



Opioioid Settlement Fund Advisory Board

Annual Report

November 1, 2023

November 1, 2023

The Opioid Settlement Fund Advisory Board was created via Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law § 25.18. The Board was fully constituted in June of 2022, and held its first meeting June 14, 2022, and its most recent convening on October 31, 2023, in Albany and Buffalo, New York.

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

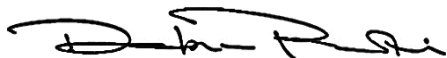
Pursuant to State statute, funding shall be distributed regionally to ensure adequate geographic disbursement across the State, with an emphasis on supporting programs that are culturally, linguistically, and gender competent, trauma informed and evidence-based, and where appropriate, employ individuals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

As we conclude the second year of making recommendations, the Board seeks to build on its recommendations from last year that recognize the opportunity to make lasting systemic impact on interagency collaboration with increased utilization of multi-agency task forces, and with emphasis on supporting agencies, programs, and organizations that are typically underfunded and demonstrate a commitment to populations who have been disproportionately affected by the opioid epidemic. We have also continued to prioritize agencies that are geographically isolated and demonstrate a commitment to co-occurring disorders, workforce diversity, and to current best practices or new promising practices. In addition, we have added a few new priority areas under the same overarching themes as last year to ensure that funding continues to meet current needs across the State.

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

In accordance with State statute, and in compliance with our critical charge, the attached report and addendum with recommendations for FY 2025, contained herein are submitted for your review and consideration.

Respectfully submitted,

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

Debra Pantin

Chair, Opioid Settlement Fund Advisory Board

EXECUTIVE SUMMARY

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

In 2023, seven meetings in total were held, in which the Board deliberated regarding areas of priority and focus for best use of those funds. The Board heard presentations from the Office of Addiction Services and Supports, Office of Mental Health, and the Department of Health. The Board also received written communication from stakeholders, and heard input from providers, families, consumers, advocates during allotted public comment time included at each meeting.

The Board carefully considered the allowable uses permitted by the settlement agreements and contained within its enacting provisions of Mental Hygiene Law. In the discussions, the Board remained firmly committed to the original three overarching themes put forth in its November 1, 2022 Report, through which all topic areas are continue to be identified, and the Board requests the state use as the lens for consideration and implementation. The areas are service integration to best treat co-occurring disorders, service equity, and meaningful evaluation that demonstrates reduced suffering and positive impacts on the social determinants of health. The Board continued to discuss high level topic areas which were added to the subcategories created last year with specific initiatives referenced under those subcategories, as well as funding percentages that aligned with scaling of the priorities.

The Board re-ranked the original ten topic areas as top priorities for funding in FY 2025. The Board also outlined a few new specific initiatives for consideration and developed a funding plan, by percentage of overall funding available, based on the level of priority assigned to each recommendation (spending by percentage graph below).

OPIOID SETTLEMENT FUND Board Recommended Allocations FY 2025 (Ranked in %)	
<u>Board Allocation Categories</u>	<u>100%</u>
Across the Continuum	28%
Harm Reduction	17%
Recovery	11%
Housing	10%
Treatment	9%
Priority Populations	8%
Prevention	8%
Transportation	6%
Research	2%
Public Awareness	1%

Opioid Settlement Fund Advisory Board

Addendum to the 2022 Annual Report

Under its Statutory charge to make recommendations for spending allocations and review how funding could best ensure a stronger and more viable behavioral health service system, the Opioid Settlement Fund Advisory Board (the Board) was first constituted in June 2022. After a series of ten meetings, on November 1, 2022, the Board submitted to the State a written report containing such recommendations for FY 2023-24. Subsequently, State funding has been made available, according to the ten main categories outlined in the body of the Board's original 2022 report, through a series of substantial RFA/RFIs for community participation.

Building on the past year's work, the Board is now pleased to submit for the State's consideration our recommendations for FY 2025 spending. The process for establishing the recommendations for FY 2025 began in early December 2022, as the Board discussed the only two recommendations that were not accepted by the State: a recommendation to direct harm reduction dollars to the Department of Health; and a recommendation to utilize funds to support Overdose Prevention Centers. Since then, the Board has met seven times to receive regular updates from the State detailing the extent that the Board's ten spending area recommendations have been implemented. Throughout the course of these meetings, the Board also heard from local governments and other key stakeholders about the challenges that they were encountering and the effectiveness of the State's new funding streams.

Guiding Principles & Overarching Themes

The Board felt it was important to reiterate and add to its original Guiding Principles/Overarching Themes to include:

The Need to Prioritize Communities of Color

- 1) Although communities of color experiences experience substance use disorders at similar rates as other racial groups, in recent years the rate of opioid overdose deaths has been increasing more rapidly in black populations than in white ones. Additionally, historically racist policies and practices have led to a differential impact of the epidemic. In particular, people of color are more likely to face criminal justice involvement for their drug use. Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses. Communities of color are also more likely to face barriers in accessing high quality treatment and recovery support services. These disparities have contributed to ongoing discrimination as well as racial gaps in socioeconomic status, educational attainment, and employment. Without a focus on racial equity when allocating settlement funds, localities run the risk of continuing a cycle of inequality.
- 2) States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

Co-occurring Disorders

- 1) Service integration for co-occurring disorders and to create opportunities to ensure the implementation of best practices and competency related to co-occurring disorders within each of the ten priority topic areas, the state will:
 - Provide an opportunity within each applicable RFA for funds to be allocated for technical assistance (TA) and infrastructure, including the ability for an organization, supervisors, and staff to gain skills, training, and support necessary to deliver co-occurring competent models of care.
 - Provide funding for technical assistance to providers and organizations utilizing or in the process of implementing co-occurring models of care.

Additionally, much of the focus during the process to develop the FY 2025 recommendations, centered around four significant areas of discussion, including:

- 1) A recognition of the amount of time needed by the State to develop funding applications and to distribute the funding.
- 2) The recognition that many organizations do not have the workforce or the time to apply for State grants.
- 3) The need to pay increased attention to workforce issues.
- 4) The continued need to strategize ways to make more of the funding available to smaller organizations whose work focuses on health equity.

Accordingly, the Board has decided that the priorities for FY 2025 should include both the overarching themes and the recommendations that were submitted in the Board's 2022 report but with a reprioritization of the allocation amounts for each recommendation. The full details of the Board's 2022 overarching themes and recommendations can be found in Appendix A.

Recommendations for FY 2025 Funding

After careful deliberation, for FY 2025, the Board has felt it is important to clarify and reprioritize their prior recommendations. The following section serves as an Addendum to the Board's initial report, dated November 1, 2022. In this Addendum, the Board hereby reprioritizes and clarifies its funding categories as follows, beginning with the recommended highest priority.¹

1. Investment Across Service Continuum
2. Investment in Harm Reduction
3. Investment in Recovery
4. Investment in Housing
5. Investment in Treatment
6. Investment in Priority Populations

¹ The Board voted to reprioritize these recommended areas based on percentages allocated to each area.

7. Investment in Prevention
8. Investment in Transportation
9. Investment in Research
10. Investment in Public Awareness

OPIOID SETTLEMENT FUND Board Recommended Allocations FY 2025 (Ranked in %)	
<u>Board Allocation Categories</u>	<u>100%</u>
Across the Continuum	28%
Harm Reduction	17%
Recovery	11%
Housing	10%
Treatment	9%
Priority Populations	8%
Prevention	8%
Transportation	6%
Research	2%
Public Awareness	1%

1. Investments Needed Across the Service Continuum

• Workforce

The Board continues to hear from the substance use disorder (SUD) provider community on workforce challenges as they relate to recruitment and retention. The Board discussed these issues at length and agreed that going forward workforce should be a major thread/priority that runs throughout all the recommendations. To that end, the Board recommends the following specific action items be considered to help combat the workforce crisis:

- a) Develop strategies that address administrative workload by adding administrative staff to program operations who can execute administrative functions. This will allow clinical staff more time and support needed to appropriately provide client services while decreasing the potential for staff stress and fatigue. It is also important for the state to reduce the administrative burden.
- b) Promote work life balance by funding staff wellness programs. These programs should be informed by the organization's employees to ensure that they are meeting their wellness goals and needs.
- c) Initiate regionally specific recruitment initiatives that will attract new individuals into the field.

