

Opioid Settlement Fund Community Meeting
Wednesday, March 29, 2023 1:00 PM

Email Q&A

Q1. Is an PLLC likely to be eligible to apply for and receive funding for added professional staff and administrative staff, operational expenses, etc. from Opioid Settlement Fund proceeds if/when it is available for use in organizational expansion to the extent of hiring a few Master's trained mental health professionals (LMHCs, LCSWs, etc., as well as medical staff for prescribing) to provide assessment, outpatient treatment, and outreach services? What factors in applications will determine eligibility for funding, e.g. current size, governance, corporate structure, staffing pattern, fiscal bonding, etc.? Would such an application more likely to obtain approval if made in the name of a newly formed not-for-profit corporation?

A1. For-profit entities are not eligible for the opioid settlement funds through OASAS. Non-profit entities are eligible to apply for funding. Additional parameters are specific to each RFA. Regional abatement dollars which are sent to the counties, cities and towns can be disbursed under local guidelines. Thus, if the county, city or town considers For Profits eligible, then those dollars could be available.

Q2. I work for Non-Profit Organization. Do I need a permit or to be certified in order to hand out Fentanyl test strips and Narcan?

A2. No.

Q3. Will this project be available for CORE services.

A3. CORE providers who meet the eligibility criteria in the announced RFAs are able to apply. CORE service providers are encouraged to work with their LGUs regarding regional abatement monies.

Q4. To a large extent, the damage and the success of mitigation efforts related to the opioid epidemic is based and measured on results and data obtained from Medical Examiner Toxicology Laboratories. For example, in 1996, less than 7% of cases investigated by the Nassau Medical Examiner included a toxicologic result in the certified cause of death (COD). Currently more than 27% of medical examiner cases now includes a toxicologically derived cause. These cases require more work and resources to complete. And new drugs are being introduced at a highly accelerated rate relative to the past. So much so that the field of forensic toxicology has created a new category of drugs known as Novel Psychoactive Substances (NPS). ME Toxicology labs are often among the first agencies to encounter and identify the danger associated with the use of newly introduced compounds.

Has OASAS and/or the advisory committee considered funding the increased testing demands that everyone relies on?

A4. The Department of Health, via the Opioid Settlement Funds and the Centers for Disease Control and Prevention (CDC) Overdose Data to Action Cooperative Agreement, will be providing funding to Coroners and Medical Examiners in 16 counties located outside of New York City. The 16 counties are currently participating in the State Unintentional Drug Overdose Reporting System (SUDORS) to offset the high cost of toxicology testing. DOH understands that the burden of costs has increased dramatically, and additional funding is needed. This funding will be used to supplement the cost of enhanced toxicology testing.

Q5. With regard to rural communities, what is being done to make certain individuals in rural communities have access to the full range of treatment alternatives? Specifically, harm reduction such as methadone maintenance, and other medical assistive therapies.

A5. OASAS recognizes the specialized needs of rural communities and is working with providers in rural areas to ensure that they have the resources to expand these services and has expanded access to transportation, peer services, harm reduction, services delivered via telehealth, integrated outpatient and medication units to expand methadone, and in community service through mobile units and services provided in community settings.

Q6. What population based or risk formula is being used to distribute Opioid settlement funds.

A6. *Note: The population-based adjustment only applies to the Regional Abatement Funds distributed to LGUs, and not OASAS-sponsored initiatives contracted directly with providers.* Per the agreement and legislation, regional groupings of counties were allocated a fixed dollar amount. The “base” amount per county is the fixed dollar amount for the region divided by the number of people in that region (as of the 2020 Census) multiplied by the number of people in the county. The base amount per person, per county is then adjusted based each on three weighted factors for each county in the region, relative to the region average:

- Factor 1- Opioid Overdose Deaths
- Factor 2- Suicide Deaths
- Factor 3- % of Population Other than White (Non-Hispanic)

Q7. What are the state funding codes to be used for opioid settlement funds?

A7. Once a Planned Use of Funds submission is received and approved related to the FY 2022-2023 Opioid Settlement Fund Regional State Abatement funds for one of the large cities, LGUs or Other Litigating Entities (OLE), the allocated amounts will be paid to that entity at 100%. For LGUs and OLEs, funds will be paid directly to the LGU via SFS separate from any other funding the entity may receive from OASAS and will NOT be reflected on the OASAS *State Aid Funding Authorization (SAFA)*. As a result, a fund code for these payments will not be reflected on the SAFA and the LGU may assign a fund identifier to payments made to any county-selected recipients. These funds are not expected to be reported as separate OASAS programs on annual Consolidated Fiscal Reports, but associated increased expenses and offsetting Other Revenue may be reported within existing OASAS programming if appropriate.

