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Speaker 1 Good morning, everyone. I'd like to call this meeting to order the third meeting of the Opiate Settlement Fund Advisory Board. We have a lot of people in the room today. We do introductions. We have some folks on the phone that are on video that correct one person. One person at the moment. All right. Well, I'd like to go around the room and have us remind each other who we are. And I will tell you that I know that Dr. Torian Easterling is joining us representing Dr. Vasan from New York City. I think Dr. Easterling is on the phone. Welcome. Is that true? He's on the zoom.

Speaker 2 Yes. Yes. Good morning.

Speaker 1 Good morning. Thank you for joining us. We'll go around and you could give us give us a little bit about who you are. I just wanted to welcome you and and as well. Joanne Morne is the deputy director for community health for the health department representing Dr. Bassett. That correct. Good morning. Good morning. And uh, representing the Oasis commissioner is Patty. Patricia Zuber Wilson. Great. Thank you very much. Those are the new additions, I think, for today. I'd like to go around. I'm Steve Giordano. I'm the mental health commissioner in Albany County that's nominated to the board by the county executive in Albany, New York State Association of Counties and appointed by the governor. I am happy to be here with you this morning and I'd like to go around the room and just remind us who we all are.

Speaker 3 When you're ready to speak, you just be talking like gray button in the middle. Yeah, sure.

Speaker 4 Good morning, folks. I'm Debbie Panton. I was appointed to the board by the governor, and I'm happy to be here.

Speaker 3 Good morning. My name is Lawrence Brown and would start treatment recovery centers. Am I appointed by the Senate? Kevin Watkins, public health director, Cattaraugus County Health Department. Again appointed by the Senate.

Speaker 5 Cheryll Moore. Oh, sorry, Cheryll Moore, Erie County Health Department gov appointment.

Speaker 3 Good morning. I'm Bill McGoldrick. I'm an attorney. I was appointed by NYSOAG. I wrote the expert reports in the national opioid litigation cases on prescription drug diversion.

Speaker 6 Stephanie Marquesano the Harris Project. I am a NYSOAG appointee, NYSOAG nominee and an appointee by Majority Leader Andrea Stewart-Cousins.

Speaker 7 Good morning. I'm Dr. Tisha Smith from Monroe County. I'm the addiction services director for Monroe County and I'm an NYSOAG appointee.

Speaker 3 Good morning. Tom Smith, chief medical officer for Office of Mental Health. And I'm the designee for our Commissioner Sullivan.

Speaker 8 Ashley Livingston. I am an appointed member from the New York State Assembly. I am also an individual in long term recovery. But some of my mentors said that I should offer up a little bit more about who I am. So I am co-founder of Friends of

Recovery one in Washington, which is my local recovery community organization. I was instrumental in advocating for the Hope and Healing Recovery Community Outreach Center, really the Southern Adirondack Recovery Alliance, which includes three recovery centers and covers six counties. I also sat on multiple policy committees and this is really uncomfortable for me. So that's how all I can give you guys.

Speaker 3 Good morning, Avi Israel. Oh, I lost my son to suicide due to addiction. And I'm president of Save the Michaels of the World.

Speaker 4 Good morning. I'm Carmen Rivera from VIP Community Services. I'm the chief vocational and community affairs officer. I was appointed by the.

Speaker 9 Speaker, Carl Heastie. Good morning. I'm Joyce Rivera. I'm the founder CEO of St. Ann's Corner Of Harm Reduction in the Bronx. I was appointed by Speaker Stewart-Cousins. Here we go.

Speaker 4 Good morning. My name is.

Speaker 6 Patricia Zuber Wilson.

Speaker 9 And I am the.

Speaker 6 Designee for Commissioner Cunningham.

Speaker 9 I am the.

Speaker 6 Associate Commissioner for the Division of Prevention and Problem Gambling.

Speaker 9 Services at Oasis.

Speaker 4 Hi, everybody. My name is Ann Constantino. I'm president and CEO of Horizon Health and Horizon Village in western New York. We are treatment provider providing intensive residential and crisis stabilization services, as well as outpatient for mental health and substance use.

Speaker 9 And good morning again, everyone. Johanne Morne and with the New York State Department of Health, deputy director for Community Health.

Speaker 6 I'm sorry. While not an appointee, I will just note that I am Oasis General Counsel Tricia Allen.

Speaker 9 Hi, I am Traci Carnes, Associate Commissioner.

Speaker 4 For Internal and External.

Speaker 9 Affairs from Oasis and Executive Secretary for the Board.

Speaker 1 Dr. Easterling.

Speaker 2 Good morning. Torian Easterling for Dr. Oscar Robertson. Our commissioner helps direct the U.S. Department of Health and mental hygiene. I have the honor of serving as the first deputy commissioner and chief operating officer here at the school.

Speaker 1 And Dr. Waldman.

Speaker 4 Hello.

Speaker 1 Can you tell us a little bit about yourself?

Speaker 4 Oh, I'm so sorry I got in. Yes. I'm Justine Waldman, CEO and CMO of Reach Medical. Thank you.

Speaker 1 Great. Thank you all for joining us. Before we get into the agenda, I had wanted to take a moment or two to share with you some thoughts of my own. Um, and I tell you that ahead of time, because these are personal reflections on where we're at and where we've come from. In our last couple of meetings, I spoke to many of you individually, privately on the phone in person after our last meeting. And I will tell you that many were troubled after the last meeting. Pained, I think, is also a good word. You know, we all come to this forum with our own past, our own history, our own pain and passions. And as the chair of this committee, I can't ask you, and I wouldn't ask you to not feel the pain that you bring here. And again, I'm speaking to all of us. We all carry our own pain in history that brought us to this point. But I can ask you to treat one another fairly and with respect. And I'm going to ask that we operate moving forward with one of the principles guiding us of decorum. I've come quickly to learn a little bit about Robert's rules. I encourage you all to do the same. Amazon.com has a great sheet package. I think that, you know, as long as I am trying to work with this board and come to consensus with you all, I don't think we can have an open forum. I don't think we could have a support group. I don't think we could have group therapy and I don't think we can have meetings like we have had in the past. So this is my personal reflections. I think we become more in common with each other than separates us. We come to this table and I will continue to focus on what we bring and share in common. And I will also continue to give each one of you, as I come to know you and hear you and quite frankly, care about you. I will continue to give each one of you the benefit of the doubt. Each one of you and I will ask I would ask that of each of you as well. And to that end, I'll only say that I'm aware of this morning's Times Union article, because I got a call at 649 from my boss, and I would only say it would have been nice to have known ahead of time that that article was about to drop. So I will leave it up to you. I don't want to talk any of it was an article this morning. Many of you were quoted in it and it's hard to believe that the timing was coincidental. I'm just telling you as the chair I would have appreciated having a heads up. That being said, it is what it is and it's in this morning's Times Union. We I'm told that we were we were ready to have a budget presentation this morning. And and this is our third meeting in which the first two we never got through it. I'm told that Peggy O'Shay is ill and will not be joining us this morning. We were just learned about this. What I'm hoping is that we can arrange to have someone from DOB here tomorrow, if not Peggy. So we left that on the agenda as an item. If the board was so inclined, we would have the financial presentation in its entirety, and I'm hoping that we can have it tomorrow and I urge you to allow it to occur if in fact, we can have the people that we're hoping to have make that presentation this morning. The the chief. Yes.

Speaker 6 I just I just want to state on the because I'm now looking at the article. I'm going to guess that the writer of the article went to the transcripts because like I'm quoted here and I just want it for the record, I don't know how many other people are sitting here under the same position that I've never spoken to this woman, so I see my name. So I'm

assuming she went to the transcript and just pulled quotes out. So I just want to set the tone that way.