- d) Institute loan forgiveness programs for individuals working in clinical positions within community-based organizations that are applying for settlement funds and prioritize agencies with annual budgets of less than \$10M. This recommendation would be applicable for staff working in both substance use disorder and mental health services, or for those who are not participating in any other loan forgiveness program.
- e) Increase staff training, including clinical supervision.
- f) Establish paid internship programs across the SUD and mental health fields.
- g) Promote the behavioral health field on the secondary and college/university levels.
- h) Provide opportunities to offer hiring bonuses as an incentive for employment.
- i) Waive credentialing fees for all credentials, with priority given to SUD and mental health positions.
- j) Establish leadership institutes that invest in curriculums and programs across the public health and public hygiene sectors that promote development of Black, Indigenous, People of Color leaders.
- k) Fund and encourage employee assistance programs for all staff and volunteers.
- l) Fund tuition reimbursements for all staff, including peers.

2. Investment in Harm Reduction

- a) As Harm Reduction remains a priority, in response to strong community input the Board received regarding the importance of overdose prevention centers (OPCs) and their ongoing benefit to constituents, the Board voted to recommend that an OPC demonstration project be carried out across the state in both urban and rural areas and include research data from the current OPCs operating in NYC. Specifically, the Board again recommends the use of the State research institute to authorize a research based OPC to work with academic institutions to develop, plan and evaluate OPCs from the ground up which shall include the evaluation of the current OPCs which exist in NYC.
- b) Implement both demonstration projects and research on other forms of medication assisted treatment for opioid use disorders, including hydromorphone and diacetylmorphine.

3. Investment in Recovery

- a) The Board wanted to make clear that recovery status is not defined by abstinence or use. And, that Recovery Community & Outreach Centers (RCOCs) and Recovery Community Organizations (RCOs) are at the center of New York State's [Recovery Oriented Systems of Care](#) and function as the “connective tissue” that effectively links individuals with not only addiction services across the Prevention, Treatment, Harm Reduction and Recovery continuum but also assist participants in navigating a host of other services across communities that support improved outcomes.

4. Investment in Housing

- a) Implement and require adherence to “Housing First” models which prioritize immediate permanent housing for unhoused individuals who use drugs so they can pursue their personal goals and treatment plans.
- b) Focus on housing for priority populations (as outlined in the Priority Population category), which include:
 - People involved in the criminal justice system.
 - Prenatal and Postpartum services for parenting persons
 - Individuals with co-morbid mental health, and medical needs
 - Under 18 and young adults
 - Veterans
 - Older adults
 - Native Americans
 - LGBTQIA+ community
- c) The inclusion of recovery centers and wrap around services when providing housing services. Investing in more reintegration model of care services, which will provide a community living experience while allowing for patient care management services. As part of the investments in recovery and harm reduction, the state needs to invest settlement dollars in housing and recovery centers so that folks who come from treatment have safe places and a fighting chance to sustain their recovery.

5. Investment in Treatment

- The Board agreed that there is a continuing need to focus on co-occurring mental health and medical consequences, such as HIV and hepatitis C virus infections.

6. Investment in Priority Populations

- No additional recommendations made.

7. Investment in Prevention

- No additional recommendations made.

8. Investment in Transportation

- No additional recommendations made.

9. Investment in Research

- a) As Harm Reduction remains a priority, in response to strong community input the Board received regarding the importance of overdose prevention centers (OPCs) and their ongoing benefit to constituents, the Board voted to recommend here as well (as it similarly recommended under Harm Reduction) that an OPC demonstration project be carried out across the state in both urban and rural areas and include research data from the current OPCs operating in NYC. Specifically, the Board recommends the use of the State research institute to authorize a research based OPC

to work with academic institutions to develop, plan and evaluate OPCs from the ground up which shall include the evaluation of the current OPCs which exist in NYC.

- b) Similarly, as it did under “Harm Reduction,” the Board recommends that research be implemented on other forms of medication assisted treatment for opioid use disorders, including hydromorphone and diacetylmorphine.

10. Investment in Public Awareness

- a) The Board voted to update its recommendation for funding for public awareness campaigns and that they include anti-stigma and anti-NIMBYism (Not In My Backyard-ism), and collaboration around co-occurring disorders.
- b) The OSFAB also recommends that educational campaigns are geared towards families to build awareness and greater understanding of addiction and mental health disorders.

Additional Recommendations Outside OSFAB’s 10 Priorities:

While developing this report, the Board discussed the several key issues made by the community during public comment. These included exploration of alternate ways of funding organizations with budgets under \$10M, and expediting funding for small grants. Notably, following the Board’s discussion about this, the State explored and implemented a process to identify and communicate with the smaller community-based organizations to help them access funding opportunities.

Position Statements

While the Board was formulating its recommendations for FY 2025, several discussion points were raised that are not under the Board’s statutory charge. However, the Board felt that it is important to address these areas through a series of position statements. Below is a list of the position statements the Board feels are important areas for the State to review:

1. The Board respectfully requests that the New York State’s Governor Kathy Hochul declare a “state of disaster,” given the ongoing increase in fatal and non-fatal opioid overdoses in the State since 2022.
2. The Board urges the State to prioritize the long-term stability of the behavioral and addiction health field by consistently reassessing reimbursement rates. It is crucial to ensure equitable pay, enabling all field employees to earn a living wage with essential benefits. While acknowledging recent Cost of Living Adjustment and APG rate increases, the Board advocates for targeted reimbursement rate planning, suggesting increments of 8%-10% in FY25, and 10%-15% in FY26. A comprehensive, rather than transactional, rate methodology is proposed, factoring in patient and family care needs such as case management and outreach activities. Emphasizing the importance of cost and acuity, the Board recognizes the value of CCBHCs, while emphasizing the need for adaptable

approaches for smaller organizations. Finally, the Board calls for a reevaluation of the outdated deficit financing or state aid process, proposing a more flexible reimbursement system that encourages sound financial management and accountability.

3. The Board discussed and recognized the work that the State is involved in on the national level regarding workforce assessments. The Board encourages the State to continue to bring the information garnered in this discussion to help our State address its workforce crisis.
4. Building upon the Guiding Principles and Overarching Themes, as outlined in the Board's [2022 Annual Report](#), the Board's position on Recovery and Recovery Support Services is grounded in SAMHSA's working definition of Recovery: ***A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*** Recovery status is not defined by abstinence or use but through meaningful impactful self-directed changes. Recovery Community & Outreach Centers (RCOCs) and Recovery Community Organizations (RCOs) are at the center of New York State's [Recovery Oriented Systems of Care](#) and function as the "connective tissue" that effectively links individuals with not only addiction services across the Prevention, Treatment, Harm Reduction and Recovery continuum but assist participants in navigating a host of other services across communities that support improved outcomes. The Board requests that the State adopt SAMHSA's definition of Recovery. Furthermore, we feel it is critical that there is an increase in community-based agencies that support Recovery-Oriented Systems of Care to ensure individuals can find recovery through multiple pathways.
5. NY's Recovery Support Services provider organizations are primarily led and driven by individuals with *lived experience*, and that *lived experience* should be prioritized, celebrated and those voices elevated. Persons along the full spectrum of self-defined Recovery must be at the table in all forums where SUD policy is developed and implemented. Further, we agreed that:
 - All individuals are unique and have unique needs, goals, health attitudes & behaviors, and expectations for recovery.
 - We support all types of Recovery, including Abstinence-based, Moderation Management, Harm Reduction, and Medication Supported.
 - We support all pathways of Recovery, including Non-Clinical Community-Based Peer Supported, Clinical Treatment, and Self-Management.
 - We acknowledge and support the premise that while many people experiencing problematic substance use share some similarities, management of their own lives, self-direction, and empowerment opportunities lead to dramatically improved outcomes. To that end:
 - Basic needs must be met – Safe, stable, and person-centered housing, employment, transportation, food security, and opportunities for personal development are imperative.
 - Opportunities for the development of meaning, purpose, and goals are invaluable.
 - All New Yorkers should be offered equitable access to Recovery Support Services in their immediate community and have the opportunity to participate in the recovery process.