Q&A Session for Opioid Settlement Fund Community Meeting

Allowable expenses

Q1. Can we ask for some funding to address snacks for our patients, give? (Settlement Fund).

A1. OSF funds awarded through competitive RFAs must be spent in accordance with the contract scope of work and approved budgeted expenses which support program goals and outcomes. "Snacks" or miscellaneous expenses of this nature may be allowable costs depending on the initiative. Questions regarding specific RFA allowable expenses can be sent to OSFProjectManagement@oasas.ny.gov

Communication and Information on OSF

Q2. How can we be added to the email distribution list to receive updates on these funds and upcoming webinars?

A2. Future dates for OSF Community Webinars will be posted on the OSF Initiatives page: <https://oasas.ny.gov/opioid-settlement-funding-initiatives>

Q3. What was the title of the RFA for harm reduction outside of clinic setting?

A3. Many initiatives involve harm reduction, please see the OSF Initiatives page: <https://oasas.ny.gov/opioid-settlement-funding-initiatives>

Q4. As new RFA's come out knowing what maybe coming in is helpful in deciding to apply for others.

A4. Currently, a schedule of future RFAs is not available.

Q5. When are the RFAs coming out?

A5. Please see the OSF Initiatives page: <https://oasas.ny.gov/opioid-settlement-funding-initiatives>

Eligibility/Budget/Contracts

Q6. Are For-Profit agencies eligible to receive these funds?

A6. See answer to Question 1 in the first section.

Q7. Are local correctional facility eligible to receive any of this funding? How does a local correctional facility, who is mandated by NYS to provide a MAT program to incarcerated individuals, apply to receive funds from the settlement funds to assist with facilitating these programs?

A7. Please see the OSF Initiatives page: <https://oasas.ny.gov/opioid-settlement-funding-initiatives>

Q8. Are outpatient mental health clinics licensed by OMH eligible for funds, and if so, where would I locate a 'Request for Application?'

A8. Review the "Eligible Applicants" section of each RFA for further information.

Q9. Will there be a RFA or funding for evidence-based practices like contingency management?

A9. There are no current RFAs that require contingency management (CM). However, applicants are always expected to be using evidence-based practices, and if CM can fit into the overall scope of an RFA it can be incorporated subject to the limits on CM placed on the source of the grant.

Q10. Once the contract is processed is the award disbursed or are these reimbursement contracts?

A10. Generally, one-time awards may include an advance and then be paid as reimbursements based on submitted expense reporting. Multiple year projects may have quarterly advances and would then be reported and reconciled through the CFR. However, each initiative is specific and payment terms may vary between initiatives.

Q11. Two documents outlining allowable expenses- one is from the settlements/attorney general <https://nationalopioidsettlement.com/wp-content/uploads/2021/09/NY-Sharing-Agreement.pdf> and the other is from the OASAS opioid abatement funds https://oasas.ny.gov/system/files/documents/2023/02/regional_abatement_0.pdf

Can you speak to how these two documents overlap or do not in terms of planning for the use of these funds?

A11. The first document, <https://nationalopioidsettlement.com/wp-content/uploads/2021/09/NY-Sharing-Agreement.pdf> explains terms and conditions governing the sharing and allocation of funds between and among the State of New York and the New York Subdivisions received from Statewide Opioid Settlement Agreements with the Opioid Supply Chain Participant. This document shows the percentages of settlement agreements used to determine the amounts paid through the AG third party administrator to the local Subdivisions as well as the percentages used to determine payments that would flow through the state through the OASAS Opioid Settlement fund to the local Subdivisions. The second document, https://oasas.ny.gov/system/files/documents/2023/02/regional_abatement_0.pdf, is the OASAS Planned Use of Funds Request form. This form is the vehicle for the eligible local Subdivisions to request their designated amounts, which resulted from the percentages used from the first document for the local Subdivisions that would be paid from the OASAS Opioid Settlement fund.

SCHOLARSHIP/WORKFORCE

Q12. What kind of credentials will the scholarships cover?

A12. CASAC, CPP, CPS credentials and CRPA certification.

Q13. Are there any plans to provide scholarships for CASAC or CRPA training and credentialing?

A13. Yes.

