes throughout the county. Also, the bi-annual Prescription Takeback Day will take place Oct. 23 from 10 a.m. to 2 p.m. at the Putnam County Sheriff's Office in Carmel.

If you know someone with opioid use disorder, encourage them to seek medication for opioid use disorder (MOUD). If you know someone who is in MOUD treatment,



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## 'All-out campaign' launched to stop overdoses

By Ted Remsnyder  
Columbia-Greene Media 4 hrs ago



1 of 2

auburnpub.com

JUST IN Update: 9 killed, including 6 college students, in Texas collision

TOP STORY

HEALING COMMUNITIES

HEALing Communities: Shifting the focus from opioids to all substances

Monika Salvage Special to The Citizen Dec 7, 2021 Updated Jan 11, 2022

Support your loved one's recovery.

HEAL INITIATIVE

# Communications Campaign Deployment/Distribution

## Paid Media

- Advertisements on social media, e.g. Facebook, Instagram
- 5,108,434 impressions since March 2020
- 14,165 clicks to HCS website since March 2020

# Opportunities

- ✓ More investment in community-driven interventions is needed so that communities are active partners in planning and implementation
- ✓ All need to “have a seat at the table.” Diversity of voices is a key ingredient to a successful community-engaged intervention
- ✓ Data access is critical to informing community solutions, but such access remains a challenge due to time constraints on obtaining and analyzing information, system science to inform; vital statistics and localized data capacity improvements and barriers need to be removed\*
- ✓ Sustain infrastructure for the model: addressing workforce, treatment access, harm reduction, stigma reducing communication campaign, and data visualizations
- ✓ Multidisciplinary approach brings expertise on multiple levels, coordination and systems frames with a sustainable model of workforce training and technical assistance incorporating federal, state and local expertise such as DOH, OASAS and SAMHSA’s Opioid Response Network

\*Albany Times Op Ed <https://www.timesunion.com/opinion/article/Commentary-Data-on-overdose-deaths-is-key-17492033.php>



# Take Home Messages

- Drug overdose deaths requires urgency informed by diverse communities and lived experience, data informed and a community driven approach
- Need to implement extensive outreach to BIPOC communities and address their needs in all stages of harm reduction and intervention
- Public health approaches for co-occurring disorders with a combination of EPBs and harm reduction services are essential
- We welcome ongoing opportunity to collaborate at this time of great opportunity for system change and innovation to address substance use and co-occurring disorders.

# Thank you.

**Nabila El-Bassel**

University Professor  
Principal Investigator, HEALing  
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[ne5@columbia.edu](mailto:ne5@columbia.edu)

**James David, MS**

Senior Project Director  
HEALing Communities Study  
[jld2023@columbia.edu](mailto:jld2023@columbia.edu)

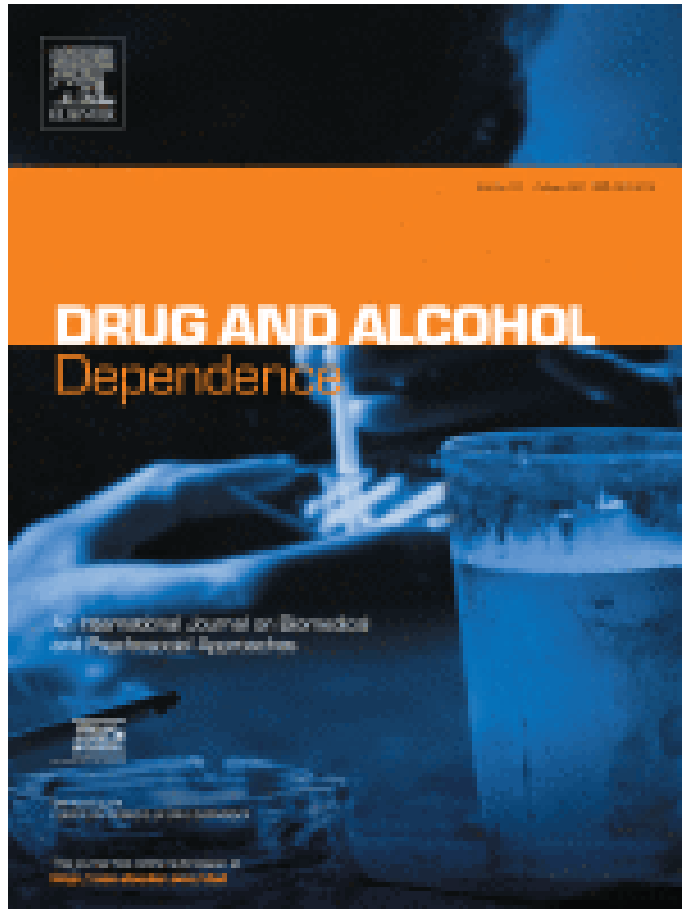
**Timothy Hunt**

Research Scientist, Associate Director  
Co-I, HEALing Communities Study, Intervention  
and Community Engagement Investigative Lead  
[th2258@columbia.edu](mailto:th2258@columbia.edu)

Websites:

- <https://sig.columbia.edu/>
- [healingcommunitiesstudy.org](https://healingcommunitiesstudy.org)

# Special Issue: HEALing Communities Study



## Introduction to the special issue on the HEALing Communities Study

Nabila El-Bassel<sup>a,\*</sup>, Rebecca D. Jackson<sup>b</sup>, Jeffrey Samet<sup>c</sup>, Sharon L. Walsh<sup>d</sup>

1. Addressing opioid overdose deaths: The vision for the HEALing communities study  
Redonna K. Chandler, Jennifer Villani, Thomas Clarke, Elinore F. McCance-Katz, Nora D. Volkow
2. Communities Study: Protocol for a cluster randomized trial at the community level to reduce opioid overdose deaths through implementation of an integrated set of evidence-based practices  
Sharon L. Walsh, Nabila El-Bassel, Rebecca D. Jackson, Jeffrey H. Samet, ... Redonna K. Chandler
3. Community engagement to implement evidence-based practices in the HEALing communities study  
Linda Sprague Martinez, Bruce D. Rapkin, April Young, Bridget Freisthler, Tim Hunt, ... Tracy Battaglia
4. The Opioid-overdose Reduction Continuum of Care Approach (ORCCA): Evidence-based practices in the HEALing Communities Study  
Theresa Winhusen, Alexander Walley, Laura C. Fanucchi, Tim Hunt, ... Redonna K. Chandler
5. Health communication campaigns to drive demand for evidence-based practices and reduce stigma in the HEALing communities study  
R. Craig Lefebvre, Redonna K. Chandler, Donald W. Helme, Robin Kerner, ... Emma Rodgers
6. Model and approach for assessing implementation context and fidelity in the HEALing Communities Study  
Hannah K. Knudsen, Mari-Lynn Drainoni, Louisa Gilbert, Timothy R. Huerta, ... Daniel M. Walker
7. Community dashboards to support data-informed decision-making in the HEALing communities study  
Elwin Wu, Jennifer Villani, Alissa Davis, Naleef Fareed, ... Emmanuel A. Oga
8. Operationalizing and selecting outcome measures for the HEALing Communities Study  
Svetla Slavova, Marc R. LaRochelle, Elisabeth D. Root, Daniel J. Feaster, ... Sharon L. Walsh
9. Health economic design for cost, cost-effectiveness and simulation analyses in the HEALing Communities Study  
Arnie P. Aldridge, Carolina Barbosa, Joshua A. Barocas, Joshua L. Bush, ... Gary A. Zarkin
10. Modifications to the HEALing Communities Study in response to COVID-19 related disruptions  
Scott T. Walters, Redonna K. Chandler, Thomas Clarke, Nabila El-Bassel, ... Gary A. Zarkin