- As such, we believe that New York State must support a Recovery Community and Outreach Center and a Youth Clubhouse in every county.
6. The OSFAB understands that DOH, OMH and OASAS are working on developing their Strategic plans. The Board requests that DOH, OMH and OASAS work together to develop a strategic plan to inform the settlement board's recommendations.

New York State Opioid Settlement Fund Advisory Board

The following took place during the OSFAB's meetings in 2023:

Presentations to the Board

The Board voted to have key stakeholders present at meetings throughout the year, including:

- The Conference of Local Mental Hygiene Directors
- Suffolk County LGU
- Nassau County LGU
- New York City LGU
- Mid-Hudson Region Co-Occurring System of Care Committee

The minutes from the meetings with these presentations are attached in Appendix B with the minutes.

The board will continue to invite investigators involved in research pertaining to the impact of proven and promising areas related to the Board's recommendations.

National Academy for State Health Policy

The Board Chair, Vice Chair, and the Secretary participated in every other month Learning Collaborative calls hosted by The National Academy of State Health Policy (NASHP). This collaborative brought together 46 States that are part of the National Opioid Settlement, to discuss their administrative structures for disbursing of the expected \$50B in Settlement Funds. To date, New York State is in line with seventeen other states that have published their funding recommendations and spending plans. Moreover, New York State is one of only a few states that has begun the distribution of settlement funds. In fact, the State has now made available all \$192.8 million for FY 2023.

Board Membership

The Board's membership remained the same in 2023, except for the following changes:

- The newly appointed Division of Budget Director, Blake Washington (Peggy O'Shea remained the DOB designee)
- The newly appointed Department of Health Commissioner, Dr. James McDonald (Johanne Morne, remained the DOH designee)
- Joelle Foskett was appointed the Director of Government Affairs for OASAS, and concurrently became the Executive Secretary of the Board
- Raymond Ganoë of Evergreen Health was appointed by the State Senate to replace Dr. Josh Lynch who resigned from the Board.
- The current membership of the Board includes:
 - Lawrence S. Brown, MD
 - Anne Constantino
 - Stephen Giordano, PhD

- Avi Israel
- Suzanne G. Lavigne
- Ashley Livingston
- Stephanie Marquesano
- Cheryll Moore
- Debra Pantin
- Carmen Rivera
- Joyce Rivera
- Tisha M. Smith, EdD
- Justine Waldman, MD
- Kevin Watkins, MD
- William M. McGoldrick
- Raymond Ganoë
- Dr. Chinazo Cunningham, Commissioner Office of Addiction Services and Supports
- Dr. James V. McDonald, MD, MPH, Commissioner, Department of Health
- Dr. Ann Marie Sullivan, Commissioner Office of Mental Health
- Blake Washington, Director Division of the Budget

New York State Opioid Settlement Fund Advisory Board
2023 Calendar of Meetings Held

Meeting Locations

Albany remained the primary location for the meetings, however at the request of Board members, a western New York location was added in Getzville, NY. This new site has been hosted by Horizon Health Services and served as an additional publicly accessible meeting location, beginning on May 15, 2023. A full list of the OSFAB 2023 meeting dates and times is below.

Date	Time
Wednesday, December 14, 2022	10:00 am to 2:00 pm
Monday, March 6, 2023	10:00 am to 2:00 pm
Monday, May 15, 2023	10:00 am to 2:00 pm
Monday, July 10, 2023	10:00 am to 4:00 pm
Tuesday, September 26, 2023	10:00 am to 3:00 pm
Friday, October 13, 2023	10:00 am to 2:00 pm
Tuesday, October 31, 2023	10:00 am to 2:00 pm

OPIOID SETTLEMENT FUNDS MADE AVAILABLE

By Priority Area as of 11/01/2023

*Dollar amounts in thousands)

Search:

Priority Area*	FY23 Allocations**	Funds Made Available via Procurement
Regional Abatement	\$64,006	\$64,006
Harm Reduction	\$26,858	\$26,858
Treatment	\$14,426	\$14,426
Investments Across the Continuum	\$19,331	\$19,331
Priority Populations	\$17,689	\$17,689
Housing	\$12,372	\$12,372
Recovery	\$12,372	\$12,372
Prevention	\$8,457	\$8,457
Transportation	\$6,331	\$6,331
Public awareness	\$2,066	\$2,066
Research	\$918	\$918
NY MATTERS	\$8,000	\$8,000
Total	\$192,826	\$192,826

Appendix A

Opioid Settlement Fund Advisory Board
Annual Report
November 1, 2022



Opioioid Settlement Fund Advisory Board

Annual Report

November 1, 2022

OVERARCHING THEMES

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

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

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

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

RECOMENDATIONS FOR FUNDING

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

See Appendix A for additional information.

1) Harm Reduction

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

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

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

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

See Appendix A for additional information.

2) Treatment Services

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

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

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

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

See Appendix A for additional information.

3) Investments Needed Across the Service Continuum

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

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

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

4) Priority Populations

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

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

See Appendix A for additional information

5) Housing

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

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

See Appendix A for additional information.

6) Recovery

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

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

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

See Appendix A for additional information.

7) Prevention

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

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

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

See Appendix A for additional information.

8) Transportation

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

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

See Appendix A for additional information.

9) Public Awareness Activities

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

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

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

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

See Appendix A for additional information.

10) Research

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

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

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

See Appendix A for additional information.

Funding Directed to Localities

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

FUNDING PERCENTAGES

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

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

APPENDIX A

Board Recommendations-Specific Examples

Board Recommendations and Specific Examples

INTRODUCTION

TERMS/DEFINITIONS

OVERARCHING THEMES

I) HARM REDUCTION INVESTMENTS

- (a) HARM REDUCTION SUPPLIES
- (b) FUNDING TO THE DOH
- (c) EXPAND TELEHEALTH LOW THRESHOLD MAT
- (d) OASAS HARM REDUCTION DIVISION

II) INVESTMENTS IN TREATMENT

III) INVESTMENTS NEEDED ACROSS THE SERVICE CONTINUUM

- (a) ORGANIZATION BUDGETS AND REIMBURSEMENT STRUCTURE
- (b) DATA and TECHNOLOGY
- (c) WORKFORCE
- (d) DEVELOP AND EXPAND INTEGRATED CARE DELIVERY

IV) INVESTMENTS IN PRIORITY POPULATIONS

- (a) INVESTMENTS IN THOSE INVOLVED WITH CRIMINAL JUSTICE
- (b) INVESTMENTS IN WOMEN AND CHILDREN
- (c) UNDER 18 YOUTH AND YOUNG ADULTS
- (d) VETERANS
- (e) OLDER ADULTS
- (f) LGBTQIA+ COMMUNITY

VI) HOUSING

VII) INVESTMENTS IN RECOVERY

VIII) INVESTMENTS IN PREVENTION

- (a) COMMUNITY REGIONAL APPROACHES
- (b) SCHOOL BASED INITIATIVES

IX) TRANSPORTATION

X) INVESTMENTS IN PUBLIC AWARENESS

XI) INVESTMENTS IN RESEARCH

Introduction

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

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

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

Terms/Definitions

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

“OASAS”: Office of Addiction Services and Supports

“DOH”: Department of Health

“OMH”: Office of Mental Health

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

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

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

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

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

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

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

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

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

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

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

“LGU”: Local Government Unit

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

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

“SSP”: Syringe Service Program

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

“OPC”: Overdose prevention site.