Speaker 1 I appreciate the clarification.

Speaker 9 I have no one to clarify that I'm quoted, but I never spoke to the woman.

Speaker 1 Well, I appreciate that. And I don't want to make a big deal out of it. I just wanted to acknowledge it. And my my my point still stands. It would be nice if we were to speak as a board and we would kind of coordinate our contacts with the media. I think it's unfortunate if that's what we will be subject to people pulling out of the transcript and just publicizing it. If I were one of you and had my remarks put in the papers without my knowledge, that would have pissed me off royally. Whether it accurately reflected your feelings or not. But any rate. Thank you, Stephanie. That helped me a bit. Well.

Speaker 9 I'll repeat. I guess we'll let it sit in. You started the meeting with this and feels like a scold.

Speaker 1 But it feels like a lot.

Speaker 9 It feels like a scold. Well, let me finish. I had no idea. I mean, I actually wouldn't even use those words. But in any event, I am quoting members, and I did not speak to this woman just for the record. Anne.

Speaker 4 In an effort. And I think I'm going to play this role consistently because my goal here is to move forward. And I think that we can agree that while many of us may not agree on the details, we're going to agree on the goals. And we get caught up and we're forgetting that. I'm going to say we all the board has been focused on the details and we haven't established the principles yet. So when I say that and I spoke to you, Dr. Giordano, my feelings are that I want to determine what we're going to invest in for maximum impact. That's what my interest is. That's why I'm sitting here. I honestly don't care about the words on a chart or if it's not to say it that clearly. Right. I can't sit here and talk about the words I need to talk about the direction and the goals that we're going. So I would like to I understand your feelings and I understand your feelings. And I would feel the same way if I was I think I was quoted in some article somewhere for what I said. I think we need to give each other a little bit of grace and try to move on. I guess that's all I would ask. We don't have a lot of time and this is too important. So, no, we've we've all got a lot. And there are some very important things that we're going to have to decide and some very controversial things. So I'm going to ask with respect that we move on to an agenda item and try to try to get working.

Speaker 1 Anne, I do appreciate your comment and and the role that you are taking. Opening remarks was an agenda item, and I'll be done in a moment. And I did preface my acknowledgement of the Times Union article by saying that I will strive to give all of you the benefit of the doubt. I was not scolding you. I'm asking you to understand that it was odd to wake up in the morning getting ready for this meeting to see that Times-Union article. I appreciate the clarification and I am ready to move on as well. We did talk about approving the the bylaws today. I've asked you to come to the table with your suggestions, and it's for the charter. I think the last thing that I would like to just point out, which is my orienting principle, is that we're setting the foundation for a generational process. 18 years of settlement funds. And although there is an urgency to the near-term tasks, which I appreciate and I second the notion that we need to get to the work quickly, I also am

committed to remaining thoughtful and steady in our approach because we are laying bricks for the next board and the board after that and the board after that. And lastly, I appreciate being reminded and I will remind you as well of why we are here to begin with. I think we can honor the people who have lost their lives by creating a strong and just foundation for this board moving forward. And and to not forget the remarkable position that we find ourselves in. We've come here, as I said, with our own histories, our path. Our passions, our pains. Each one of us. So although trust is earned, trust by definition requires a suspension of judgment about the person across the table. And I am looking forward to this group developing trust for one another as we move forward. And that's basically what I wanted to share with you this morning. So the changes to the agenda are that, as I mentioned, the the budget discussion will be hopefully pended until tomorrow. The first item on the agenda is the review and approval of minutes from the June 28th meeting. I think if you were carefully looking at the attachments, those ten minute meeting minutes were not attached. So I was hoping that we can get those as well for tomorrow. So we're we're at the point of the charter. Yes, sir.

Speaker 3 I just want to touch on a point that you made at the last of your comments.

Speaker 1 Yes, sir.

Speaker 3 About trust.

Speaker 1 Yes.

Speaker 3 And I want to touch on that for a minute, because I think it's very important for all of us. So I'm just going to say this. And people can make whatever they want to make. I think most of us feel that the beginning of this whole affair was not really done very honestly. I think most of us have felt like, okay, I'll speak for myself. I felt like we were not given the respect that we deserved. I felt like a OASIS. Office of Management and Budget. And you can go right down the line. Did not play fair to begin with. I'm willing to forget all that if we get a promise that one day from today on, everything will be wide open. Because if you want us to trust. Then the rest of the group, especially the government side of it, has to play fair. And if they're not playing fair, you're never going to get trust here. And, you know, the other thing that really bugs the hell out of me is how come there's no commissioners here? We had one commissioner here in the beginning, the very first meeting, and didn't have any commissioners here. And if you're going to tell me if they going to tell me that they're busy, so am I. And I think everybody else. So if we're going to have trust and if we're going to respect this board and if we're going to respect the mission of this board, I expect every goddamn commissioner to be here and to show respect. And if that's not happening, then it's it's really it's one sided. And if we're going to get information, okay, I want to get it complete ten days before or whatever. I do not want to get information at 628 on a Saturday afternoon. So let's get this off the table. Let's get everything and let's start new. But however, maybe in the next meeting, we can have some of the faces that represent Governor Hochul over here so we can direct some questions to them. That's all.

Speaker 1 Thank you Avi.

Speaker 3 All right.

Speaker 4 Can I make a request about the commissioner representation? And I would just respectfully request that the fill-ins are the same people because they feel like we're going

through a process and you can't just come and sit in the chair because we're going to have to vote at some point. And I believe everybody gets a vote, right? I don't know if it's at all possible. I would respectfully request the same representative if it's not going to be the commissioners than who it is and them doing their homework along with the rest of us and getting to know what we're all about, because the constant exchange of personnel is not going to further our goal.

Speaker 1 Thank you. And are you making a motion?

Speaker 4 I could. Should I move? It was really respectful request, but I could make it a motion.

Speaker 9 Yeah, I think so. Sorry. We don't have the bylaws approved here, and that's not to say I disagree, but just simply we don't have them approve yet. And I think that that would probably fall under our officer, the office of the board, the executive secretary, that names that they will be a designated person to substitute for that position. So maybe it could be moved to some. But it is. It is they are under the office of the board. I then executive secretary about substitutions. So maybe you could we could add it when we approve the board bylaws.

Speaker 1 For the record, I agree with both of your comments. I find that a little dis concerning, although I appreciate and respect the designees and I often have to have designees myself in various settings. I think the importance of having, uh, the highest level decision maker in the organizations that are to be represented here is important. And if that were not the case, I think we need consistency at the table. So I appreciate both comments and agree. And I also would like to suggest that. Starting fresh is always a good idea as a group and for each of us. All right. So then we are left with getting to the rest of the agenda and the next item is approving the revised bylaws. Discussion. I take it, Tracy, the green is the revisions that were made? Correct. You all have that copy in front of you. If there's no other comment, I'll just point out that on page three, Article three, Section one A, there seems to be a odd floating sentence in the end of this. At the end of the edit. Do you see that article three, section one a. In Article three, Section 11, actually Section 12 on public participation. I, I would just like to discuss with you all a bit more whether or not we should seek to clarify that statement. With the guidelines. I think we all agreed last time that it was important. Sure. In Article three, Section 12, it's on my page five. And it reads, The boards will allow participation of members of the public in board meetings during the public parties the participation portion of the meeting. I guess maybe a question as well as a discussion if necessary. We've not identified a public participation portion of the meeting and are we so doing by this section?

Speaker 8 Ashley I believe that last time we said that we would add a public portion to each agenda. Okay. So and I am in support of that. I think that in order to be a good, transparent body and truly represent the communities that we're all here to do, because I agree with everyone's comments. Right? We're here to do something meaningful. But I think that nothing about us without us. So allowing them to give comment, especially if they've been afflicted, maybe they've lost a child, maybe they themselves, you know. So I think it's really important. And I think moving forward, we had said that the chair and vice chair would be responsible for determining what that length of time would look like in the agenda. All right. Should we spell that out?