Q14. Why are you using academic-based institutions to provide CASAC scholarships, instead of community-based agencies with proven track records of providing evidence based CASAC and CRPA training?

A14. The academic based institution approach is a two-pronged approach meant to both meet the current need for credentialed professionals, but also to have folks with advanced degrees in the workforce pipeline who can be promoted to supervisory roles as needed. There will be scholarship funds for community based Educational Training Programs (ETPs) forthcoming.

Q15. Besides the scholarship and training initiatives are there other workforce initiatives planned

A15. Currently the only workforce efforts funded with OSF are scholarships. There will be scholarship funds for community based ETPs forthcoming. It will be ETPs that are a provider of authorized services in addition to providing the CASAC, CPP, CPS or CRPA certificate programs.

Q16. I was wondering when we can expect to hear about the RFA: College Prevention Initiative awards?

A16. Award letters for the SAPT Supplemental RFA: College Prevention Initiative were sent out on 4.10.2023.

Q17. Will any funding actually address the workforce difficulties we are having and income not being living wage. We have lost our licensed staff to private practice, some agencies are dealing with 40% staff vacancies. New programs are great but if we can't hire it is useless and causing more strain on workforce recruitment.

A17. As was discussed on the call SAPT Supplemental funding stream is being used for workforce initiatives, including workforce, stabilization and Statewide SUD System Support. Additionally, there was a 5.6% COLA in FY 23 and there is a proposed 2.5% COLA in the FY 24 Executive Budget; and there is the Governor's Health Care and Mental Hygiene Worker Bonus. Also, OASAS utilized available enhanced FMAP to increase Medicaid rates that were directed towards workforce. Multiple funding streams and initiatives are being used to address this issue. Regional abatement dollars may also be used for workforce development and retention as directed by the counties, cities, and towns.

Future funding topics/opportunities

Q18. Is there a providing legal services to consumers component to the RFAs?

A18. The RFAs released to date do not include a providing legal services to consumers component, but OASAS will consider this when developing additional funding opportunities.

Q19. Are there additional mechanisms for an OASAS 822 to become a COTI outside of applying for the RFA you just referenced?

A19. Formerly referred to as COTI services, any OASAS 822 provider can deliver services outside of the clinic setting to include outreach and engagement. OASAS now refers to these services generally as Outreach and Engagement Services (OES) rather than COTI and encourages any 822 to consider this option and apply for funding to support this effort when made available.

Q20. Will there be funding available to build a robust MICA service, they are so far and few between, so needed. Even if not solely funded by OASAS, will there maybe be something collaboratively with OMH? Any guidance or even possible resources to explore that?

A20: There is nothing specific to MICA services planned at this time, but OASAS and OMH will take this into consideration for future joint OMH-OASAS OSFAB planning.

Q21. Housing is a significant issue for people with substance use in rural counties. We have a very limited number of hotels who will accept and we don't have shelters. I see housing made the list of priorities. What can we expect regarding this?

A21. Housing initiatives are forthcoming and information on all RFAs can be found on the OASAS OSF Initiatives web page. Additionally, abatement dollars are available to cities, counties, and towns both from OASAS and the NYS Attorney General's Office which can be used for each community's most pressing need.

Q22. Legal services is necessary to holistic healing, so hopefully some RFA's will include that. You might want to remind everyone here that they can make public comments on 5/15. How do we do that?

A22. Next advisory board meeting is 5/15/23. More information is found here: <https://oasas.ny.gov/opioid-settlement-fund-advisory-board>

Q23. Will family supports be developed, educated and integrated into treatment to save lives of those struggling? CRAFT [Community Reinforcement and Family Training] is not appropriate for fentanyl because the drug is too quick, powerful and lethal for a behavior modification plan. Families need help.

A23. CRAFT is a model that provides skills for family members to use to encourage help-seeking and change in how the family addresses communication and manage the stress, fear

and anguish that often accompany the use of substances that are heightened when a loved one is using substances that involve lethal and unpredictable risk. CRAFT can be combined with harm reduction strategies to reduce the risk of death from use.

Q24. Many of the opportunities are for Treatment, Recovery and Harm Reduction. Will there be future opportunities for Universal Prevention with the opioid settlement funds?

A24. Yes, and these opportunities will be available on the Opioid Settlement Initiatives page at: <https://oasas.ny.gov/opioid-settlement-funding-initiatives>

Q25. How are RFA reviewers selected and what is the process to become a reviewer and/or increase number of PoC as reviewers as OASAS seeks to improve delivery of DEI strategies?