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

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

“DSS”: Department of Social Services

“CPS”: Child Protective Services

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

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

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

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

“OSFAB”: Opioid Settlement Fund Advisory Board

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

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

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

“SED”: Serious Emotional Disorder

“I/DD”: Intellectual and Developmental Delay

OVERARCHING THEMES

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

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

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

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

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

1) HARM REDUCTION INVESTMENTS

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

(a) HARM REDUCTION SUPPLIES

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

(b) FUNDING TO THE DOH

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

SSP’S

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

RAPID RESPONSE TO CHRONIC MED DISRUPTION

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

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

OVERDOSE PREVENTION CENTERS

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

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

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

(c) EXPAND TELEHEALTH LOW THRESHOLD MAT

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

(d) OASAS HARM REDUCTION DIVISION

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

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

2) INVESTMENTS IN TREATMENT

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

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

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

Enhance Connections to treatment – initiation and transition:

The Board recommends funding for:

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

3) INVESTMENTS NEEDED ACROSS THE SERVICE CONTINUUM

(a) ORGANIZATION BUDGETS AND REIMBURSEMENT STRUCTURE

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

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

(b) DATA and TECHNOLOGY

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

(c) WORKFORCE

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

- **ADVANCEMENT**

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

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

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

- **EXPAND THE INTEGRATED CARE WORKFORCE**

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

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

(d) DEVELOP AND EXPAND THE INTEGRATED CARE DELIVERY SYSTEM

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

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

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

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

4) INVESTMENTS IN PRIORITY POPULATIONS

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

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

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

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

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

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

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

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

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

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

(c) Under 18 Youth and Young Adults:

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

- Integrated recovery high school models
 - Integrated recovery colleges models
 - Club House models
- Invest in EBP's for integrated treatment

(d) Veterans:

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

(e) Older Adults:

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

(f) LGBTQIA+ Community:

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

5) INVESTMENTS IN HOUSING:

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

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

6) INVESTMENTS IN RECOVERY

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

7) INVESTMENTS IN PREVENTION

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

(a) COMMUNITY REGIONAL APPROACHES to include:

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

(b) SCHOOL BASED INITIATIVES

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

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

8) INVESTMENT IN TRANSPORTATION:

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

9) INVESTMENTS IN PUBLIC AWARENESS

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

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

10) INVESTMENT IN RESEARCH:

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

Appendix B

All OSFAB 2023 Meeting Minutes

New York State Opioid Settlement Fund Advisory Board

December 14, 2022 – Meeting

10:00AM-2:00PM

Empire State Plaza

Opening Remarks

Board Chair Debra Pantin opened the meeting and the Board members reintroduced themselves. The Chair mentioned that she wants to add three additional items to the October 31 Meeting Minutes to be reviewed at the next meeting.

Members discussed the frequency of meetings, establishing satellite sites in Western New York and the possibility of setting 4 quarterly meetings, with additional dates.

Member Marquesano put forth a motion to table the meeting schedule discussion with a second by member Giordano, motion carried unanimously.

Member J. Rivera further discussed the timeliness of the Board Meeting Minutes and the need to schedule board meetings for next year as soon as possible.

VICE CHAIR Discussions and Vote

The Board members discussed nominating and voting on a Vice-Chair

Member J. Rivera nominated member Justine Waldman with a second by Ashley Livingston

Member Israel nominates member Ann Constantino with a second by member Stephen Giordano

Both members Waldman and Constantino accepted the nominations and discussed their qualifications for the role. Members then voted by slow roll call as follows:

Vice Chair Vote - Nominees: Anne Constantino and D. Justine Waldman

Brown – Justine Waldman

Constantino – Anne Constantino

Giordano – Justine Waldman

Israel – Anne Constantino

Lavigne – Justine Waldman

Lynch - absent

Livingston – Justine Waldman

Marquesano – Justine Waldman

Moore – Justine Waldman

Pantin – Justine Waldman

C. Rivera - absent
J.Rivera – Justine Waldman
Tisha Smith - absent
Giftos (Vasan) – Justine Waldman
Waldman – Justine Waldman
Watkins – Justine Waldman
McGoldrick – Justine Waldman
Cunningham -abstain
Morne - abstain
Sullivan - abstain
O’Shea – abstain

Board Resignations

Chair Pantin noted that Dr. Lynch submitted written resignation. Member Joyce Rivera made motion to accept with a second by Livingston. Member discussion regarding the resignation of Dr. Lynch included concerns regarding why he resigned, as well using his vacancy to increase diversity on the board.

Members voted on the motion to accept the resignation of Dr. Joshua Lynch, the motion carried with abstentions from members Moore, Israel, Commissioner Sullivan, Commissioner Cunningham, Designee O’Shea and Designee Morne. Members Constantino and Dr. Watkins voted in the negative.

Public Comment

The Board received public comments from Senator Gustavo Rivera as well as several individuals from OnPoint NYC regarding Overdose Prevention Centers (OPCs).

Response to Recommendations

Members discussed a letter from OASAS Commissioner Cunningham dated December 6, 2022 which was sent in response to the Board’s recommendations. Member J. Rivera requested that the Board receive written confirmation of the Board recommendations that are implemented. OASAS General Counsel Allen advised dashboard released to the Board on November 1, 2023 per statute, one year after Board report

Designee O’Shea advised that the board could receive updates at quarterly at their Board meetings.

Member Livingston indicated that rejection of the Board’s recommendation including OPCs also covered heroin assisted treatment

Member Israel suggested that a task force be created comprised of the three agencies and legislators to find out what different communities would like to do with respect to OPCs and other forms of harm reduction.

Member Constantino put forth motion for monthly updates on the progress of the implementation of the Board's recommendation. After discussion, the motion was subsequently withdrawn.

Members return to discussion of Commissioner Cunningham's letter. Designee O'Shea clarified that the agency response to the Board's recommendations was due 14 days after a determination on the recommendations. There was additional discussion about OPCs and how to go about changing relevant laws.

Members discussed retaining a pro bono attorney to act as an independent counsel. Member J. Rivera made a motion for independent counsel for the Board to continually advise the Board, with a second from Member Livingston. Motion failed with only Members Livingston, J. Rivera, Waldman voting in the affirmative, Members McGoldrick, Giordano, Moore, Brown, Lavigne and Israel voting in the negative and abstentions from Commissioner Cunningham, Commissioner Sullivan, Designees O'Shea and Morne, and Members Marquesano, Pantin.

Member Constantino made a motion requesting that OASAS provide a monthly report on activities and actions with respect to the Board's recommendations, with a second by Member Israel. Member Waldman suggested an amendment to the motion to set up reoccurring meetings for every six weeks with quarterly financial updates to the Board. Member Marquesano further suggested amending the motion for the quarterly updates to include information on the RFA language and how RFA meets the requirements of the recommendations. Member Constantino advised that she did not want to be overly prescriptive about what the updates should include. Motion for monthly reports carried with abstentions from Commissioners Cunningham and Sullivan and Designees O'Shea and Morne

Member Giordano made a motion to amend recommendation to ask the legislature to change the law regarding OPCs, seconded by Member Livingston. The Chair amended the motion suggesting that the Board will respond to the letter as well as submit a position paper on the Board's position on the state funding OPCs, including hearings and taskforce. Member J. Rivera stated that she was opposed to the creating a taskforce to study OPCs as there is sufficient evidence on the benefits of OPCs. There was further member discussion regarding the drafting of the letter and position paper by the Chair and Vice Chair. Member Giordano accepted the Chair's amendment, motion carried. Chair clarified that the motion was to allow the Chair and Vice Chair to amend the draft response letter from the board to include asking the legislature to amend the state law to allow funding for OPCs and other suggestions made by the Board regarding the rejected recommendations. General Counsel Allen advised about the restraints from the Open Meetings Law.