Speaker 1 I do recall.

Speaker 6 That like it was in the transcript from the first meeting that we had gone over, like the details of what that pause or the second meeting, sorry, the second meeting, what that portion looked like. Okay.

Speaker 1 I do recall that discussion now, and I agree with you both. It just seemed that we had condensed it to a statement that left a little bit to the imagination. And, um, so basically what we're saying is, is that this will, this reads suggesting a standing agenda item with the time determined by the chair and the board, the co-chair for each meeting. Yes, please. Cheryll. Yes.

Speaker 5 Can I suggest with this just for the public's benefit, that we ask them to sign up ahead of time? I've been at school board meetings and there has not been enough time for the public to bring their comments in just so that we know, so that we can honor their time also.

Speaker 1 I think that's a very good suggestion. I appreciate that. Is that technologically satisfactory and doable?

Speaker 9 I Joyce, they may not have the means by which to request that. I understand your position. And so perhaps we are allowing us to a certain amount of time. The chair and device can be determined that at the end of each meeting and, and leaving it there rather than adding more to it. I think it's simple to the end and allows folks to come in if they if it's 20 minutes or a half hour and you come in later, I mean, we can determine at that.

Speaker 1 Point, but. Joyce, can I ask what about encouraging people to sign up, if possible? And if they're not able to, then we will.

Speaker 9 See if it's.

Speaker 1 Encourage.

Speaker 9 Allows. And I'm fine with reinforcing and encouraging people to sign up, but failing to do so, they can still participate if they make it within the amount of time that there's been a lot.

Speaker 6 Stephanie And we can have a sign up at the start of the meeting so that when people come in, we kind of can gauge what's going on. So we know three people are speaking. Maybe we're going to give them 6 minutes of 20 people are speaking. Maybe we'll you'd you know that we you would make the decision. That would be 2 minutes. That's a good point. Frame out.

Speaker 1 What about the the streaming piece? Are we encouraging people to are we on Facebook or are we just where are we streaming? How are we streaming on a website? On the website so people.

Speaker 6 Know if they would.

Speaker 1 To have people can interact. All right.

Speaker 9 All right. Then we should do some them.

Speaker 6 Do we want to then taking that into account, do we want to put something up on the website for the board that says if you have comments, you can send it to an email and there's like an email so that if you wanted to, let's say you're in Brooklyn and you want to have it read aloud, they can do that. I don't know what the policy.

Speaker 9 And our email.

Speaker 4 The board's email.

Speaker 9 Box is posted online.

Speaker 6 Okay.

Speaker 4 So people can do that at any time.

Unidentified Actually. All right.

Speaker 4 Do you want a motion to try to retry?

Speaker 1 Can you get all that into motion?

Speaker 4 No, I. I think we've not made a change, so I would move that we accept the bylaws. Oh.

Speaker 1 Oh, let me just.

Speaker 4 We had our.

Speaker 1 Discussion. I didn't get to the last page yet.

Speaker 4 Oh, I'm so sorry. I thought we're there.

Speaker 1 I'm just making sure that there were no other things.

Speaker 8 So can I just say that when I took notes, I believe that we were going to say the board where we said the board shall issue guidelines regarding participation of members of the public in the board meetings during the public participation portion of the meeting. So are we going to add an additional sentence?

Speaker 1 Well, that's why I brought this up, because I thought we were missing something. But I think your your first comment was that it was a it was adequately reflected in that statement. So I don't know that we need to clarify it at this point.

Speaker 8 Are we clarifying how they can participate or. Well, we don't need to do that. I guess that's my next.

Speaker 4 I think we need to leave it open. Okay. Because you know what? In future years, they might want to dedicate a whole meeting to hearing from the public, which actually may not be a bad idea at some point. But I think we need to so long as we're allowing public input, I think we need to allow the process to evolve and then for public input to be flexible depending on where we're at in our agenda. Okay.

Speaker 1 Sure. You can say something. All right. So I have gone through the last page and. Oh, I'm sorry. Yes, sir.

Speaker 3 This is Lawrence Brown and the chair. I think I sense the spirit of my colleagues. And I would like to suggest to them that we consider leaving it as it is. And I say that because we have to look at the bylaws from the standpoint it doesn't necessarily have to speak to every particular task of this board as long as it gets the overall sense and the sense. And it seems to me that this allows for flexibility, that the way it is currently written, it would seem to be sufficiently acceptable for people to interpret it in a way consistent still with the bylaws and meet our aspirational goal.

Speaker 1 Thank you, Dr. Brown. All right Anne, its up to you.

Speaker 4 So I move that we accept the bylaws as revised at our last meeting and as reviewed today.

Speaker 3 Second is Dr. Watkins. And we'll we'll go second that Avi.

Speaker 1 Yes, sir, I've third. Well, then Bill fourth.

Speaker 8 But may I ask something? Are we not going to put something in about the designees? Because that would fit in our bylaws. So if we adopt them as is, then that would actually be counterintuitive to what we had discussed.

Speaker 9 But I'll have to revise to correct. Okay, let's do it now.

Speaker 1 Can you repeat that, please? I'm sorry.

Speaker 8 Right. So we had mentioned prior to skipping to the section about having consistent representation from the state. Yeah. So were we going to introduce language in our bylaws that would hold them of I mean, because like I couldn't necessarily be like, hey, I'm going to have so-and-so represent me. And I know that in the law it does say, you know, the commissioner or their designee, but should we have language asking that it be our consistent designee? Correct.

Speaker 3 Okay. I totally agree with what Ashley say, that we need to have somebody here, as an said, a consistent person or else the commissioners themselves. I personally would love to see the commissioners. Yeah, because what I meant, Steve, I'm not done. I mean, I think. This is important, whether you like it or not. What do you think is just routine or not? My son died. So this board got this money. So this state got this money because of my son and many other kids that died. And if that's not important to the commissioner, damn it, that pisses me the hell off. So if I drive all the way from Buffalo and take three days away from my family to be here, I expect every goddamn commissioner to be here. And excuse my language, but I'm really upset at the fact that every time I look at the table wear and I see different faces and you know, and that's really upsetting. It's so disrespectful to all of us and to my son. And I'm willing to put up with a lot from Oasis, which I have in the past few years. And you know what? But but all I hear from this governor is there's going to be transparency and we're going to have rules and regulations and everything. But you know what? Meet the new boss. It's the same as the old boss. I want commissioner here. can i make a

Speaker 9 motion.

Speaker 1 I mean, to me. Well, I'd like to I'd like to just ask a question. We now have two different ideas on the floor. One is having the commissioners attend and the other is having consistent representation. Are you able to put that into one motion?

Speaker 4 I can.

Speaker 1 Oh, Anne can we just. What is the section that we're. I don't suggest we want to amend this. Where what page that applies.

Unidentified To the article or A, B, C, D and.

Speaker 6 Joyce It also comes up at the very beginning, though, section one, section one A so I just don't want to do it later. And then they're like, Oh, but what about the first? Like, I like it to be consistent and I'm sorry.

Speaker 1 Can you? Whereas it's definitely the first one.

Speaker 6 So it's article two, section one a.

Speaker 1 Article two is section one A.

Speaker 4 Oh, yeah.

Speaker 6 I'm also going to say that it's problematic when we schedule meetings and the designee or the commissioner isn't here because we're picking dates that are working for us, and then we're starting this domino of not having access to calendars. And so I think that's part of this global challenge that we're all facing. So I do want to know one thing.

Speaker 9 You're correct. The statute allows for a designee.