# HCS Publications

- El-Bassel, N., Gilbert, L., Hunt, T., Wu, E., . . . Rapkin, B. (2021). Using community engagement to implement evidence-based practices for opioid use disorder: A data-driven paradigm & systems science approach  
<https://www.sciencedirect.com/science/article/pii/S0376871621001708#>
- LaRochelle et al. in *American Journal of Public Health* on Disparities in Opioid Overdose Death Trends by Race/Ethnicity  
<https://pubmed.ncbi.nlm.nih.gov/34499540/>
- Root et al. in *Drug and Alcohol Dependence* on The Impact of the National Stay-at-Home Order on Emergency Department Visits for Suspected Opioid Overdose During COVID-19 <https://pubmed.ncbi.nlm.nih.gov/34598100/>
- Young AM, Brown JL, Hunt T, Sprague Martinez LS, Chandler R, ... Walsh S.L. Protocol for community-driven selection of strategies to implement evidence-based practices to reduce opioid overdoses in the HEALing Communities Study, a trial to evaluate a community-engaged intervention in Kentucky, Massachusetts, New York, and Ohio. *BMJ Open* 2022;12:e059328. doi: 10.1136/bmjopen-2021-059328



**NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH &  
SUBSTANCE ABUSE SERVICES**

LOCAL GOVERNMENT UNIT and ADMINISTRATIVE OFFICES  
5467 UPPER MOUNTAIN ROAD, SUITE 200  
LOCKPORT, NEW YORK 14094-1895

**Laura J. Kelemen, LCSW-R**  
**Director**  
**(716) 439-7410**  
**(716) 439-7418 Fax**

October 14, 2022

Chinazo Cunningham, M.D.  
Commissioner  
NYS Office of Addiction Services and Supports  
1450 Western Ave, Albany, NY 12203

Ann Marie T. Sullivan, M.D.  
Commissioner  
NYS Office of Mental Health  
44 Holland Ave, Albany, NY 12229

Debra Pantin, MSW, MS-HCM  
President & CEO  
Outreach Development Corporation  
117-11 Myrtle Ave, Richmond Hill, NY 11418

**Re: Recommendations on the Allocation of Opioid Settlement Funds**

Dear Commissioners Sullivan and Chinzano and Ms. Pantin,

The Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) as the designated Local Governmental Unit (LGU) under Mental Hygiene Law (MHL) has statutory obligations under MHL 41.13 pertaining to the planning for, the development of, and the oversight of programs designed to meet the needs of individuals with Mental Health, Substance Use, and/or Intellectual/Developmental Disability concerns. As part of these obligations, the LGU assesses community needs and develops a Local Services Plan.

As the County will be receiving one-time only funds and very limited annual funds, the LGU gathered a range of stakeholders to also engage in a planning process for the most effective use and allocation of the Opioid Settlement Funds that are designated as “restricted” for Schedule C uses (herein referred to as “Schedule C” funds). **Through this process, there were needs identified that are most appropriate for state level intervention, as discussed further below.**

The LGU conducted 2 Round Table forums that were attended by more than 60 stakeholders including: consumers; family members; professional peer staff; clinicians; treatment agency leaders; hospital personnel; law enforcement; emergency responders; county departments of health, probation, social services, aging, employment and training; schools/higher education; and other human service organizations. The groups provided input into needs in 5 key areas and answered the following questions pertaining to our County:

1. What are the gaps in clinical treatment and care?
2. What are the gaps, needs or under investments in community supports and services?
3. What are our workforce training needs? And how do we envision we can accomplish this?
4. Are there specific populations or areas that have been under resourced? What are these and what are potential effective strategies for these populations/areas?
5. What outreach and anti-stigma campaigns or goals do we have?

Through the rich discussion, paired with our local planning data, we were able to generate a solid understanding of the needs and gaps and are compiling and prioritizing local strategies around these needs and gaps. NCDMH and our partners are anxious to roll up our sleeves and continue the work.

**Through the planning process, the LGU also generated a range of needs and priorities that are being elevated to New York State Office of Addiction Services and Supports (OASAS), the Opioid Settlement Board, and NYS Office of Mental Health because of their size, scope, impact, and/or cost. We respectfully submit the following recommendations on allocation of State Level Opioid Settlement Funds.**

#### **Clinical Treatment and Care (State-Level Needs):**

1. Expansion of Harm Reduction services – including “Multiple Pathways Programs”, clinical care for “marginally connected” individuals, and support (and technical assistance) to implement increased flexibility in services (location, duration, hours, methods). Reimbursement needs to align with and support longer hours and salary differentials necessary for non-traditional work hours. Reimbursement needs to also align with and support community service delivery in rural areas where drive time can be considerable.
2. Implementation and evaluation of Demonstration Projects for Inpatient and Residential programming that fully integrate Mental Health and Substance use disorder services. Data conservatively reflects more than 50% of individuals served have co-occurring Mental Health concerns. The most common reason given for non-acceptance into inpatient care is co-occurring mental health that is “too severe or too pervasive” for the program to manage. Peers and consumers indicate untreated or ineffectively managed mental health symptoms are common factors leading to relapse. New York State has the opportunity to allocate Opioid Settlement Funds to build, equip, and evaluate demonstration programs that provide enhanced staffing and programming to effectively provide whole person care, addressing both mental health and substance use disorders.

#### **Community Supports and Services:**

1. Significant Expansion of Supportive Housing that includes access to sober supports and ample care management, with a focus on those transitioning from Inpatient or Residential programs.
2. Development of Transitional Housing programs for those reentering community settings from incarceration or jail settings.
3. Support for and development of Housing First Model programs. Low barrier housing options are critical for all communities as we recognize that it is difficult, if not impossible, to focus on entering recovery or even harm reduction activities for individuals who don’t know where they will be sleeping on any given evening.
4. Expansion of Recovery Community Centers, including funding for evening and weekend operations, sober recreational activities, youth focused services, and after-hours access to support.

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### **Workforce:**

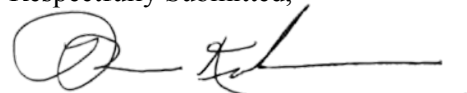
1. Ongoing Recruitment and Retention efforts. We cannot offer programming if we cannot staff programs. Recruitment and Retention efforts need to include: scholarships and tuition reimbursement programs; loan forgiveness; and continued Health Care Worker Bonus programs for retention and expansion to include staff in key support, but non-client facing roles (i.e. billing and administration staff).
2. State Investment in and roll out of training on recognizing and addressing the needs of individuals with co-occurring mental health disorders. NYS must provide ample dollars to offset added costs to agencies for sending staff to training (i.e. lost billable services or overtime for training attendance).
3. Raise State Aid and Medicaid Reimbursement across the board to support adequate wages for all staff, including direct service, peer staff, and licensed clinical staff.