Next Steps and Adjournment

Member Waldman made motion for the Board to schedule meetings every six weeks moving forward and that the Board would cancel the meetings if not needed. Board Executive Secretary Collins advised that there were budgetary constraints to consider

regarding scheduling the location and technology for the meetings. Chair Pantin advised that both the Chair and Vice Chair could discuss scheduling logistics with OASAS within the next couple weeks. Member Constantino inquired about next steps once the letter is sent. General Counsel Allen advised that there is no explicit process in place.

Meeting was adjourned by motion.

Attendees

Board Members:

Chair Debra Pantin, Dr. Lawrence S. Brown, Dr. Stephen Giordano, Anne Constantino (appearing virtually), Avi Israel, Suzanne Lavigne, Ashley Livingston, Dr. Joshua Lynch (absent/resigned), Stephanie Marquesano, Cheryll Moore, Carmen Rivera(absent), Joyce Rivera, Dr. Tisha M. Smith(absent), Dr. John Giftos (appearing virtually on behalf of Dr. Ashwin Vasan), Dr. Justine Waldman, Dr. Kevin Watkins (virtually), William M. McGoldrick

Agency Representatives:

Chinazo Cunningham, OASAS Commissioner
Peggy O'Shea, DOB (Designee)
Tracey Collins, OASAS
Trisha Allen, OASAS (appearing virtually)
Deborah Davis, OASAS
Jennifer Farrell, OASAS
Johanne Morne, DOH (Designee)
OMH Commissioner Ann Sullivan (appearing virtually)
Dr. Thomas Smith, OMH (Designee) (appearing virtually)

New York State Opioid Settlement Fund Advisory Board

March 6, 2023 – Meeting

10:00AM-3:00PM

SUNY H. Carl McCall Building, 353 Broadway, Albany, NY 12246; Nancy L. Zimpher Boardroom

Opening Remarks

Board Chair Debra Pantin opened the meeting and made opening remarks. Chair Pantin reminded members of the importance of attending meetings in person and establishing a quorum.

Members reintroduced themselves, and new member Raymond Ganoe introduced himself to the Board. Member Ashley Livingston noted that it was black balloon day and asked members to observe a moment of silence for individuals who lost their lives to overdose.

Approval of October 31st and December 14th Meeting Minutes

The Board then took up the approval of the October 31, 2022, meeting minutes. Member Giordano made a motion to approve the minutes, with a second from Member Brown, motion carried with abstentions from Waldman, Livingston, Lavigne (who noted she was absent), Ganoe, and Department of Health (DOH) designee Johanne Morne, Office of Addiction Services and Supports (OASAS) Commissioner Cunningham, Office of Mental Health (OMH) Commissioner Sullivan and Division of the Budget (DOB) designee Peggy O'Shea.

Member Moore put forth a motion to accept the December 14, 2022, meeting minutes with a second by Member Brown, motion carried with abstentions from OASAS, DOH, OMH, DOB, and members C. Rivera, T. Smith and Livingston.

National Academy for State Health Policy

Chair Pantin informed the Board that she received an email from the National Academy for State Health Policy which has reserved staff and resources to monitor how states that received Opioid Settlement dollars are implementing the funds. She explained that the Academy holds collaborative learning meetings for the various states to share their experiences on implementing the settlement funds and that she, Vice Chair Waldman, and a representative from state government will regularly attend these meetings. She discussed the possibility of being asked to present at one of the Academy meetings in the future and that she would share information from those meetings with the Board.

Member Brown asked for additional information as to how the other states are organized with respect to provider mental health and behavioral health services.

Member Marquesano highlighted work that the State has done around co-occurring disorders and equity.

Member Livingston advised members about the opioid settlement tracker (<https://www.opioidsettlementtracker.com/>) and some of the useful information found on the webpage.

Implementation of 2022 Recommendations & Executive Budget

Chair Pantin indicated that the Board would like a regular update from the State on its approach to expending settlement funds based on the Board's recommendations, so that the information can be passed on to the public. She asked that a progress report on the expenditure of funds relative to the Board's recommendations be provided to the Board prior to the next meeting.

OASAS Associate Commissioner Connie Burke shared a PowerPoint presentation on the implementation of the 2022 Recommendations and the Executive Budget on behalf of DOH, OMH, and OASAS. The PowerPoint is posted on the Board website.

There was Board discussion regarding member questions on the presentation and the order of the agenda.

A motion was made by Member Livingston to hold member questions and take up public comment with a second from Member Giordano, motion carried with abstentions from OASAS, DOH, OMH, and DOB.

Public Comment

The Board received public comments from the following:

- Assemblyman Sam Pirozzolo, Staten Island
- Tony Smith, Director of the Drug Policy Alliance
- Sam Rivera, On Point NYC
- Kathy Staples, Truth Pharm
- Alexis, Truth Pharm
- Emma Guzikowski

The Board took a break for lunch.

Plan for Mission/Vision/Strategic work of the Board

Vice Chair Waldman made a motion for the Board to complete the remaining agenda items within 30 minutes to free the remaining time for a discussion on the joint agency presentation on the implementation of the Board's recommendations. Member Livingston seconded, and the motion carried with abstentions from the agencies OASAS, DOH, OMH, and DOB.

Following Vice Chair Waldman's motion, there was an additional motion made by member Brown to allow additional public comment with a second from Member Giordano. The motion carried, and the Board received public comment from Ken Butler with Truth Pharm.

Chair Pantin acknowledged the Board's previous discussions regarding the strategy and a mission statement/charter for the Board's work and suggested the Board revisit the matter. Member Giordano indicated that the Board had started developing a mission statement and preliminary strategies. Member Constantino discussed strategic planning for a formal process of gathering information from multiple stakeholders.

Member Marquesano discussed developing a process for presentations from outside groups including grassroots organizations and nonprofit providers. She also renewed her previous request to have the Mid-Hudson Regional Mental Health Directors present to the Board.

OASAS Associate Commissioner Burke acknowledged that there are organizations that are a part of the formal state system and do not receive emails sent to providers regarding funding opportunities. She asked the board to provide her with information about these organizations to ensure that they are reached. She also suggested that there be discussions with the Local Government Units (LGU) regarding those organizations providing services at the county level. She further suggested that OASAS work with LGUs to identify community-based organizations in their counties.

Member Israel indicated that he would like to hear from the four agencies on the State's plan prior to the Board drafting a plan.

Commissioner Cunningham advised that the agencies acted based on the categories of recommendations and how the Board prioritized them.

Member Giordano suggested that the Board receive a presentation from the New York State Conference of Local Mental Hygiene Directors and the New York State Association of County Health Officials. He indicated that the members of these organizations are on the ground in the community and could provide a better understanding of what strategies are working and which organizations need funding.

Member Lavigne made a motion that the last draft of the mission/vision be circulated prior to the next meeting with a second by Member Israel, and the motion carried with abstentions from the agencies (OASAS, DOH, OMH, and DOB).

Member Marquesano made a motion to create a survey to address options for the policy and procedures, and a second survey where the Board addresses the sectors that they would like to hear from. Member Brown seconded the motion after receiving clarification from OASAS Deputy Counsel Meyer on the appropriate use of surveys by the Board to be consistent with the Open Meetings Law. The motion carried with abstentions from the agencies (OASAS, DOH, OMH, and DOB).