Speaker 6 It doesn't specify.

Speaker 9 The same designee every.

Speaker 6 Time. I appreciate the statements that are being made, but that does mean that if a specific designee is selected, the calendar is going to be subject to their availability.

Speaker 4 So I just want to make you guys consider that. So to the.

Speaker 6 Extent that you can provide flexibility in the event that the designee is not available, it's important by a commissioner or the designee. So basically, there's two shots at getting somebody there. Mm hmm.

Speaker 4 And if they don't if they can't attend because they're otherwise occupied and occupied, the board continues with its business. I mean, let's face it, we all run businesses and we're all prioritizing this and we don't have designees. Right. So and this is and by the way, this isn't our main business. It is in from a mission standpoint. But for the commissioners, the investment in the system of care that saves people's lives is their main business. So I don't think it's unreasonable to clarify that, that we would be limited to one designee and that if they are unable to make the meeting, well, they're unrepresented and

that's on them and they're accountable to that, just like we're all accountable for our responsibility. Right? Stuff happens. I get it.

Speaker 1 But so the law state commissioner or designee, we can't change the law. Your question.

Speaker 4 You want to clarify your.

Speaker 1 Point is, is that the that it's either one or the other and both have to be identified and named?

Speaker 4 I would say a designee. A designee is actually singular.

Speaker 3 Let me ask the question actually.

Speaker 6 How to do this, though. I mean, by law, let's that's let's just not waste time if if it's in the bylaws or like mandated in the law.

Speaker 9 I would say that the law.

Speaker 6 Gives the commissioner authority to designate somebody to come. And it does not say that it's only one person and can only ever be that one person.

Speaker 1 But can we say that? Yes.

Speaker 3 Well, didn't the commissioner get appointed by the governor? Right. Isn't there a law that says you missed three appointment, you get kicked off. So right now they missed two?

Speaker 6 No, because their designees are present.

Speaker 4 Let's not get hung up here.

Speaker 1 As we have.

Speaker 3 we can go round and round over here and get nothing done.

Speaker 1 Ashley.

Speaker 8 Yeah. Let me make it so. So this is what I would like to suggest. Right. So a designee is. Is like an said singular. And so I think that we can specify and they are voting members of the board. Right. So they should be held to the same sort of standards that other board members are. So it could be we can't change the law. You're right about that. However, we can put in our bylaws that it is a specific like the same designee every time. And then if they are not able to make it based on the meetings, because we're all having to kind of collaborate together in terms of our availability. And if the commissioner and the specific designee is not available, then we would move forward and they would forego their vote the same way that we would forego our vote

Speaker 1 That's a good clarification, and it brings up a thought for me. My trouble with absence where the changing faces is. I would like to see decision makers at this table. Exactly. And if you are going through it through, I would like this. I would like to see a

decision making designee. If the commissioner can't be there, because because what I what troubles me in this forum and in my other life is to spend all this time and then have someone say, well, I'll circle back or I'll get back to you or you I'll have to talk to the if you're coming here, it's because you've been deputized and it should be one person. Stephen That's my opinion.

Speaker 9 Yes, ma'am. I, I don't think that it is actually article two because that brings the. No one is questioning whether these folks are appointed or not. And article two is basically asserting who's been appointed. So how they participate is not part of that order. So I would suggest that we go back to Article three regarding participation, because that's what we're talking about. No one is questioning that the commissioner or the the appointees belong here or not. That's part of the law. But what we are questioning or requesting is that those folks who are who are decision makers need to attend because we are relying on their participation per the law. And I think that that's where we should put it.

Speaker 1 So we're not we're not asking to change the law. We're asking to clarify.

Speaker 9 What the law is.

Speaker 1 Participation and choice. If you could, again, just show me in Article three with I'm not seeing the point.

Speaker 9 So I think I mean and I can defer to the lawyers on the board here, but it should be about the participation. So either, you know, right from the beginning where it states that, you know, we should and we're meeting quarterly, there is after section three, there is a majority the voting members there is then follows the executive secretary. I think that either be to either after 1 to 2, three, four, somewhere after four or even between. We should just just simply make make the statement that all appointees were all appointees have been given responsibility, decisionmaking responsibility, and we expect that they will make the meeting.

Speaker 1 Well, rather than insert that in the article and have all the numbers have to be change, why not just add a section 13 a section?

Speaker 9 I mean, Article three.

Speaker 1 Section 13.

Speaker 9 Oh, I can't answer what you're saying.

Speaker 6 I just want to note again for the record what the statute says. And it is not singular.

Speaker 4 It is plural, it is.

Speaker 6 Designees. And the statute grants the authority.

Speaker 4 And you guys are not through bylaws.

Speaker 6 Able to alter the statute. But I think acknowledging the concerns that are expressed and going forward with the spirit of trust that we are working towards.

Speaker 4 What you could request is that it be.

Speaker 9 The same designee.

Speaker 4 To the extent practicable.

Speaker 6 You guys have voiced your concerns. This is the first time you are noting it.

Speaker 4 So I think.

Speaker 9 It would be a good idea.

Speaker 6 To include some flexibility.

Speaker 4 But acknowledge the request.

Speaker 1 In the bylaws. Dr. Brown than Bill.

Speaker 3 Mr. Chairman, I am hearing and I've always been really sympathetic to the concerns that many of us have about how we came to be on this body. It just seems to me that we are trying to do too much in the bylaws. I think the sense of this board can be conveyed without anything being placed in the bylaws. I would recommend, Anne I and I want to thank you for your receptivity to modify your motion to include additional information. But I would suggest that we go back to the motion that and made and the sense of the board be conveyed and a motion separate from the bylaws. I think that's just as strong to convey to, in fact, any of the stakeholders about the importance that this that this board feels about their representation.

Speaker 1 Dr. Brown. Thank you, Bill.

Speaker 3 I just wanted to add that, you know, we can rely on the commissioners to see if and find out what happens, if they will, you know, try to keep it to one designee. Failing that, we really would have to go back to our contacts in the legislature and make it clarified that this way the commissioners are compelled to do what we think is the right thing.

Speaker 1 Let me ask them, from what you're saying, is that the motion that is about to be put forward is not about amending the bylaws. It is a separate motion to make our point clear.

Speaker 4 I'll withdraw my motion, and I believe that Dr. Brown is making a separate motion.

Speaker 3 Is Lawrence Brown. I'm certainly happy to do so. So I'm happy to make a motion to we approve the bylaws as revised and that full stop. I want to second if I can and say that we call for the question I'm sorry and ask that we call for the question.

Unidentified Well, I'm not going. All those in favor. All those opposed.

Speaker 1 Motion was made by Dr. Brown.

Unidentified Seconded by Dr. Watkins? Yes. Now.

Speaker 1 Are you prepared to make a separate motion?

Speaker 4 I am. Anne, I guess it is a motion, right? That, for the record, we are requesting all commissioners to assign one primary designee and understand the need for consistent representation.

Speaker 1 Before we respond to that.

Speaker 4 Anne, if I'm saying.

Speaker 1 How can we add. With decision making.

Speaker 4 Yes. Yes. Yes. Thank you.

Speaker 6 Yes. And how do we define the term? Like is it for the year? Is it for a three year term? I just want to make sure that we're being clear enough so that they know what the ask is. Because if we're also possibly going to add that if that isn't abided by, then we would recommend to the legislature that they change the law. So I think we want to make sure we follow that like a timeframe. Like is it a one year designation.

Speaker 1 Of definition is interesting because if the commissioner should change and I know that as a commissioner that could happen at any moment, there can be new designees accordingly. And so I don't know if we could stipulate that that a term might not mean anything.

Speaker 6 I'm just you can see, though, where if it's open ended, how long is it let's say somebody is in the department for 30 years like them. And then what's the mechanism to change the person? So I'm just say if we're putting in how.