### **Addressing Disparities in Access to Services:**

Every County has a unique landscape with regard to available clinical treatment services (ranging from detox to inpatient to outpatient programs, including medication assisted treatment and mobile services) and community supports as well as a unique landscape regarding the populations of persons to be served. Each Local Governmental Unit engages in an annual process to evaluate needs and to develop a plan for local services (LSP) to address those needs. These LSPs address gaps and seek to address disparities in access. We strongly recommend that NYS OASAS provide an annual allocation to each County for the County to administer that will allow localities to engage in activities designed to address identified local disparities. **The funding allocations should be made based on not just population alone, as many larger communities are “service rich”, but also based on Opioid Burden data, including Overdose per capita.** Counties should report to OASAS on outcomes from local pilot projects to reduce disparities and thus develop a cache of projects to be replicated.

Thank you for your tireless work on behalf of New Yorkers. Working together we can achieve our mission of optimal health and quality of life for all. There is help, there is hope, recovery is possible.

Respectfully Submitted,



Laura J. Kelemen, LCSW-R  
Director

cc: Niagara County Community Services Board



October 17, 2022

Dear Members of the New York State Opioid Settlement Advisory Board:

On behalf of the 58 local health departments in New York State, thank you for your leadership and commitment to ensuring New York State settlement funding is allocated appropriately and reinvested to support people living with substance use disorder through prevention, treatment and recovery initiatives based on syndromic surveillance and data monitoring that guide evidence-based practices and inform stakeholders.

Local health departments are deeply invested in untangling the nation's opioid crisis and the significant impact it has had across New York State. The COVID-19 pandemic exacerbated a broad array of public health issues including rates of opioid overdoses and related deaths across the nation and state. Those living with addiction are at high risk from COVID-19 related complications, and thus require individualized and comprehensive supports. New York State local health departments (LHDs) are determined to continue addressing this public health challenge via implementation of evidence-based initiatives at the local level.

We strongly recommend that in addition to a focus on treatment and recovery, the state places stronger emphasis on prevention, stigma and harm reduction, education and downstream activities aimed to stop new addictions from developing. When the state planned for utilization of the tobacco master settlement funding, prevention was disregarded, with most of the funding being allocated toward treatment of lung cancer and emphysema versus smoking cessation programs and other primary prevention strategies. Local health departments, hold a vested interest and accountability to the health of the public, unlike all other potential recipients of this funding which is important to consider when making a determination about allocation.

The New York State Association of County Health Officials Recommends:

1. The opioid settlement board allocate at least 50% of its total funding the NYS Department of Health which will be required to administer this funding to all 58 local health departments to use toward opioid use disorder primary prevention, harm reduction and other recovery initiatives within its county jurisdiction.
2. The other 50% of total funding should be allocated to New York State Office of Addiction Supports and Services to administer to local governmental units (LGUs) in the county, treatment providers and other recovery support programs.
3. We also recommend the council stipulate that the state will not be permitted to set additional restrictions on how entities should use this funding beyond what is already set in state law. Specifically, local health departments should have sole discretion on how this funding is to be used locally to match community needs around opioid use disorder as long it falls in alignment with the already set state requirements.
4. If half of this funding is not allocated to the NYS Department of Health for distribution to local health departments, the state should separately use this funding to cover 50% of the total costs of coroner and medical examiner services for pathology and toxicology screening services that is currently 100% a county cost. Every stakeholder engaged in reducing opioid prevention





including the state department of health is reliant on local Medical Examiner and coroner overdose death data which local health departments and other county agencies oversee.

5. To ensure transparency, local governments must publicly share how they are appropriating settlement funds across counties.

By allocating this funding to the state agencies that work hand in hand with local public/mental health agencies, our state will be best positioned to collectively address unique emerging challenges including workforce recruitment and retention, individuals living with co-occurring disorders, infrastructure and housing that exacerbates addiction, jail-based medication assisted treatment programs (MAT) and addressing racial disparities. The County Health Officials of New York and their association, NYSACHO, look forward to working with you to identify the resources and services necessary to support individuals living with opioid use disorder, or those in recovery through prevention strategies. Thank you for your leadership.

Sincerely,

Nancy McGraw, LCSW, MBA, MPH  
President, New York State Association of County Health Officials

Sarah Ravenhall, MHA, CHES  
Executive Director, New York State Association of County Health Officials

CC:

Dr. Mary Bassett, Commissioner of Health, NYS Department of Health

Dr. Chinazo O. Cunningham, Commissioner, NYS Office of Addiction Services and Supports



of Local  
Mental Hygiene  
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Lewis County

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Suzanne Lavigne, MHA, Master CASAC  
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**Children and Families  
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Richelle Gregory, MEd  
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**Counsel**  
Jed B. Volkenbreit

October 18, 2022

Chinazo Cunningham, M.D.  
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1450 Western Ave, Albany, NY 12203

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Debra Pantin, MSW, MS-HCM  
Chair  
NYS Opioid Settlement Fund Advisory Board  
and President & CEO  
Outreach Development Corporation  
117-11 Myrtle Ave, Richmond Hill, NY 11418

Dear Commissioners Cunningham, Sullivan, Bassett, and Ms. Pantin:

Across the State, the DCSs continue to see first-hand the devastating impact the opioid epidemic has had on the communities they serve. They fight every day to secure and maintain critical resources necessary to treat those suffering from OUD.

When identifying pathways to strengthen the health and wellbeing of the individuals and families that have long suffered as a result of this devastating epidemic, the expertise and vision of the DCSs provides a unique local perspective necessary to successfully promote the health and social care of individuals and their families in the communities they serve.

The Conference is comprised of the Directors of Community Services (DCS)/Mental Health Commissioners for 57 counties and the City of New York. Also known as the Local Governmental Unit (LGU), the DCS has a statutory authority and responsibility for oversight and cross-system management of the local mental hygiene system to meet the needs of individuals and families affected by mental illness, addiction, and/or intellectual/developmental disability in their communities.

This cross-system management, alongside their close working relationships with colleagues in other county governmental departments like public health, social services, children, youth and families, and those department collaborations with community-based

providers affords the counties the unique perspective and in-depth understanding of the magnitude on the local level.

The LGUs' partnerships with the NYS mental hygiene agencies, comprised of the Office of Mental Health (OMH), the Office of Addiction Services and Supports (OASAS), and the Office for People with Developmental Disabilities (OPWDD), help to also drive the development and oversight of comprehensive, integrated and cost-effective systems of care locally which provides critical input for state and local planning. While the three state disability agencies are separate at the state level, they intersect at the local level, which makes the LGU a critical stakeholder and needed voice for the State's determination of the use of these settlement funds.

Therefore, we ask for the Board's consideration of the following recommendations that we believe will complement existing State Aid funding for OUD prevention, treatment and recovery, and support the sustainability of current and newly developed services across the state:

**Workforce Recruitment and Retention - \$40 million**

Funds must be allocated to support staff retention and recruitment efforts to strengthen the addiction services workforce. Workforce support is a critical need identified by the counties.

The Conference supports proposals to enhance workforce support and asks there be consideration for both traditional and non-traditional roles, other innovative strategies for recruitment, retention, and career pathways, and training to support culturally competent behavioral health care teams.

*The Conference recommends the following:*

- Student Loan Forgiveness
- Scholarship funds for advancement to higher level degrees/credentials  
Assistance with funding for credentialing and waiving of credentialing and exam fees – CASACs and Peer/Recovery Specialists
- Development and delivery of training for people who use drugs and the staff of organizations who serve them in testing the drug supply for fentanyl.
- Development and delivery of training for staff on screening and referral around social determinants of health.
- Hazard (during pandemic) and overtime pay to retain staff and sustain or expand hours of services at programs for the duration of the current economic recession, during which usage rates are expected to remain higher.