Meeting Schedule for the Year and Next Agenda

Executive Secretary Collins informed the Board that the goal for the year is to have all meetings in the same location. She advised of the following suggested dates for quarterly meetings: May 15, 2023, July 10, 2023, September 8, 2023, October 13, 2023, and October 31, 2023. She advised that additional dates could be set if needed and that all meetings would be held at Empire State Plaza with tentative times of 10 AM to 2 PM or 10 AM to 3 PM. Chair Pantin advised that the meetings were being scheduled in advance to have a majority of members attend the meetings in person.

Implementation of 2022 Recommendations & Executive Budget (Members questions/discussion)

Members discussed the presentation on the 2022 Recommendations & Executive Budget. Member Tisha Smith asked that disabled veterans and tribal communities be added to the list of priority populations and if the language utilized on the diversity scoresheet could be shared with the Board.

Member Constantino stated she was concerned that the RFA was too narrowly focused which prevents some organizations from participating. As an example, she stated that there are MAT providers offering medication other than methadone.

Member Moore expressed concern that non-OASAS providers are doing amazing work but do not have access to funding.

Member Lavigne raised the issue that the application process to become an OTP can be onerous, and a lot of providers avoid it. She suggested that OASAS take a collaborative learning approach to engage providers in the process.

Member Livingston requested that the agencies ensure opportunities for all community members, particularly in regard to funding and scholarship expansion.

Vice Chair Waldman requested that the agencies share meeting minutes and/or information from their joint meetings.

Member Brown inquired about the options for the providers and how to ensure the right organizations are receiving information about opportunities for funding.

Member Israel brought up questions about settlement funding being disbursed to DOH for their harm reduction programming. OASAS Associate Commissioner Burke stated that the agencies are working closely together. Member Israel also brought up concerns about funding being designated only for “providers” and not other entities. Member Israel brought up workforce issues. Commissioner Cunningham spoke about scholarship opportunities that OASAS is working on to help with workforce issue for OMH, DOH, and OASAS programs.

Other Issues

Motion by Vice Chair Waldman that the Board, in their first report, recommended settlement funds be invested in overdose prevention centers, and as such, the Board opposes the rejection of the recommendation by the State and requests their opposition be entered into the meeting minutes. Motion seconded by Member Livingston. The motion carried and the agencies (OASAS, DOH, OMH, and DOB) abstained, as did Members Dr. Giftos, Dr. Watkins, and Chair Pantin.

Motion by Vice Chair Waldman that the Board in their first report made a specific recommendation that diversion programs be restorative and not punitive, and as such, the Board is opposed to Part BB of Governor's health and mental hygiene legislation because the Board wants to ensure that settlement dollars invested in harm reduction services are able to achieve their full impact. The motion was seconded by Member Livingston. Vice Chair Waldman stated that the proposal was around criminalizing fentanyl and the motion would indicate that the Board, as experts, opposes the proposal. Member Marquesano requested that they table the motion for further discussion. Due to timeliness of the State budget, the Board agreed to vote now and the motion carried with abstentions from Members Pantin, Israel, Lavigne, Moore and agencies (OASAS, DOH, OMH, and DOB).

Motion by Member Livingston to end the meeting, the Board adjourned.

Attendees

Board Members:

Chair Debra Pantin, Dr. Lawrence S. Brown, Dr. Stephen Giordano, Anne Constantino (appearing virtually), Avi Israel, Suzanne Lavigne, Ashley Livingston, Stephanie Marquesano, Cheryll Moore, Carmen Rivera (virtually), Joyce Rivera (virtually), Dr. Tisha M. Smith (virtually), Dr. John Giftos (virtually on behalf of Dr. Ashwin Vasan), Vice Chair Dr. Justine Waldman, Dr. Kevin Watkins (virtually), William M. McGoldrick (virtually), Raymond Ganoe (virtually).

Agency Representatives:

Chinazo Cunningham, OASAS Commissioner

Peggy O'Shea, DOB (Designee)

Tracey Collins, OASAS (Executive Secretary of the Board)

Connie Burke, OASAS Associate Commissioner

Johanne Morne, DOH (Designee)

Ann Sullivan, OMH Commissioner

Dr. Thomas Smith, OMH (Designee)

New York State Opioid Settlement Fund Advisory Board

May 15, 2023 – Meeting

Empire State Plaza

10:00AM-3:00PM

Welcome/Introductions

Chair Debra Pantin gave opening remarks and the Board members reintroduced themselves.

Approval of Minutes

Member Suzanne Lavigne made a motion to approve the meeting minutes from March 6, 2023, with a second from Member Dr. Stephen Giordano. The motion passed with abstentions from Office of Addiction Services and Supports (OASAS) and Division of the Budget (DOB).

Implementation of Board Recommendations

Associate Commissioner Connie Burke from OASAS presented on the implementation of the Board recommendations contained in the November, 2022 report. Associate Commissioner Burke advised that there have been regular community meetings and provided the webpage which contains meeting information and information about new initiatives which can be found at: <https://oasas.ny.gov/opioid-settlement-funding-initiatives>. She further discussed some of the Request for Applications (RFAs) that have gone out already. Department of Health (DOH) Designee Johanne Morne then discussed the progress of some of the DOH harm reduction initiatives. Associate Commissioner Burke continued her presentation, addressing treatment initiatives. Member Avi Israel spoke about the importance of involving county governments in the process.

The Board commented on the application process. Member Lavigne indicated that she believes providers need help with the application process; Member Dr. Tisha Smith agreed.

Member Stephanie Marquesano inquired about agency collaboration. OASAS Commissioner Chinazo Cunningham spoke about collaboration with Office of Mental Health (OMH) and DOH which she stated goes well beyond just settlement fund dollars.

Member Anne Constantino raised concerns that there are challenges regarding the length of times of the Request for Proposals (RFPs) and the limited eligibility for some of the RFPs.

Member Israel agreed with Member Constantino regarding the issue of limited eligibility for certain providers.

Associate Commissioner Burke and Commissioner Cunningham reminded everyone about the multiple factors involved in the RFP/RFA process that meets the recommendations made by the Board.

Associate Commissioner Burke continued with her presentation, specifically addressing initiatives under the service continuum.

Member Israel raised the issue of people in shelters and the risks faced by people who are homeless. Designee Morne discussed the challenges for priority populations. OMH Commissioner Ann Sullivan spoke about some of the services offered by the agency for the population of those people who are homeless.

Associate Commissioner Burke discussed regional abatement dollars. Dr. Giordano mentioned the need to find a way to provide funding for workforce.

Member Dr. Lawrence Brown joined the meeting before lunch.

The slides used in the presentation from OASAS can be found at:

https://oasas.ny.gov/system/files/documents/2023/05/osfab_slides_051523.pdf

Lunch Break

The Board broke for lunch and returned for public comment.

Public Comment

The Board received public comment from several members of the public, primarily from Save the Michaels, Truth Pharm, and Dynamic Youth Center, who discussed the need for peer advocates, funding to grassroots, community-based organizations, and overdose prevention centers.

LGU Presentation

Jon Kaiman, the Deputy County Executive of Suffolk County joined the meeting to present on the County's use of funds it receives directly from the settlements. He advised that he chaired the Suffolk County Executive's Opioid Task Force. He discussed the work involved in disbursing the funds across the county via various organizations and the need to provide funding through a multi-year period. He also spoke of funding small organizations including hospital systems to increase the number of beds and services.

There was discussion between the Board members and Deputy County Executive Kaiman regarding Suffolk County's experiences and challenges with disbursing the funds. Chair Pantin noted that the Opioid Settlement Fund Advisory Board (OSFAB) has no jurisdiction over the funds NYC, Nassau and Suffolk receive directly from the settlements.