Speaker 1 No, no. Since we're all we all have three year terms not to exceed a single designee with decision making authority, not to exceed a period of three years.

Speaker 4 And this is a respectful request. Yes, this is our expectation that we're noting for the record, that is how we plan to operate and what we need.

Speaker 6 So recognizing there could be changes in personnel. Yeah, we're respectfully requesting that.

Speaker 3 I, I think that I don't know if we're going to make that suggestion. May I just say that the commissioner needs to make an attempt to get here? If they cannot make it for whatever reason, I don't know. Something fell from the sky and hit them. They can get the same person to show up.

Speaker 1 So perhaps the perhaps the ask is that we want the commissioners here absent absent the commissioner, we would like a single decision making designee for a period of not more than three years. Yes.

Speaker 8 Third of.

Speaker 3 The now. Second that motion.

Speaker 1 And our third, I think. All right.

Speaker 3 So we with the question, please.

Speaker 1 Yes. All those in favor of of opposed abstentions. The motion was made by Anne Constantino, seconded by Dr. Watkins.

Unidentified Yes. Uh. Okay.

Speaker 1 So the the bylaws are approved. We've made a respectful motion for the record. Someone needs to deliver that motion to the commissioner.

Unidentified Oh. All right. So did you.

Speaker 1 Know that that was that was a bad joke. Before we get to the charter and it may very well be. Well, I probably should have brought this up before we approve the bylaws, so forgive me, and I think this won't change anything. But there was to be respectful to those of you who have brought items to me in the past few weeks, there was a request to consider the use of subcommittees and committees in our process, and we've given it quite a bit of consideration. We've talked with Council on this. It appears that there are some significant limitations to moving forward in that direction. I don't mean to put you on the spot, but you urged us to consider this. Can I ask you to share your thinking on this?

Speaker 3 Again. You know, I'm one of those attorneys who doesn't think he's an expert on everything. I think we need to get some guidance on legislative counsel, from legislative counsel on a public officer's law and how it would impact the desire to use committees.

Speaker 1 Bill, thank you. We actually sought some counsel and there was counsel at the table who can correct me, but it seems that any subcommittees or committees would be subject to the same rules of operation as a as a, you know, the public meeting laws that would apply to the board, and that there are very limited bumpers in terms of what could be worked on without it appearing as if the board were acting in private.

Speaker 3 Well, that answers the question that just becomes too burdensome.

Speaker 1 I think so. Tricia, does that accurately reflect?

Speaker 4 Yes, thank you.

Speaker 1 I think it's unfortunate, but I think that is the the. The scope of the work that we could do and the expertise that is at the table could only be enhanced by being able to talk in other forms about data and planning and finances and all those kinds of things. But where we're subject to, and understandably so, the requirements of the public meetings law. Thank you, Bill. All right. So the next item is, is looking at the charter with the hope of moving that efficiently forward. I asked you to prepare your comments and remarks about editing that with the eye toward moving that to motion as quickly as possible. But I open that for discussion.

Speaker 6 Chair, I have a question.

Speaker 1 Yes.

Speaker 6 I see. Dr. Easterling is here via Zoom. And we all know that Dr. Vasan was very important in the conversation about the North Star and the litmus test. So I created my comments thinking that he would be present and that would be taking it sort of to the next level. So not to put you on the spot. Dr. Easterling and I don't even know if you have a copy of my draft that I sent out because it was late last night and I can definitely send it to you now. But did he happen to leave you with notes about the North Star, the litmus test?

Speaker 2 I mean, he is not an I do not have a copy of your notes.

Speaker 6 Do you have his email address that I can. Or can you forward what I sent last night to him?

Speaker 1 I do not. But I imagine. Dr. Vasan.

Speaker 4 I owe you. Okay. You want to keep talking? Yeah. Everything up all your time.

Speaker 1 Okay. Well, Stephanie, I. You know, I appreciate that the thought has gone into this to the point that we were talking about before, about getting information with not a lot of time to look at it. I have not been able to to read or see this or if you could maybe give us a.

Speaker 6 The goal really wasn't to present it before because I kind of felt like that's not really appropriate. It was just that if people were using their computers, they would physically have it. Yeah. So.

Speaker 1 Yeah. And I asked that you bring it. You bring your idea.

Speaker 6 Yeah. So. So without unless you want me to read it aloud for the audience, which I'm happy to do. I think that part of my interest and reason for being on the board is a focus on co-occurring disorders and the language of the opioid settlement law, including co-occurring disorders throughout. There has not been a lot of space or discussion about how to interject that into the work. And so with Dr. Vasan putting out the North Star litmus test, there needs to be some kind of meets behind that. And so while we're not recommending any specific agencies, organizations, providers get funding, there is an overall vision that we're looking towards, particularly as the state creates an overview. And then there is an expectation that that would transfer down to the LGU's so that there would be a better understanding of what the larger vision is, which is why I'm as I said, I'm happy to read it aloud if people want me to.

Speaker 1 Stephanie. Stephanie, I have no objection if you read it to us.

Speaker 9 Okay. Now.

Speaker 6 I'm sure there's tons of copies. Yeah. Anybody in the audience, if anybody wants. I have plenty of copies. Thank you. So here we go to apply the principles of public health data driven change, equity, evidence based interventions, best promising practices to the public health epidemic of substance use disorder that the Opioid Settlement Funds Advisory Board is designed to address with the settlement resources. The following additional factors are recommended to be overlaid on all funding allocation decisions among individuals who have or at risk of developing substance use disorder, co-occurring mental health conditions including but not limited to the impact of trauma or an expectation. Individuals with opioid use disorder in particular have been identified by

SAMHSA, substance abuse, Mental Health Services Administration. For those who don't know as having a higher prevalence of co-occurring mental health and are likely to present for help in mental health and primary health settings as well as in some settings. These individuals often have poor outcomes and higher costs and in many settings are not only not prioritized for care, they are regarded as system outliers who may experience considerable inequity and disparity in service design and service delivery. Therefore, they should be a priority for attention within the scope and reach of the OSFAB and in line with approved uses of opioid settlement funds as described in section 25.18, particularly across the continuum of care wherever else applicable for individuals with co-occurring SUD and 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. This needs to be a core principle of OSFAB funded services in the case of New York State. This can include providers and services, including hospital, outpatient care management, peer and housing operated under the Office of Addiction Services and supports the Office of Mental Health and or Integrated Outpatient Service Licenses. For this reason, all services funded through the OSFAB should be designed to be co-occurring capable at a minimum, that is to be designed on the expectation that the people receiving the service in that setting will have co-occurring issues and that each funded service must be designed to provide integrated mental health and safety services routinely to the people served in that setting. Co-occurring capable interventions and such services must meet criteria that use the lot, utilizes established measurement tools for continuing improvement of co-occurring capability, including the implementation of appropriate mental health and trauma informed interventions. Co-occurring capable services in adults and children in mental health settings must utilize similar measurement and improvement strategies and must include but not limited to implementation of medical. Haitian treatments for opioids, alcohol use disorder and other substance use disorders as applicable within MH. MH licensed settings. Children's Services Settings must also focus on identifying and engaging parents and care givers with SUD. MH and co-occurring disorders who may be responsible for children with or who have a greater risk of developing serious emotional disturbances, intellectual developmental disabilities and physical health challenges. Service development can and should include attention to expanded capability in primary and specialty health care settings, including pain clinics for identifying substance use disorder and mental health concerns and providing appropriate interventions. Medication treatment for study and attention to common co-occurring mental health conditions such as major depression, anxiety disorders and trauma within the framework of a public health model. Working to address the high volume of people in need for intervention and the high prevalence of broader comorbidities in that population. Available resources should be utilised as much as possible for capacity building to meet population needs, as well as for evidence based and best promising modalities that meet the needs of individuals with co-occurring disorders. For this reason, funding can and should be allocated to counties, municipalities and providers who are engaged in broad capacity building prevention and treatment efforts around co-occurring capability development in their communities. This may also include infrastructure, workforce development, integrated data collection and evaluation as an aside. Examples of such efforts have been pilot in the Mid-Hudson region. Full disclosure I'm in the Mid-Hudson region in New York and being considered as one model but not the only model for a statewide systemic capacity building effort that can be supported by these funds for prevention of SUD. It is important that targeted prevention for high populations with co-occurring needs be prioritized for funding allocated to prevention. Specific examples include programs or communities addressing the risk to children who have been identified as having emotional disturbance, mental health diagnoses and or trauma, and applying effective prevention and education strategies to those populations. Targeted prevention activities to individuals with chronic pain

