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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who have been affected by the loss of children or loved ones either to overdose or whose children have been legally withdrawn from their homes.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

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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

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"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

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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

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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.

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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

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        - 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:

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        - 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

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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

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- 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/polices
- 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

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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

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