Other Items

Chair Pantin spoke about the National Academy for State Health Policy (Academy) and advised that there is a meeting every other month addressing a new topic. She explained that the topic for the last meeting focused on best practices for engaging individuals who have lived experience. Chair Pantin noted that the Academy's Annual conference will be over the summer in Boston and she will provide information regarding attending it.

Chair Pantin advised that at the next Board meeting in July, OASAS Counsel would discuss how to address workforce concerns under the Board's ten area recommendations.

Chair Pantin also asked that DOB Designee, Peggy O'Shea, discuss regional abatement shares at the next meeting in anticipation of the Board using the information in this year's annual report.

Board members discussed the timeframe for implementation of the recommendations in the 2022 report and that they were two years. Designee Morne asked to clarify if the previous recommendations for 2024-25 would be all new recommendations. Chair Pantin agreed that the recommendations would continue with slight changes for emerging issues and such. Member Constantino said the plan should be compared to the results. Chair Pantin clarified that the recommendations were for two years, and this November's updated report should state the Board's intent to continue certain things and change certain things.

There was further discussion about what would be needed to complete the new report. Vice Chair Waldman made a motion to have presentations from the State agencies about what they have done, collaboration, and what they see as the gaps. Member Marquesano suggested that the Board also receive presentations from LGUs prior to issuing the annual report.

After discussion on the motion, Vice Chair Waldman amended the motion to requesting that each agency present an updated programmatic slide deck on what is happening in 2022-2023 including current programs, how those programs will be enhanced as well as presentations from the LGUs. Member Joyce Rivera made an additional amendment to Vice Chair Waldman's motion to include information on innovative programs as part of the updated programmatic slide deck. Vice Chair Waldman accepted the addition as part of her motion, with a second by Member Ashley Livingston. The motion passed with abstentions from Dr. Brown and all State agencies.

Member Marquesano requested to increase the length of the next Board meeting from four hours to six hours, and that the Board invite the county mental hygiene directors and mid-Hudson region directors to speak to the Board with specific focus on innovations and how they are working with small/grassroots organizations.

Dr. Brown also asked to include the strength and limitation of their collaborations and how they measure impact.

Chair Pantin noted that she would seek this information from the LGUs.

Member Marquesano made a motion for the meeting to be scheduled from 10:00 AM to 4:00 PM with the goal of adjourning by 3:00 PM. The motion was seconded by Dr. Giordano and carried with abstentions from Member J. Rivera, Member Constantino and all State agencies.

The meeting adjourned.

Attendees

Board Members:

Chair Debra Pantin, Dr. Lawrence S. Brown (appearing virtually), Dr. Stephen Giordano, Anne Constantino (Buffalo location), Avi Israel, Suzanne Lavigne, Ashley Livingston, Stephanie Marquesano, Cheryll Moore (Buffalo location) Carmen Rivera (appearing virtually), Joyce Rivera (appearing virtually), Dr. Tisha M. Smith. Dr. John Giftos (virtually on behalf of Dr. Ashwin Vasan), Vice Chair Dr. Justine Waldman, Dr. Kevin Watkins (appearing virtually), William M. McGoldrick, Raymond Ganoe (Buffalo location).

Agency Representatives:

Dr. Chinazo Cunningham, OASAS Commissioner

Peggy O'Shea, DOB (Designee)

Tracey Collins, OASAS Executive Deputy Commissioner (Executive Secretary of the Board)

Connie Burke, OASAS Associate Commissioner

Johanne Morne, DOH (Designee)

Dr. Ann Sullivan, OMH Commissioner

Dr. Thomas Smith, OMH (Designee)

New York State Opioid Settlement Fund Advisory Board

July 10, 2023 – Meeting

Empire State Plaza Albany, NY – Room #6

10:00am – 4:00pm

Welcome/Introductions

Chair Debra Pantin gave opening remarks and the Board members reintroduced themselves. Chair Pantin discussed the Board's upcoming schedule and the potential of making adjustments to the Board's previous recommendations.

Approval of Minutes

Member Suzanne Lavigne made a motion to approve the meeting minutes from May 15, 2023, with a second from Member William McGoldrick. The motion passed with abstentions from the Office of Addiction Services and Supports (OASAS) and the Division of the Budget (DOB).

Fiscal Presentation

DOB Designee Peggy O'Shea presented an updated fiscal overview of Opioid Settlement Fund (OSF) dollars including opioid settlement receipts, actual dollar amounts that came in fiscal year 22-23, and revised projections for the remainder of the State's current financial plan. The link to the presentation can found here:

https://oasas.ny.gov/system/files/documents/2023/07/opioid_settlement_fund_budget_presentation.pdf.

Member Dr. Giordano asked how the money the Attorney General's Office brought to the counties fit into the fiscal picture and how it related to the Regional Shares. Member Ashley Livingston and Designee O'Shea confirmed that counties receive Direct Shares from the settlements and Regional Shares from the OSF.

Member Avi Israel inquired about the amount of money providers have received so far from OASAS and DOH. Designee O'Shea advised that OASAS and DOH would present on the progress of the RFAs and that most of the regional share dollars have been disbursed.

Member Ashley Livingston inquired if any of the money would go to the cost of additional staff to help streamline the RFA/RFP process. Chair Pantin advised that both questions would likely be addressed in the presentations from OASAS and the Office of Mental Health (OMH).

Ethics Discussion

OASAS Deputy General Counsel, Greg Meyer, reminded the Board that conflict of interest forms need to be completed and submitted to the Chair for the current year. The form was emailed to members during the meeting and Deputy Counsel advised

members that the need for the conflict of interest form was established in the Board's authorizing statute found in NYS Mental Hygiene Law § 25.18. Member Avi Israel raised concerns about Board members' organizations receiving funds from the OSF. Deputy General Counsel Meyer clarified that Board members cannot use their position on the Board to direct funds to their organizations, but that those organizations could obtain funds if they are awarded through a competitive process.

Member Livingston inquired if the MATTERS program went through a competitive process for the funds received. Department of Health (DOH) Designee, Johanne Morne, advised that funding for MATTERS was earmarked. DOB Designee O'Shea further clarified that MATTERS was lined out on the scorecard that the Board reviewed and voted on last November and that the Board accepted the line item of \$8 million for the MATTERS program.

Member Israel raised concerns about the amount of time it has taken for funds to be disbursed considering that recommendations were made in November.

LGU Presentations

Chair Pantin discussed outreach to various Local Government Units to learn more about their initiatives. She indicated that she had reached out to New York City, Suffolk County, and Nassau County and that she had also reached out to the Conference of Local Mental Hygiene Directors.

Michael Orth, Commissioner of Westchester County's Department of Mental Health, presented on behalf of the Mid-Hudson Valley Commissioners on some of the region's initiatives funded through settlement dollars. Other county representatives joined him, including Jean-Marie Niebuhr, Deputy Commissioner /DCS Dutchess County, Darcie Miller, Commissioner Orange County, Melissa Stickle, DCS Sullivan County, Katrina Williams, Deputy Commissioner Ulster County, and Dr. Susan Hoerter, Acting Commissioner Rockland County. The link to the presentation can be found here https://oasas.ny.gov/system/files/documents/2023/07/nys-oasb-mid-hudson-july-10-2023-presentation_.pdf.

The overall focus of the presentation was the need to improve the integration of the mental health and substance abuse systems. Commissioner Orth specifically indicated that the county has already contracted for its direct funds and is also close to rolling out services through funds received from OASAS. There were presentations about the existing work, new initiatives, and progress of RFPs for opioid settlement dollars from all the regional counties.