conditions, often with co-occurring mental health and trauma who are served in medical settings and are particularly at risk at high risk for OCD. In addition, given the lack of education around co-occurring disorders. Targeting prevention funds for primary prevention education related to co-occurring disorders. In summary, while prevention and treatment funding distributed through the A should be designed to address capacity building for co-occurring mental health substance use disorder populations, OSFAB will over time identify specific markers for applicants to demonstrate their commitment to progress and co-occurring capability in order to be eligible for funding. Further evaluation of funding impact will include attention to identifying and tracking progress and engagement and outcomes for individuals and families affected by co-occurring with mental health conditions with consideration given to public health impacts. Thank you.

Speaker 1 Thank you, stephanie. I would like to get people's thoughts and reactions. I just have a couple. And if you would allow me.

Speaker 6 Yes, sure.

Speaker 1 First, I would say personally, you're preaching to the choir and I think what you've offered us is brilliant and comprehensive. I have a couple of questions. Yeah. One is the you know, our orientation, I think, is to treatment prevention and recovery support. And you don't mention that in this at all. And I wondered how we insert that.

Speaker 6 So here so here's where I know my wheelhouse, which is why the goal is to have like, again, if, if Ashwin was here, this is sort of my, my North Star, right? And so I think that infusing this in, but also including the things that other people are prioritizing. So I think I think that recovery oriented services let's let's look at housing, for example. So in my vision, if you're in an OMH, licensed housing provider and your substance involves, it would not mean that you're discharged from from being there because of substance use. So by by infusing co-occurring disorders throughout, the expectation is that each person having touch time with the system should be able to get supported and not get moved to another system. These are people who are the most complex, who are now going to multiple appointments in multiple places or being told that this is not the right place for you. The SAMHSA Guide and for me the ultimate sort of North Star is that people should receive the appropriate services in the place that they show up.

Speaker 1 I. I thank you for that clarification, and I would invite others to chime in on this point. I just think that there are many points in our system of care where these same principles can be applied to the peer certification process.

Speaker 4 And the recovery moving forward.

Speaker 1 Comment where I'll be I'll be done in a second. Thank you, Stephanie. The other thing that I was thinking about was so often, I think appropriately, people at the table have talked about introducing language that is as flexible as possible. And there are a couple of places where I'm sure intentionally you say all and must and I'm thinking.

Speaker 6 Some to should, but maybe. Well.

Speaker 1 No, I'm just wondering I'm just wondering if we have the 18 year vision that should and when, when, when possible could be inserted instead of all.

Speaker 6 And must she want to know what's really funny with the 18 year vision? I think that it will ultimately all be must, because that should be the way that we're doing business. And it's not I'm not going to anticipate Justine's concern, but I'm going to just say one thing, because I think it may also be Joyce and Carmen's concern. This is not saying that any individual should be mandated for any type of treatment. What it's saying is that if I'm being treated in any way, shape or form, I should be fully assessed, fully evaluated and offered up the opportunity to get the kind of services that might be helpful, not that you have to go or do anything like that.

Speaker 1 One last comment and then we have we have Justine and Joyce and Avi. Stephanie, I appreciate the fact that you said as a sidebar, but obviously I think that, you know, as an example, I mean, you've provided not only the the the principles, but the back up material. And I don't know that our charter needs to say, as evidenced in Mid-Hudson region or maybe.

Speaker 6 I felt like if we were if I was putting it on the table, it was better to have it. And that's why also, you know, as I sent it as a word document, a lot of what we're getting are PDFs, but I sent it as a word document because it should be living and breathing and a jumping off point for discussion.

Speaker 1 And you also put that in italics, which I thought with. Appreciate that, Dr. Waldman.

Speaker 4 And just call me Justine. The issue I have is not the issue I have is this is a charter, not a claim for one type of thing over the other. And so I think you could say similar things around social determinants of health, like race, like poverty. And I think of a charter as being or I thought that the charter was more a matter of how we would proceed to make decisions. This is a all decisions well follow all recommendations have to follow this. It's just, you know, all recommendations must have this. And I don't think that that I agree that that would be great, but I don't think it's part of a charter, which I think of as we're going to get the evidence we're all going to do and everything. Evidence will come to us in a certain way and we will decide how money will be spent. This is more or less saying all everything we do will follow. All recommendations must follow this. And I think it's.

Speaker 6 Too.

Speaker 4 Narrow and not broad enough to handle what may come before us.

Speaker 1 Thank you. Justine Joyce.

Speaker 9 Yeah. I'm sorry. So I. I really appreciate what you did. I mean, I read a lot. That's the last thing I did last night was to read this. And I thought it was comprehensive and and you really need to be congratulated and it's just so comprehensive. But I have to agree with Justine and and I want to because you mentioned Ashwin. He also talked about the spirit of of the charter or not just, you know, it's sort of like the there's the law and then there's the spirit of the law. And I think that the spirit is something that we have to grapple with and throughout all of our recommendations, and that it's not possible to make it so tangible and so, so concrete. So I agree that a charter should set forth the overall vision and compel us to consider the spirit of what we are undertaking there. I want to also add that a lot of people who are suffering from opioids problems, challenges were prescribed into right or just a part of life and they stumbled and fell into a hole. People take drugs for a

lot of reasons that that we really should recognize and try to be respectful of that and honor that because we we start it's a road to learning more about our profession and our mending. I mean, we have to be open to the, you know, to what we don't know. And what we don't know are the many reasons why people use substances and and future substances. Right. Because it's a dynamic, growing field. So I would be I want to return us back to the spirit of the charter. And I want to congratulate you because, girl, I read this last night and then cross-eyed, but I thought.

Speaker 4 There was light.

Speaker 9 And I thought it was excellent. But we could use this. May I suggest that we use this as guidance as we move through the various recommendations?

Speaker 6 And I'm just going to just kind of just respond. So I appreciate Joyce and I appreciate for me also, it was a question of is this charter worthy or does the charter just talk about co-occurring? But then it's also juxtaposed against my concern that the only presentations, even though I requested presentations from OMH and DOH, the only lens that I'm looking at is a presentation of like where there are oasis clinics throughout the state, for example, with no overlay of Article 31 or image clinics that are offering MOUD. So for me, it felt like somewhere along the line we are not us, but in general the presentation of lost sight, of the importance of all of the areas that have touched time with this, this epidemic. And so it felt to me as though it was not the only thing, but it certainly was something that was glaringly absent for me. And so I was not sure if it was charter material or if it was recommendations, but if there was more power in stating some of the things that we're concerned about individually and collectively in the charter, would that then set a larger tone for groups that came after us and so on? And so that's really where it came from. You know, when I when I speak to I don't want to say that because I don't because we didn't like it when somebody else said it at the last meeting. When I'm told that 90% of people who are both mental health and substance involved tend to walk through a mental health door and they don't necessarily get the kind of student services that they have. I think that when we're looking at opioid settlement dollars, it is just as imperative for us as a group to recognize where people come and make sure that those needs are met. I think that's what the goal was.