**Individuals with Co-Occurring Disorders - \$40 million**

The DCSs see a significant increase of individuals entering our systems with co-occurring needs, and many counties have implemented innovative, successful, and transformational program models for treating and serving individuals with these complex disorders and whose needs present some of the most serious challenges to the current system of care. Effective interventions have resulted in decreases in serious medical conditions, criminal justice involvement, crisis and ER/ED visits and educational and employment difficulties, all of which drives down ever-increasing state and county costs.

To reimagine the system of care/continuum of care for these individuals with co-occurring disorders, initiatives and efforts must be shared and collaboration must occur whenever possible. It is essential we consider any solutions with shared initiatives, and create a "No Wrong Door" approach.

*The Conference recommends the following:*

- Statewide training rollout for treatment of Co-Occurring/Complex Disorders
- Develop, Implement and Evaluate Demonstration Projects for Inpatient and Residential Treatment that fully integrate treatment for co-occurring Substance Use Disorder and Mental Health concerns. These models should

include emerging best practices, training, and ample staffing to effectively provide care to individuals with complex needs.

- Provide funds to replicate effective models for co-occurring disorders across the spectrum of services, examples include:
  - URM (University of Rochester Medical Center) short-term crisis respite program which integrates service, tracking, and assessments. This program satisfies and leverages resources of OASAS, OPWDD, OMH, and DOH to support complex populations - as all clients need ALL services including medical/dental/nutrition/physical therapy/pharmacy.
  - Project TEACH (an initiative of OMH) model for individuals with I/DD and SUD. This model must include ER/ED doctors and Behavioral Health Crisis Evaluators/Psychiatrists in the ER/ED. This model should also include training physicians in MH/SUD treatment and OPWDD treatment options.

### **Infrastructure and Housing Needs - \$50 million**

In the wake of the COVID-19 pandemic, there continues to be a growing need to shore up the State's infrastructure, expand access to virtual technology, and support existing and innovative housing options for New Yorkers suffering from OUD.

#### *The Conference recommends the following:*

- Telehealth/Virtual Programming  
Staff:
  - Software and hardware
  - Training
  - Use of best practicesClients:
  - Software and hardware to respond to the issues of inequity and inclusion to address service barriers in marginalized populations
- Increased support for community-based case management, peer, and crisis services to effectively work with hospitals, shelters, police, and high risk populations.
- Development of additional residential reintegration and supported housing beds to allow for continued support for individuals transitioning from higher levels of care, including supports for individuals with co-occurring mental health, medical and I/DD concerns. Reimbursement rates for services provided to individuals in reintegration and supported housing **must** be increased to reflect the complexities of individuals served, allow for higher wages to attract and retain staff, and provide adequate reimbursement for community based work (mileage, travel time, etc).
- Expansion of Recovery Community Centers to include additional locations, funding for sober recreational activities, extended hours, funding for additional peer/family services, and funding for additional basic needs and harm reduction supports.
- SUD Transitional Housing (Jail/Corrections release) - 8 - 10 bed "facility" to support individuals for up to 30 - 60 days while establishing benefits, treatment. Staffed with Peer Recovery Coach, QHP, Care Coordinators.
- Integration of existing client record systems with health information exchanges (Regional Health Information Organizations - RHIOs) to allow more seamless sharing of care and case management across behavioral and medical health services.
- Integration of existing client record systems with social determinants of health directory and referral systems.
- Creation of a financing structure that allows healthcare/behavioral healthcare facilities with substantial property holdings to work with the Federal Reserve Bank and/or state/local opportunities and community development



corporations to create permanent supportive housing with a Housing First philosophy (no abstinence requirements).

**Jail-Based SUD/MAT Programs - \$25 million**

Effective October 7, 2022, current law requires that all county correctional facilities provide various SUD treatment and transition services, along with all forms of Medication Assisted Treatment (MAT) to all remanded individuals with a SUD/ODD diagnosis.

We are greatly concerned about the level of county funding needed to appropriately follow the provisions under the new law. The State's Enacted Executive Budget provides \$8.8 million in State Aid funding towards these jail programs, which now also includes providing access to these critical medications; however, the costs to every county under the new mandate will far outweigh the appropriated funding proposed. For example, Rensselaer County estimates the annual cost of buprenorphine alone at \$492,800. The county currently receives \$160,000 in State Aid to support the entire jail program, which includes all clinical supports.

**Addressing Racial Disparities - \$35 million**

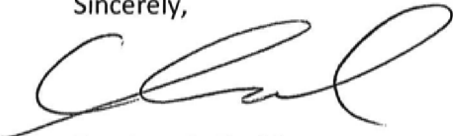
There is a critical need to address the longstanding inequities and health disparities impacting persons of color and low-income individuals and their families. The State must ensure substantial opioid settlement dollars are driven to socially-disadvantaged racial, ethnic, and other population groups and communities.

To nurture and sustain individuals with OUD, and their families - especially members of communities who have been historically underserved and harmed by epidemic - we must provide county-specific funding for the development of programs and services that address these inequities. The DCSs understand that in order to eliminate disparities in the mental hygiene service system, we must first understand the pervasive impact of racial inequity in the development and delivery of OUD services.

Each County has its own unique set of services and needs based on the local population. State settlement dollars should be set aside for each LGU for needs identified under their annual Local Services Plans (LSPs) which are required under state statute. The LSPs assist the state agencies with identifying local needs, and have been recently updated to identify and help drive policies that address racial disparities across systems. Inequities around insurance, access to quality care, trust in the care system, and access to transportation, housing and recovery supports must be made a state priority and can be addressed through the use of opioid settlement dollars.

The Conference commends the Board on its vision and efforts to obtain and provide strong recommendations for submission to the Governor and members of the Legislature that are evidence-based and have shown to be effective in the prevention, treatment and recovery of individuals suffering from OUD, and we appreciate the opportunity to offer these comments.

Sincerely,



Courtney L. David  
Executive Director

**From:** Kathy Rainmaker <[kathys.rainmaker@gmail.com](mailto:kathys.rainmaker@gmail.com)>

**Sent:** Monday, October 31, 2022 1:33 PM

**To:** oasas.sm.OSFAdvisoryBoard <[OSFAdvisoryBoard@oasas.ny.gov](mailto:OSFAdvisoryBoard@oasas.ny.gov)>

**Subject:** Board Comments 10/31/22

You don't often get email from [kathys.rainmaker@gmail.com](mailto:kathys.rainmaker@gmail.com). [Learn why this is important](#)

**ATTENTION:** This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

My name is Kathy Staples and I work with Truth Pharm in Binghamton NY. We are a small organization that has worked for years to navigate people to treatment when they want treatment, honoring their goals and desires. When this board approve large sums of money to be given to organizations under the guise of harm reduction we should understand exactly what that means. I am going to be clear in this because I fear that even though you have already voted you may have not fully understood what harm reduction is. You have approved giving 8 million dollars to an organization that had a person on this board. The optics of that are poor to say the least.

Harm reduction means you work tirelessly to be sure that a person feels loved and cared about. It means making food so someone isn't hungry. It means giving access to health care, so someone isn't suffering from illness. It means housing, so someone doesn't have to sleep in the street. It means putting your self and your desires aside to listen to someone and help them to achieve what they want in their life, regardless of your own wishes.