A25. Reviewers are currently OASAS employees who work in the subject matter area of each RFA. Every effort is made to train and utilize scorers who reflect the demographic populations of the RFA targeted community, and OASAS will continue to expand the number of trained scorers. Additionally, each RFA has a required JEDI appendix, which is then scored by the OASAS JEDI team.

Q26. For awarded agencies, will the contracts be through OASAS, OMH, or both?

A26. OASAS.

Q27. Can you re-evaluate your use of "fill-in" PDF forms for narrative information? For the Buprenorphine grant, they were very difficult to work with, had limited space in the fields, and required text to be carried over to additional attached documents.

A27. The RFA application process is under constant process improvement review. We will take this concern into consideration. Additionally higher versions of Adobe allowed for some applicants to use the fillable document and have the window expand as needed.

Q28. Will increased education of opioids that combines physical health, mental health as well as CASAS providers be provided to improve healthy recovery?

A28. It is unclear what this question pertains to and therefore OASAS is unable to provide a response. Please resubmit your question to the OSFProjectManagement@oasas.ny.gov mailbox to include the initiative you are referring to specifically.

REGIONAL ABATEMENT

Q29. Local settlement dollars have been distributed in two categories, restricted and unrestricted. Will the abatement dollars be broken down in the same manner?

A29. There are no unrestricted funds being distributed from the OASAS Opioid Settlement fund. All state abatement funds are restricted for use to address opioid epidemic.

Q30. Are these Opioid funds different than the National Opioid Settlements that municipalities have been receiving?

A30. The New York settlements, including funding received by municipalities, are included in the nationwide agreements. Furthermore, New York State has agreed to a Distributors Sharing Agreement and enacted statutory requirements which further dictate the process for allocating and distributing opioid settlement funding.

Q31: For those of us who are not accountants can you explain the "abatement" difference definition of this funding?

A31. The various settlement agreements provide for funding for abatement and restitution purposes. There are specific allocation and distribution amounts for each pot of money within these buckets of funding. The notable characteristics of abatement funding is that it flows through OASAS as the lead agency and abatement funding must fit within the definition of "approved uses" from Mental Hygiene Law Sec. 25.18.

Q32. So all these "grants" are not grants but actually state aid funding?

A32. Correct. It is state aid funding.

Q33. You mentioned the Regional Abatement funding, where For-Profits can apply. What does that application process look like? Where is it accessed?

A33. Regional abatement dollars can be used by the LGU/City/Town entities based on their procurement rules, *which may* allow For Profit entities to apply for competitive dollars or be directly contracted with.

Q34. Does the Abatement Funding change each year going forward or will the same proration of funding be provided each year?

A34. See the future payments timetable in [the OSF 2022 report](#). This is a close approximation of future payments with the caveat that not all lawsuits have been completed.

OTHER

Q35. It looks like the RFA is only set up for 2 years, am I correct?

A35. Each RFA on the OSF Initiatives page: <https://oasas.ny.gov/opioid-settlement-funding-initiatives> has its own timetable for funding; please refer to each RFA for the funding amount and timeline.

Q36. Are minority owned applicants given any special provisions and There are for profit agencies that are providers of the HARP HCBS and CORE services so can they apply for funding

A36. See section 7.0 of the posted RFAs. For profit agencies are not eligible to apply directly to OASAS RFAs.

Q37. Any future funding opportunities to support EHR (Electronic Health Records) upgrades/modifications/implementations and data analytics?

A37. To be determined.

Q38. Do the RFA's that are specific to OASAS allow/encourage "subcontracting" peer services from authentic peer agencies?

A38. The awardee may subcontract but is responsible for the fiscal and other reporting under the RFA.

Q39. As you prioritize the release of funding, can you address the death rate, and ways to fortify the community?

A39. OASAS, consistent with the recommendations of the OSFAB, is prioritizing harm reduction strategies that most effectively address fatal overdose. Having these tools to utilize within community coalitions to address this unprecedented, ongoing and changing crisis saves lives as it brings communities together to make a difference.

Q40. We are asking for OASAS to make a statement of opinion on Staten ISLAND.

A40. When OASAS is referring to Regional Abatement Dollars, all five boroughs of New York City which includes Staten Island, as well as Nassau and Suffolk counties are not included in these dollars because these entities pursued litigation separately from the rest of the state. Where OASAS is referring to competitive RFA dollars any applicants meeting the eligibility criteria under those opportunities is encouraged to apply.