Speaker 1 Stephanie, there are a number of people who are lining up who want to talk. So. That's right. I just want to say, I think you have already left an indelible mark for us. The question of how to integrate this into the charter is, I think what we're talking about, not whether we should, but Avi was on and Ashleigh and Dr. Smith, please. Well.

Speaker 3 First of all, Stephanie, this is really, really great. And I congratulate you and I really think you. Touched on something that we all have a concern about. I would say that we we have we have helped over 1300 people so far for a very small organization like ours. And 85% of the people have issues with mental health. There's no doubt about it. Okay. What I suggest as we get this into the charter somehow. But what? I mean, how do we I mean, it has to be some kind of mark. And then how do you identify that person? How. And then what happens when they do get what kind of services are they going to get and what happens at the end? You know, the end. You know, so we have to plan for all that. We we don't have any any of that plan at all right now at all. I think part of this money that that we have should go to some kind of a pilot program that will allow us. And Stephanie, you and I have talked about it before. You have the services in your county. When you go out, you know, west of the Hudson River, it's like a desert. You know, we don't have the services that New York City has or Westchester or what what have you or

so. I love the idea of incorporating something in the budget to take care of co-occurring. Okay. But I would like to see us dedicate some money and to a pilot program both end of the state, what have you, and to where we can help people find out. Find out what to do with them. Because we do have people that sit on the merry go round and go around and in and out and in and out, in and out of treatment. How do we help them? What kind of help do they need? How do we provide that help to them? And what happened at the end? Do you know after the treatment, how do we continue to help them and support them after the treatment? That's my problem.

Speaker 6 So I'm just going to speak to that because I just want to just state on the record. My my concern is that this is the whole concept of integrated treatment is evidence based. The concept of doing a pilot program is like, I'm kind of a go big or go home kind of person. And that's why I think that I was so concerned about how we were applying and recommending on the first chunk of money, because that's the largest chunk. And I've said repeatedly that sets the tone for the next 18 years. I think that there are quality improvement projects that can take place. If we don't have a single agency, then OMH and Oasis would take ownership of quality improvement that could truly be rolled out statewide. I don't see this as a we need to prove if it's okay. Like it's kind of like the opportunity really exists.

Speaker 3 We all know that OMH and OASIS do not talk to each other.

Speaker 6 So the place that I think that the most influence can be made and the only reason why I'm speaking is because it is part of I guess what isn't down on paper is we have the ability to recommend not just to the state but what the LG you see. And so if counties across the state begin to prioritize co-occurring disorders, then you're going to get a statewide movement because you're going to build capacity that way. And so as a NYSOAG nominee, I feel confident with with the DCS is at the table that there is a larger vision towards this. And that's why I want to memorialize it honestly, not for us sitting at this table, but for the commissioners and for the governor to really understand that we globally have a commitment. I mean, and then the next the next not for those of you are going to come along, will be the federal one because there's obviously challenges with that as well.

Speaker 1 Stephanie, thank you. There, there there are a bunch of people want to talk. But, Deb, you want to just jump in here? I'll go with you.

Speaker 9 Hi.

Speaker 4 Great, great conversation. And and again, Stephanie, I would like to also compliment you. I think this was a well thought out, well-written piece of work that that I think has a place in what we do. But I also think Oasis and OMH have been doing some work, a significant amount of work on integrated care models on both of their sites. So I think when we get into really talking about does integrated care have a place in this in this priority list? Without a doubt, it definitely has a place. And as Steven said, it's not if it's definitely we should do it. But what I would my comment is really about that probably we need to request because this is a very important one. We request from Oasis and OMH to talk to us about the various initiatives they have going on because they do have initiatives now. So probably Dr. Smith.

Speaker 6 I'm pretty sure I made that request in. Like I said, we only have the one slide deck, we didn't have one from our and that where like we were supposed and that's and I

think I literally wrote we have 6 hours committed to recommendations but what am I recommending on. The only thing we have.

Speaker 1 We're moving in that direction and is next. Ashley and Dr. Smith.

Speaker 4 100% agree with you. And I want to say that my view as a large treatment provider that is largely unfunded, that has been trying to do that work without funding since 1987, is literally almost impossible. We work with no resources. That being said, here's what's missing in the charter. Our mission is to make informed, impactful, meaningful investments towards a vision, which for me is that through these investments, well, saving we will have save lives, will reduce suffering, and that will be evidenced by something. Okay. What I see happen is at every level of the government funding is pet project driven. It's all pet project. It's what I think or what I know. It's one trick pony stuff and there's no systemic overview. I agree with you regarding I've been asking for data. First thing I said day to day to day to day to day. The data tried to get into the data warehouse a week and I can't figure it out.

Speaker 6 Although my issue with the data is that if you're not actually inquiring in each house about the other, you're understating. Guess what.

Speaker 4 Disorders? My organization has an equal number of people suffering from substance abuse on our mental health enrollments, and we have an equal number of people suffering for mental health on our substance use enrollments. It the nonsense is is ridiculous. Okay but we can't I didn't get or didn't see or maybe I missed it. We don't know where the people are. We don't know where the people are. Where are the people? I don't know. I still don't know how many people are being seen. Which segment, what program type? What? I don't know how we can decide on anything until we're informed again. Mission informed. Impactful, meaningful investments that translate to data that we're going to be able to see what we do. And it will be reported to us. I don't see any you know, we all this investment that's been going on in opioid use over the past several years and everybody patting themselves on the back about all the great things they've done. I'm a treatment provider that's at the ground level. I don't see it. I don't see that we reduce suffering. We definitely not save lives. So we need a mission and a vision statement.

Speaker 1 Ashley, please.

Speaker 8 Yes. So I believe I love it. I saw that last night. I watched people get denied access to both services quite frequently. And it's really sad. But what I think is, you know, we address in the charter, we talk about having a rubric, right? So what if we made a no and our charter and because we're going to review our rubric every year, right? This feels like like a rubric, like a measurement, not maybe part of the charter. Right? But we would make a know and then other people could add other things, right. Like Joyce, you talked about. You know, figuring out why people use drugs. Well, sometimes people just like to use drugs, and that's okay. And so I think that, you know, as a board, too, we need to support individuals autonomy. So I think that that can be another part of a rubric, right. If somebody I wish that Dr. Vasan was was here because, you know, maybe he could write that. But, you know, what are we doing to mitigate harms? You know, like we could make a whole little piece on that, you know, like overdose prevention centers and different things like this. So I think that we could make a know in our charter and I don't know how anybody else feels about it, but we make a know and we say, you know, see the rubric we're going to. It says in our charter, if we adopt it, that we're going to redo our rubric every year. Right. So if it becomes, you know, unnecessary, then, you know, we can take

things out because we're going to be amending it every year. But I think that that would be like a good kind of compromise maybe is we make a note, we say that it's part of the rubric and that can be.

Speaker 6 As well if it needs to be specificity in the mission statement about the the types of of individuals, that it's just the overall sense of what I mean, I would not again, with with a lot of things, but co-occurring with specificity in the law, I think that it would be incumbent upon us to make sure that we're identifying things, that there is no confusion.

Speaker 1 Stephanie I agree. I think we could do both. Would just I'll I have some ideas about that in a moment. Dr. Smith and Dr. Brown, I think, wanted to speak.

Speaker 4 I just speaking for all.

Speaker 3 Major, I want to fully support Stephanie's position about integrated care. And I think we're all agreeing on some of these key, key principles. We have a lot of work to do in that regard, and we've done some analysis that I'm happy to share with the group. And we estimate that, you know, 35 to 50% of people getting care in the mental health. You know, the Article 31 clinics have a co-occurring substance use disorder. And if you start looking at trauma disorders or.