Harm reduction does not mean 8 million dollars given to an organization that has only managed to navigate 1400 people to treatment.

I live my life in a different way than most, I know that people have value. I know that people are loved no matter what else is going on. I can't stand by and watch. I know that mothers still cry while watching their babies struggle. Dads spend hours waiting for phone calls. Children grow up without their parents. And to be clear this is not just due to opioids. People are suffering from meth and benzodiazepine use disorder and have no treatment options in our state.

When you approve funding in this manner you are clearly showing that the people who died to give NY this money are still of no value. Their lives held no value for you while they were alive according to the standards of society. Their struggle held no value. Their pain had no value. Their death had no value. Sorry, besides the dollars they now bring to NY. So while I have paint on my hands from painting tombstones to honor people who have died from substance use disorder, I suspect others may be concerned about what is on theirs.

October 28, 2022

Debra Pantin  
Chair, NYS Opioid Settlement Fund Advisory Board  
Empire State Plaza  
Albany, NY 12242

Dear Ms. Pantin:

On behalf of the New York State Harm Reduction Association (NYSHRA), we write to express our grave concerns regarding the New York State Opioid Settlement Fund (OSF) Advisory Board. We acknowledge and applaud the Board's achievements to date, including completing its recommendations on schedule; this was due in large part to your leadership in managing the Board and its process. However, we also feel that the Board has taken specific actions that jeopardize its obligation to designate funds ethically and equitably.

NYSHRA is a collective of practitioners working at the intersection of substance use treatment, harm reduction, and social justice. We serve and understand the needs of the high-risk communities prioritized in the Board's recommendations. Most NYSHRA members represent community-based nonprofit organizations that provide a continuum of care to people who actively use substances, are unstably housed, and experience other social determinants of health deficits. Many of us provide medication for opioid use disorder (MOUD), syringe exchange, and other harm reduction services. We also struggle daily to keep up with community demand, regularly delivering services with insufficient funding.

Thus, we were excited by the Board's recommendations and the prospect that all opioid settlement funds would be issued through an RFA process that fairly evaluates each program. In our view, this would ensure the equitable distribution of funding. However, specific actions allowed by the Board make us question whether the Board is committed to delivering on equity.

We have witnessed clear ethical conflicts of interest. For example, a medical director has been allowed to stay on the Board, even when his program was designated to receive \$8 million—the one and only program of its kind to be line itemed on the OSF scorecard. We cannot understand how he is ethically representing the needs of New York State when he campaigns for and secures such disproportionate funding on behalf of his program.

At the October 19 OSF Board meeting, we were further shocked to learn that funds were being disbursed without the release of an RFA, let alone without applications for consideration. Second, we found it unusual that \$8 million would be granted to what appears to be a pilot program that has no outcome measures and does not offer fully integrated care.

For those of us who hope that the OSF will lead to meaningful change, we view these actions as quid pro quo. From our perspective—the perspective of the public—the Board’s ethical obligation is not being carried out. You and the Board have the power to ensure that the process is conducted in a manner consistent with the best interests of the State, and in the best interests of the highly vulnerable people who will benefit from services supported by these funds.

We hope to have a further discussion about these issues with you. Thank you for your attention to this urgent matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Turner'.

Joe Turner, JD  
Co-Chair, NYSHRA  
President and CEO, Exponents

A handwritten signature in black ink, appearing to read 'Alexis Pleus'.

Alexis Pleus  
Co-Chair, NYSHRA  
Executive Director, Truth Pharm

cc: Dr. Chinazo Cunningham  
Johanne Morne





# Overview of Overdose Data

2015 - 2021

# Alliance for Positive Health

Opioid Overdose Prevention Program

**The following data was collected from:**

- **Reports provided by individuals served through the Alliance's Harm Reduction Programs (Syringe Exchange, Health Hub, HCV Patient Navigation, CDC Public Health Crisis)**
- **Reports provided by our Opioid Overdose Prevention Program (OOPP) Satellite Sites**

# Opioid Overdose Prevention Program (OOPP) Satellite Program

**Our OOPP Satellite Program provides an opportunity for community organizations to provide opioid overdose prevention training and Narcan kits to their clients and staff.**

**Satellite sites include:**

- **Substance Use Treatment Providers**
- **Mental Health Providers**
- **Law Enforcement Entities**
- **Community Organizations**
- **Hospitals**

# Satellite Sites

Baywood Center

Behavioral Health  
Services North

BHSN/Washington  
Co DSS

BHSN/Washington  
Co Jail

CCMHAS

Champlain Valley  
Family Center

Champlain Valley  
Physicians Hospital

Elizabethtown  
Hospital

Glens Falls  
Hospital

High Peaks DSA  
Mutual Aid  
Network

Open Door  
Mission

Plattsburgh Police  
Dept.

St Joseph's  
Rehabilitation  
Center

Saranac Lake  
Village PD

Eden Center for  
Integrative Care

St Lawrence  
Seaway Valley  
Prevention Council



# Overdoses Reported

**SUCCESSFUL OVERDOSE REVERSALS  
REPORTED (6/2015 - 12/2021)**

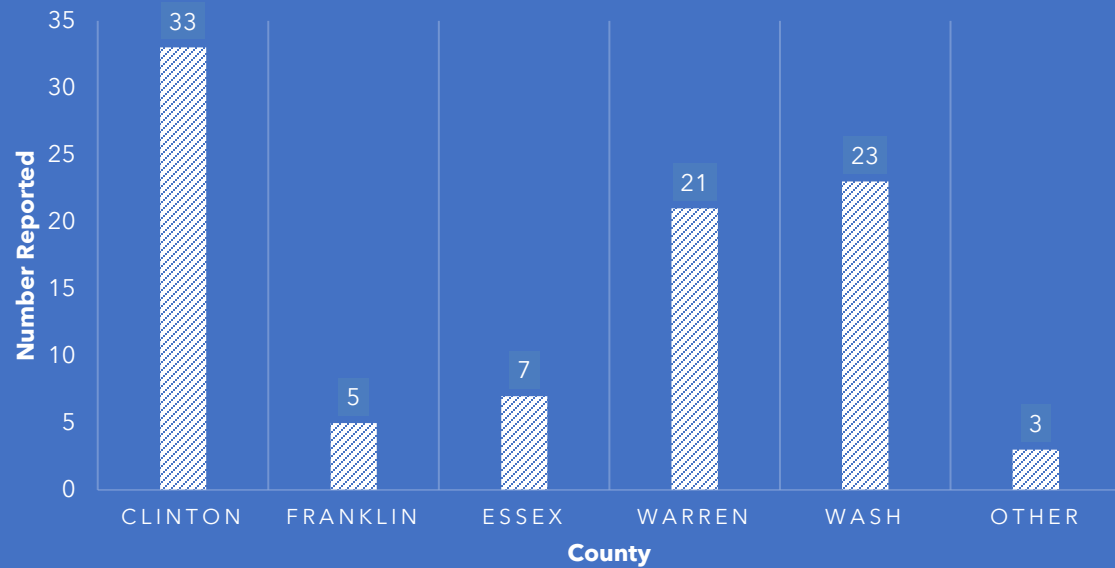


**Overdose Deaths Reported (2015-2021)**

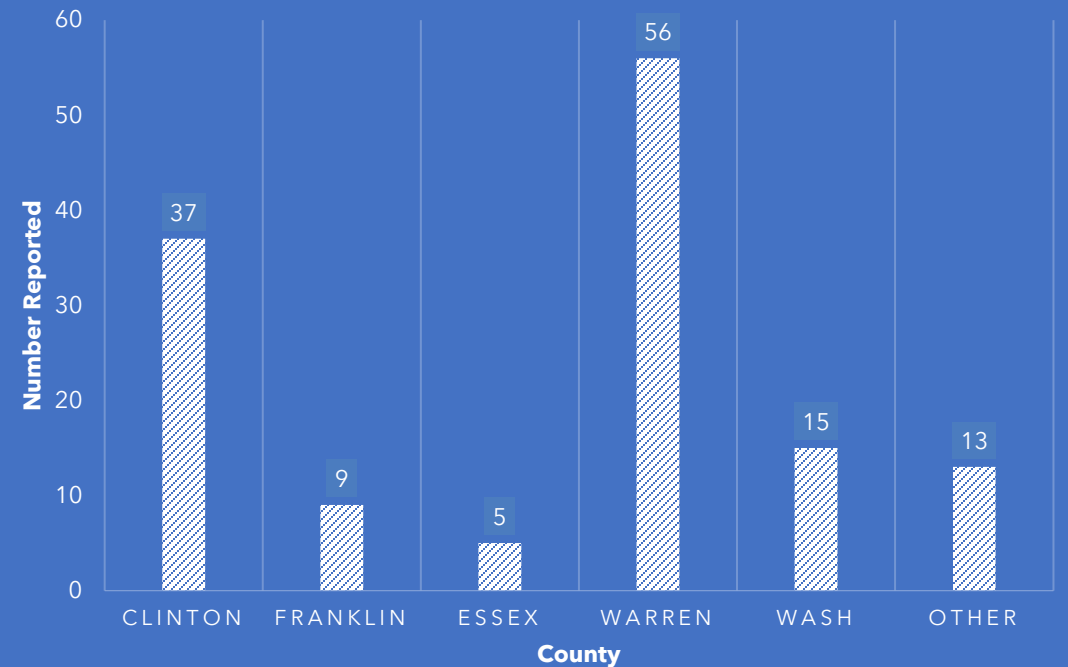


# Successful Overdoses Reported

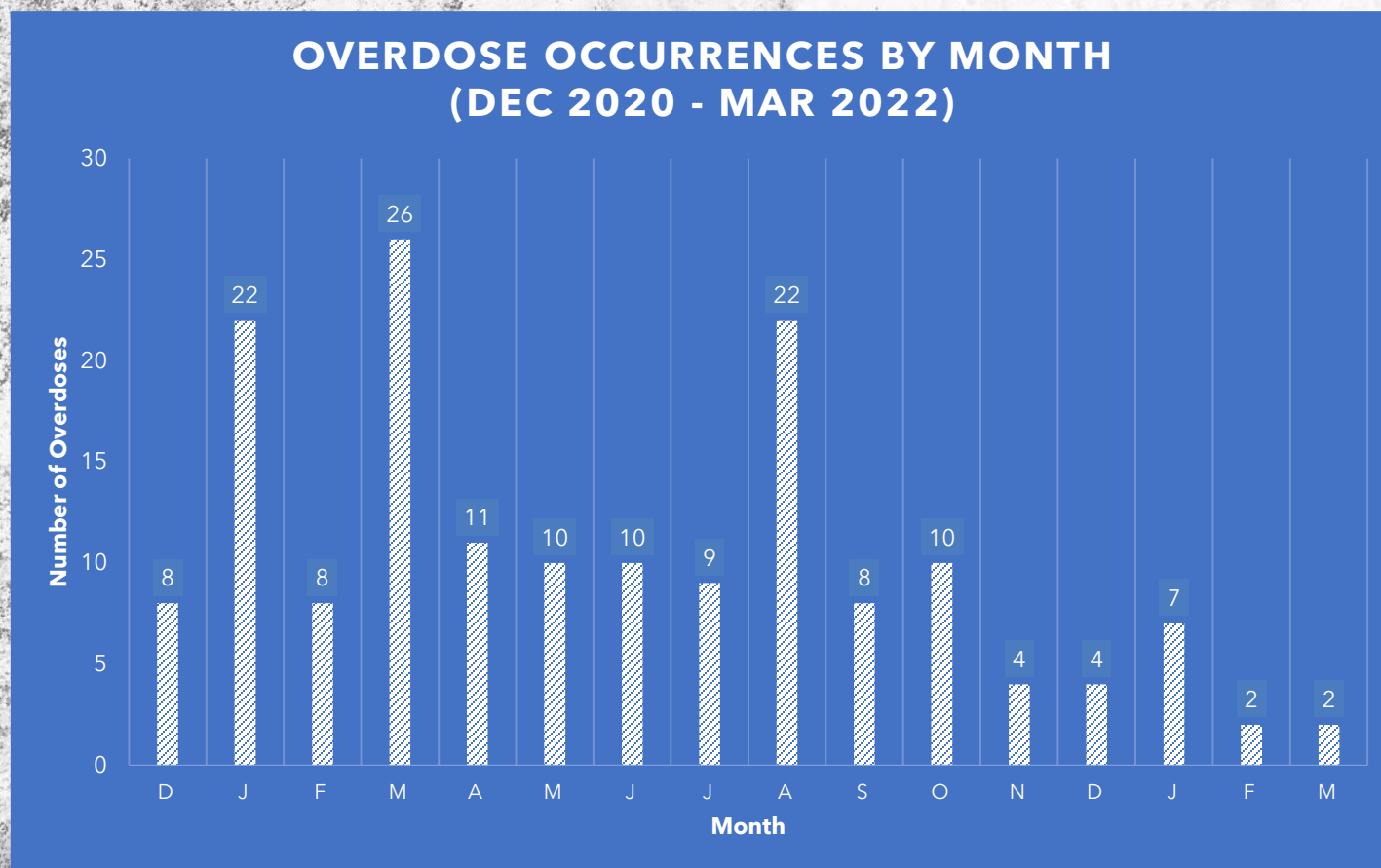
**SUCCESSFUL OVERDOSE REVERSALS  
REPORTED BY COUNTY (2020)**



**SUCCESSFUL OVERDOSE REVERSALS  
REPORTED BY COUNTY (2021)**



# Overdose Occurrences by Month





# Summary

**The COVID 19 pandemic has clearly impacted the lives of people who struggle with addiction.**

**The pandemic increased isolation, depression, relapse, substance use, housing insecurity, financial instability, mental health crises, etc.**

**Distribution of Naloxone increased as well as requests for serving as an OOPP satellite site.**

**Additional funding has been made available to address the increases in overdoses.**

**On a positive note, we may be seeing the beginning of a decrease in overdoses in our region.**

**The good news is that those who serve people who struggle with addiction have remained ready and available to help.**



# QUESTIONS?

**Diana Aguglia**

**Deputy Executive Director  
Alliance for Positive Health**

**202 Cornelia Street  
Plattsburgh, NY 12901**

**518.563.2437, ext. 3412**

**518.925.5183 (c)**

**[daguglia@alliancefph.org](mailto:daguglia@alliancefph.org)**

**Rheannon Croy**

**Assistant Director  
Alliance for Positive Health**

**202 Cornelia Street  
Plattsburgh, NY 12901**

**518.563.2437, ext. 3422**

**518.907.8678 (c)**

**[rcroy@alliancefph.org](mailto:rcroy@alliancefph.org)**

## Appendix D

### Board Member info



#### Lawrence S. Brown, Jr., MD, MPH, FACP, DFASAM

Dr. Lawrence Brown was appointed to the Opioid Settlement Fund Advisory Board by the New York State Senate President Pro Tempore and Majority Leader Andrea Stewart-Cousins and is from Brooklyn, New York. Dr. Brown is the former Chief Executive Officer of START Treatment & Recovery Centers, an agency providing treatment to communities of color in Brooklyn treating nearly 3,000 adults and adolescents with substance use disorders and mental health disorders. A Vietnam veteran and trained in addiction medicine and public health, Dr. Brown is a graduate of Brooklyn College, New York University School of Medicine, and Columbia University Mailman School of Public Health.