Speaker 4 Serious mental illness, bipolar.

Speaker 3 It's higher. It's, you know, 50% plus. So integrated care is really a critical notion. We have a long ways to go, but we are.

Speaker 4 Committed to that.

Speaker 3 OMH fully supports that, that approach.

Speaker 4 I think to the extent that.

Speaker 3 That the the charter does include some sort of vision statement. You know, I think the key elements that that that I'm hearing anyway are things like you're.

Speaker 4 Person centered.

Speaker 3 And you're supporting autonomy. No wrongdoor, right. Recovery focused. And I think integrated has to be part of that. I think those are key elements of our vision. And if we can get that into the charter, that be great.

Speaker 1 Thank you, Dr. Smith. If I could just say before we go to Dr. Brown and Dr. Smith, um, you know, I mentioned this in one of our earlier meetings. I've been in the field 35 plus years, probably too long. The first training I ever went to was about how we needed to address Micra. And for 35 years I don't think although I think I may have said this or someone said that there's there are there are places in the state where there's more services than others. But many people are working very hard on this, but we still haven't mastered it at all. And I think this is an opportunity perhaps to bump it to the next level because it was a reason 35 years ago people were struggling with it because it's in everyone's face, every treatment facility. Anyway, Dr. Brown, please.

Speaker 3 I think this has been a fantastic conversation that, you know, again, we're also really say thank you, Stephanie, because I think you did a masterful work here. And I think that almost any institution would say that this is the at the very least, a prerequisite to your doctorate, and we'll support you on that. I think this also represents what I've heard from many of my colleagues. I think when Joyce talked about the spirit and we talk about the vision, it seems to me that this should be incorporated into a vision. But I'd also like to make sure that we also incorporate other aspects. I think that sometimes when we look at providers, in fact and mention about her agency, there are different providers throughout the state, large and small. When we sort of think about, in fact, how to respond to a public health crisis and this is what this really is, it means that we have to consider all the constituents of our state. And that means with respect to the issue that we often say equity, we have to also have that there be a part of the spirit, because not every community has the same assets or the same liabilities. So when we start to talk about distribution of resources, we need to take into consideration how are we actually through the data being able to identify what are the assets and what are the liabilities about various communities so that we can then really speak to equity. It seems to me that also means that we need to also come back to focus on the social determinants of health, substance use disorders, mental health disorders, physical health disorders are part of the public health. We need to also recognize that too. So I think in that spirit that we've talked about, that this probably should be a vision statement that includes all of those concepts so that we make sure that we're touching them as we go forward. Thank you.

Speaker 1 Thank you, sir. Dr. Smith, please.

Speaker 7 Hi. Good morning, everyone. I'd just like to say for the record, there are two Dr. Smith on the board. And so when you said Dr. Smith.

Speaker 3 Well, the problem is.

Speaker 1 You both have to sit next to each other.

Speaker 7 Yeah, hey. But it's a good thing. I mean, there's trouble under the table, so I. You know, I just wanted to say thank you so much for what you said here. I think, Stephanie, you've done a wonderful job. Like everyone has said, there are two areas that I think also need to be thrown in. And you said it was like a living document. And I and I appreciate the fact that you said that because as Dr. Brown stated with the equity piece, I think that that is extremely important. But going back to I think it's number two, I wanted to actually throw in we're missing a significant portion of our population when we're talking about outreach, like people always kind of included in lumping in with overdose prevention and overdose education. But I think outreach needs to be specified as a single entity and also corrections. Another field that I also worked on those when I worked in corrections, none of the programs that I've worked on in Corrections were always as licensed or sponsored or nor did they receive funding, but they were very effective. And so I think we need to again include that portion of our population in something like this so that they can to also receive funding, especially from from, you know, what we're going to be talking about. And that, again, goes back to the equity piece because we're talking about, like I said, a significant portion of our population that is in corrections are actually going to get out and come back to these communities. And if they can, like you said, get that touch point, which is what's called the sequential intercept model, where there's various touch points, no matter where the person comes into the system, that they will get the help that they need. And so that's where the integrative part comes in, the integrative health care piece. So I appreciate all of the discussion here around this, but I really also think that we

need to keep it fair and equitable and talk about all of the citizens of New York State and not just the folks that are out among us.

Speaker 6 First, I couldn't agree more, and it was an oversight given the amount like I was reading the documents and writing a document. And I will say that even in in Westchester, where we do our co-occurring system of care community like we actually do there, we've all shared studies around the incarcerated population, recidivism rates around co-occurring disorders. It is something everybody's at the table. And in fact, this we could even wade into the waters of drug treatment court and integrated treatment courts, because that is something that we're moving towards in Westchester County, where young people in our opportunity youth park courts actually are doing unsupervised health screens as part of their. They're not even because part of. In space treatment is it's not a punishment. You're not. It's part of your treatment modality. And so it's between you and your clinician and your own like opportunities. So it's just I'm very it was an oversight on my part. Ditto the equity piece. Dr. Brown It just like it was in the my laundry list or it was in our original mission statement and I was overlaying this on that. So it wasn't to omit anything that was already there. It was just to layer more stuff upon it.

Speaker 1 Thank you, Dr. Smith. Patricia, you have something, by the way, we're going to break in a moment for lunch. But so let's just wrap this section up.

Speaker 4 I would just.

Speaker 6 Ask from the perspective of the world of.

Speaker 9 Prevention, and certainly you're involved in prevention that we make sure that we speak to risk.

Speaker 6 And protective factors because that is the foundation of what we do in the area of substance use disorder prevention. It is data driven, it is following the science.

Speaker 9 So from.

Speaker 6 That lens, please make sure, because not every.

Speaker 9 Youth we touch in the world of prevention has a co-occurring we touch youth across.

Speaker 6 Actually, we touch more than youth. We touch youth families and communities across.

Speaker 9 And we look at risk and protective factors. So I just wanted to make sure that was part of the.

Speaker 1 Thank you, Patricia. If.

Speaker 6 With risk also including mental health and trauma as risk factors like, yes.

Speaker 3 I'm going to make a motion to move on.

Speaker 1 There is a question on the screen from Dr. Easterling. I'd like to honor that, please.

Speaker 2 No, not. Not a question. Just a just a comment, sir. Really? It's just. Just to add my voice in this discussion. Why? I did not ask to speak with Dr. Vasan, and particularly about the comments that he made at a previous meeting. I mean, this is certainly in line with a lot of the work that he's done prior to coming to the health department. And certainly what we've talked about here at the city health department, I think largely totally agree with so many of the comments, particularly around sort of thinking about a vision statement and the charter. I think both the board, he feels that scope are are framed in a good way. But I think the vision statement would really strengthen in a way, the heart of the document. And so I just wanted to look that up. And then second, just a framework. I certainly think, Stephanie, in the document, this aligns with a lot of what Austin has been talking about. But I think the framework is a little bit larger. And this idea of a social infrastructure that we're really trying to build, systems that we need, a community system that he has talked about. I've heard it talked about ad nauseum and really just sort of figuring out beyond just people how we're using our investments. But there's the Medicaid waiver where there is block grants. And I think that that is the sentiment that we're trying to get to with the document that you presented. So I really just wanted to make sure that I add that those two points of the vision statement and sort of thinking about how we brought in the framework a little bit more beyond just recovery and connection. It's really.

Speaker 1 Great. Thank you, sir. It is time for us to take a break. We're running a little 10 minutes over our schedule, so we're going to stop for lunch at 20 to 1. Let's come back at ten after one. I think we have a half hour designated for that. All right. Thank you all very much.