A former President of the American Society of Addiction Medicine (ASAM), Dr. Brown has served previously on New York State's Public Health and Health Planning Council and the Behavioral Health Services Advisory Council and the NYS OASAS Medical Advisory Panel. He has also served on various federal advisory committees and councils of the National Institutes of Health and Food and Drug Administration. His government and private industry sponsored research have resulted in peer-reviewed publications, focused upon substance use and cooccurring medical and mental health disorders and the health services system providing these services. Dr. Brown is a Fellow of the American College of Physicians, the College on Problems of Drug Dependence, the New York Academy of Medicine, and ASAM.

#### Anne Constantino, MS

Anne was appointed to the Opioid Settlement Fund Advisory Board by Governor Kathy Hochul. Ms. Constantino's current position as President and Chief Executive Officer for the Horizon Corporations in 1994. In this role she leads the development and implementation of strategic and annual operating plans for Horizon Health Services, Horizon Village and Horizon Health Alliance. Ms. Constantino is also a founding member and current President of Value Network, IPA, a membership organization of WNY behavioral and health care providers working on transformation of the health care system to improve patient outcomes and decrease costs. Ms. Constantino has a MS in Counseling and Educational Psychology and received her Leadership Coaching Certification from the UB School of Management, Center for Leadership and Organizational Effectiveness. Ms. Constantino is an active member of several industry organizations and Boards.

#### Stephen Giordano, PhD

Dr. Giordano was recommended to the Opioid Settlement Fund Advisory Board by Albany County Executive Daniel P. McCoy, nominated by the New York State Association of Counties (NYSAC), and appointed by Governor Kathy Hochul. He is a NYS Licensed Psychologist and has served as the Albany County Mental Hygiene Commissioner since 2011. Dr. Giordano has served the residents of Albany County for over thirty years working with the Albany County Department of Mental Health. Additionally, he has operated a private general psychotherapy practice and has held multiple university teaching positions over the years.

#### Avi Israel

Avi Isreal was appointed to the Opioid Settlement Fund Advisory Board by the New York State Attorney General, Leticia James. Mr. Isreal was appointed to the board due to being a parent, that had a son who battled with substance abuse and mental health. The battle ultimately resulted in his son passing away. Mr. Isreal took his grief and created a Harm Reduction Organization, named Save the Micheal's of the World Inc. to try and assure this would not happen again. Mr. Isreal is from the Buffalo, NY (Erie County area).

#### Suzanne G. Lavigne

Suzanne Lavigne was nominated to the Opioid Settlement Fund Advisory Board by the New York State Association of Counties and appointed by Assembly Minority Leader William Barclay. Ms. Lavigne has 36 years of experience in mental hygiene services with the bulk of it in substance use disorder treatment. She is currently the Director of Community Services for Franklin County.

#### Ashley Livingston

Ashley Livingston was nominated to the Opioid Settlement Fund Advisory Board by Member of the Assembly Carrie Woerner and appointed by New York State Assembly Speaker Carl Heastie. Ms. Livingston is an individual in long term recovery, a recovery advocate, and has been co-chair of Friends of Recovery Warren & Washington since 2015. She is a resident of Warren County.

#### Joshua J. Lynch, DO

Dr. Joshua Lynch was appointed to the Opioid Settlement Fund Advisory Board by New York State Senate President Pro Tempore and Majority Leader Andrea Stewart-Cousins. Dr. Lynch is an Associate Professor of Emergency and Addiction Medicine at the University at Buffalo Jacobs School of Medicine and Biomedical Sciences. He has a passion for education on opioid use disorder and helping patients overcome obstacles when seeking care. He is a state and nationally recognized expert in emergency and addiction medicine.

**Stephanie Marquesano, JD**

Stephanie Marquesano, JD, was nominated to the Opioid Settlement Fund Advisory Board by the New York State Association of Counties and appointed by New York State Senate President Pro Tempore and Majority Leader Andrea Stewart-Cousins. Ms. Marquesano is Founder and President of the Harris Project, a nonprofit organization focused on prevention, treatment, recovery, and systems transformation to address co-occurring disorders. She is the Parent of 19-year-old Harris, who died by accidental overdose in 2013 and had co-occurring disorders. Stephanie is from Westchester County, New York.

**Cheryll Moore, BSN**

Cheryll Moore was nominated to the Opioid Settlement Fund Advisory Board by New York State Association of Counties, appointed by Governor Kathy Hochul. Ms. Moore is the Director of the Office of Harm Reduction for the Erie County Department of Health and the Director and founder of the Erie County Opiate Epidemic Task Force. Having a personal family history of multiple decades, Ms. Moore has lost a sister to an opioid overdose in 2011 after a multidecade journey with her in her disease. Lack of availability and access to services, lack of knowledge about the disease, as well as the stigma associated were the major contributing factors to her death we know today. Her personal mission is to work to make sure no other families experience the depth of despair and hopelessness our family experienced and to create a system where individuals are welcomed and nurtured as they become healthy on their chosen pathways while providing support to children, families and friends. Ms. Moore is from Erie County.

**Debra Pantin, MSW, MS-HCM, Board Chair**

Debra Pantin was appointed to the Opioid Settlement Fund Advisory Board by Governor Kathy Hochul and has served as the Board Chair since September 2022. Ms. Pantin, who possesses more than 30 years of experience in the substance use and mental health, housing and homeless, HIV and AIDS, and healthcare fields, resides in Brooklyn, NY, and is the President and CEO of Outreach Development Corporation at their Headquarters in Queens, NY. Outreach, with facilities in Brooklyn, Queens, Nassau and Suffolk counties, is dedicated to impacting the communities it serves and beyond by building healthy lives and delivering quality care. Ms. Pantin has her MSW, and Master of Science in Health Care Management from Simon Business School at the University of Rochester. Ms. Pantin is committed to providing prevention, harm reduction, treatment, recovery, and integrated services to New Yorkers. These services must be data driven, CQI, and must address areas of inequities. Ms. Pantin is a member of several industry coalition boards.

#### Carmen Rivera

Carmen Rivera was appointed to the Opioid Settlement Fund Advisory Board by Speaker of the New York State Assembly Carl Heastie. Ms. Rivera resides in Bronx County, was a member of the Board of Directors at VIP Community Services for 30 years and has been employed for the last 12 years with this agency.

#### Joyce A. Rivera, ABD, MA

Joyce A. Rivera, ABD, MA was appointed to the Opioid Settlement Fund Advisory Board by the New York State Senate President Pro Tempore and Majority Leader Andrea Stewart-Cousins. Ms. Rivera is Founder and CEO of St. Ann's Corner of Harm Reduction in Bronx, NY 10459. For over 30 years, Ms. Rivera has worked on U.S. drug policy and its intersectionality with health, mass incarceration, disease prevention and social justice. Ms. Rivera conducted ethnography in the first (1986-1990) national study of HIV/AIDS among injection drug users. In 1990, she laid the community and the institutional foundation for enacting and regulating syringe exchange in New York City.

#### Tisha M. Smith, EdD

Dr. Tisha M. Smith was nominated to the Opioid Settlement Fund Advisory Board by the New York State Association of Counties and appointed by New York State Senate President Pro Tempore and Majority Leader Andrea Stewart-Cousins. She is from Monroe County, New York.

#### Ashwin Vasan, MD

Dr. Ashwin Vasan is the Commissioner of the New York City Department of Health and Mental Hygiene. Dr. Vasan is a primary care physician, epidemiologist, and public health expert with nearly 20 years of experience working to improve physical and mental health, social welfare and public policy for marginalized populations here in New York City, nationally and globally. Dr. Vasan began his career in global health, working at Partners in Health and the WHO, and most recently served as the President and CEO of Fountain House, a national mental health nonprofit. He serves as faculty at the Columbia University Mailman School of Public Health and Vagelos College of Physicians and Surgeons, and he continues to see patients at New York-Presbyterian Hospital.

#### Justine Waldman, MD

Dr. Justine Waldman was nominated to the Opioid Settlement Fund Advisory Board by Speaker of the Assembly, Carl E. Heastie. Dr. Waldman is Board Certified in Addiction Medicine, Emergency Medicine, and a Fellow of the American College of Emergency Physicians. Since December of 2016, she has been providing Low Threshold Medications for Addiction Treatment (MAT), Hepatitis C treatment and acute care to People Who Use Drugs. She is currently the CEO and CMO of REACH Medical in Ithaca, NY which opened in February of 2018. REACH houses a medical practice offering integrated primary care and low threshold harm reduction services for people who tend to face stigma in the current medical system. REACH offers primary care, MAT, viral screening, vaccination, and treatment and on demand behavioral health care.

Kevin Watkins, MD

Dr. Kevin D. Watkins was nominated to the Opioid Settlement Fund Advisory Board by the New York State Association of Counties, appointed by Senator Ortt, and supported by Senator Omara and Senator Borrello. Dr. Watkins is the Public Health Director for the Cattaraugus County Health Department, a position he has held since November 2009. He received a degree in Medicine from the Chicago Medical School and practiced Internal Medicine for many years at Cook County Hospital in Chicago. He is past president for the NYS Association of County Health Officials and serves on many state and local boards and committees. He is co-chair of the Heroin/Opioid task force for Cattaraugus County and served nine years on the Council on Addiction Recovery Services a leading community resource for helping those affected by substance use and behavioral dependencies.

William M. McGoldrick, Esq.

William M. McGoldrick, Esq. was nominated to the Opioid Settlement Fund Advisory Board by the New York State Association of Counties and appointed by Governor Kathy Hochul. Mr. McGoldrick is a Prescription Drug Diversion Expert. RxDiversion Tracker LLC. Columbia County, NY.

Dr. Chinazo Cunningham, Commissioner, Office of Addiction Services and Supports

Chinazo Cunningham, M.D., was appointed by Governor Kathy Hochul as Commissioner for the Office of Addiction Services and Supports on December 1, 2021 and confirmed by the New York State Senate on January 24, 2022. Dr. Cunningham is a physician, researcher, and public health professional who brings over 20 years of expertise in substance use treatment in research, care, and program-development that focuses on people who use drugs. She has also partnered with community-based organizations to develop pioneering programs to promote the health of this population. Previously, she served as the Executive Deputy Commissioner of Mental Hygiene at the New York City Department of Health and Mental Hygiene, was a practicing physician at Montefiore Health System, and a Professor of Medicine, Family and Social Medicine, and Psychiatry and Behavioral Sciences at the Albert Einstein College of Medicine. Dr. Cunningham led one of the first clinics in New York City to integrate buprenorphine into primary care, has trained hundreds of doctors to treat substance use disorders in primary care, and led several research studies and published numerous research articles that focus on treating substance use disorders.

Dr. Mary Bassett, Commissioner, Department of Health

Mary T. Bassett, M.D., M.P.H., was appointed Acting Commissioner of Health on December 1, 2021 and confirmed by the New York State Senate on January 20, 2022. She previously served as Director of the François-Xavier Bagnoud (FXB) Center for Health and Human Rights at Harvard University and FXB Professor of the Practice of Health and Human Rights in the department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health. Prior to that, she served as Commissioner of the New York City Department of Health and Mental Hygiene, Director for the Doris Duke Charitable Foundation's African Health Initiative and Child Well-Being Prevention Program; and as Deputy Commissioner of Health Promotion and Disease Prevention at the New York City Department of Health and Mental Hygiene. Early in her career, Dr. Bassett served on the medical faculty at the University of Zimbabwe and went on to serve as Associate Director of Health Equity at the Rockefeller Foundation's Southern Africa Office. After returning to the United States, she served on the faculty of Columbia University, including as Associate Professor of Clinical



Epidemiology in the Mailman School of Public Health. Dr. Bassett received a B.A. in History and Science from Harvard University, an M.D. from Columbia University's College of Physicians and Surgeons, and an M.P.H. from the University of Washington.

**Dr. Ann Marie Sullivan, Commissioner, Office of Mental Health**

Dr. Sullivan has served as Commissioner for the New York State Office of Mental Health since 2014. As Commissioner, she has guided the expansion of community-based treatment, reinvesting over 100 million dollars in community services and enabling individuals living with serious mental illness to live successfully in their community. Dr. Sullivan has taught, lectured, and published on best practices in community care and is an active advocate for her patients and her profession. She is a Distinguished Fellow of the American Psychiatric Association and has served as the Speaker of the American Psychiatric Association's Assembly and on its Board of Trustees. She is a Clinical Professor at the Mt Sinai School of Medicine, a fellow of the New York Academy of Medicine, and a member of the American College of Psychiatrists.

Major initiatives have included the integration of physical, mental health and substance use in care and treatment, integrating prevention, wellness and the social determinants of health in service delivery, reducing disparities in care and enhancements in the criminal justice system that divert individuals living with mental illness from jails and prisons and prevent their return. She has also overseen statewide expansion of critical programs including Zero Suicide, First Episode Psychosis Teams, crisis intervention services and school-based clinics. Working closely with all mental health providers and health plans, she guided the movement of the health benefit for the seriously mentally ill into managed care.

She previously served as Senior Vice President for the Queens Health Network of New York City Health and Hospitals, and Director of Psychiatry at Elmhurst and Queens Hospitals where she developed comprehensive inpatient and ambulatory psychiatric service system that including specialty Asian and Hispanic services, comprehensive youth programs, comprehensive substance use services and Mobile outreach and school-based programs.

**Robert F. Mujica, Jr., Director of the Division of the Budget**

Robert F. Mujica, Jr. became the 34th Budget Director of the State of New York on January 14, 2016. As Budget Director, Mr. Mujica oversees the overall development and management of the State's fiscal policy, including the preparation of budget recommendations for all State agencies and programs, economic and revenue forecasting, tax policy, fiscal planning, capital financing and management of the State's debt portfolio.