There was discussion about how the counties can share what they are doing in their respective counties, best practices, and challenges at the Conference of Local Mental Hygiene Directors which meets regularly. Additionally, there was discussion about available data on the impact of the initiatives on the rate of overdoses, collaboration, further publicizing and sharing the initiatives and innovation of the counties, and metrics to measure progress.

Lunch Break

The Board broke for lunch and returned for public comment.

Public Comment

The Board received comments from the public, including community organizations and individuals who have lost loved ones to addiction. Each member of the public was permitted to share comments limited to two minutes.

Chair Pantin also addressed two comments that were submitted in writing to the Board's comment dropbox regarding recovery and another from an accounting firm. Member Stephanie Marquesano explained that she was concerned about the Board drop box being used to solicit the Board or offer the Board related products or services. Member Dr. Giordano made a motion for the Board not to entertain solicitation with a second from Member Dr. Tisha Smith. Chair Pantin called for discussion on the motion. Deputy Counsel Meyer advised that the Board has a participation document and that the Board could make a motion to amend that document. Member Dr. Giordano made motion to amend the previous motion to include revising the participation document, with a second from Member Cheryll Moore. Members further discussed the amended motion, and the motion passed with abstentions from the agencies.

Implementation of 2022 OSFAB Recommendations and Current Plan

OASAS Associate Commissioner Connie Burke presented an update on the implementation of the Board's 2022 Recommendations. The link to the presentation can be found here:

https://oasas.ny.gov/system/files/documents/2023/07/oasas_presentation_osfab.pdf.

Associate Commissioner Burke focused on new developments in Requests for Application (RFAs) and Requests for Proposal (RFPs). She highlighted progress with respect to contracts and RFAs for harm reduction recommendations, investments across the service continuum, and priority populations. Specifically, she discussed that OASAS has executed contracts and made progress in the RFP/RFA process to provide testing supplies such as fentanyl and xylazine test strips, naloxone distribution, scholarships, youth education and engagement, and street outreach. She further advised that, with respect to the regional abatement, a total of \$63.4 million in payments have been disbursed to 55 of the 55 eligible LGUs, all of the five large cities and 10 of the 21 Other Litigating Entities (OLEs).

There was discussion between the Chair and the Associate Commissioner clarifying that the presentation was on behalf of all three agencies - OASAS, DOH, and OMH. It was further clarified that the presentation focused on 2023 appropriations. Member Anne Constantino asked for a breakdown of how the money has been distributed and raised concerns about the RFP process being too specific, and that harm reduction is about more than naloxone. She suggested that there is a need for comprehensive continuous training and supervision and implementation of evidence based best practices, like what was discussed earlier by the Mid-Hudson Valley Commissioners.

There was also discussion about Opioid Treatment Programs (OTP) and harm reduction. OASAS Commissioner Cunningham explained that all harm reduction dollars have not been expended and that there are other harm reduction efforts to be funded. Member Suzanne Lavigne commented about the OTP certification process, academic institutions, and community-based organizations (CBOs). Associate Commissioner Burke advised that OASAS is in the process of contracting with seven CBOs.

Member Ashley Livingston inquired about funding for staff to provide technical assistance and support for the recommended initiatives, funding provided to MATTERS and information on plans submitted by the counties. Associate Commissioner Burke discussed the Dashboard and the Opioid Settlement Fund Project Mailbox and monthly community meetings on the opioid settlement funds and explained that OASAS is working on making all forms of naloxone available. OASAS Associate Commissioner Deborah Davis addressed the earlier RFAs and how there have been improvements to the process. Commissioner Cunningham advised that additional funding provided to MATTERS was specific to the distribution of fentanyl and xylazine test strips. DOH Designee Johanne Morne further clarified the additional MATTERS dollars and explained that DOH offers both intramuscular and nasal naloxone. There was additional discussion about concerns regarding the RFA/RFP process and priorities with respect to the Board's recommendations, including smaller organizations in the RFA/RFP process, and the State's long-term plans for recovery services.

Workforce Discussion

Chair Pantin asked the Board how they wanted to address workforce discussions including salary increases, bonuses, loan forgiveness, increased training and supervision, retention and recruitment efforts, and the potential to implement. There were also discussions about focusing on workforce on its own as opposed to an overlay over all recommendations. Member Dr. Giordano raised concerns regarding the contradictory language in the Board's statute (NYS Mental Hygiene Law § 25.18) and the Schedule C document for the national settlement with respect to eligible uses for Opioid Settlement funds.

Other Items

The Board Members continued brief discussions about the procurement process, funding for small community-based organizations, workforce, and adjustments to the order in which the board prioritized their recommendations. Associate Commissioner Burke announced that OASAS is developing an initiative around housing, recovery, transportation, and research. She further explained that OASAS is considering tweaks to the RFA process based on the feedback from the Board and that OASAS can review the order of priority with respect to 2024 RFA and initiatives. Member Dr. Lawrence Brown advised that the Board should wait to see the impacts of the current initiatives prior to making adjustments for 2024 or 2025. Chair Pantin announced that is scheduled for September 8, 2023, and that she would send around a list of the points from the

meeting for the members to think about opportunities for voting on them or having further discussion. She also indicated that she would inquire if there was another date aside from September 8, 2023, that would work better for the members for the next meeting.

Motion to adjourn by Member Dr. Lawrence Brown with a second from Member Dr. Justine Waldman.

Attendees

Board Members:

Chair Debra Pantin, Dr. Lawrence S. Brown (appearing virtually), Dr. Stephen Giordano, Anne Constantino, Avi Israel, Suzanne Lavigne, Ashley Livingston, Stephanie Marquesano, Cheryll Moore (appearing virtually), Carmen Rivera (appearing virtually), Dr. Tisha M. Smith, Dr. John Giftos (appearing virtually on behalf of Dr. Ashwin Vasan), Vice Chair Dr. Justine Waldman (appearing virtually), Dr. Kevin Watkins (appearing virtually), William M. McGoldrick.

Agency Representatives:

Dr. Chinazo Cunningham, OASAS Commissioner

Peggy O'Shea, DOB (Designee)

Tracey Collins, OASAS Executive Deputy Commissioner (Executive Secretary of the Board)

Connie Burke, OASAS Associate Commissioner

Johanne Morne, DOH (Designee)

Dr. Ann Sullivan, OMH Commissioner

Dr. Thomas Smith, OMH (Designee)

New York State Opioid Settlement Fund Advisory Board

September 26, 2023 – Meeting

H. Carl McCall Suny Administration Building, Zimpher Conference Room - Albany, NY

10:00am – 3:30pm

Welcome/Introductions

Board Chair Debra Pantin opened the meeting and the Board members reintroduced themselves. She explained that the meeting had been rescheduled to accommodate a religious holiday. She noted that rescheduling the meeting resulted in a conflict for the Commissioners of the Office of Addiction Services and Support, the Office of Mental Health and the Department of Health. Chair Pantin further advised that Tracey Collins, who had previously acted as Board Executive Secretary is now the Deputy Executive Commissioner of OASAS and was present at the meeting as OASAS's designee, but that Joelle Foskett of OASAS is now serving as the Board's Executive Secretary.

Approval of Minutes

Member Suzanne Lavigne made a motion to approve the July 10, 2023, meeting minutes with a second from member Dr. Stephen Giordano. The motion carried with abstentions from DOB Designee Peggy O'Shea and Members Ashley Livingston and Joyce Rivera. Chair Pantin then advised that the agenda would need to be adjusted and that the next agenda item would be the presentation from the NYS Conference of Local Mental Hygiene Directors.

Member Stephanie Marquesano raised concerns regarding technical issues with the livestream, it was noted by OASAS that the livestream was down due to technical difficulties, but that the meeting was being recorded and would be posted in its entirety.

LGU Presentation

The NYS Conference of Local Mental Hygiene Directors (CLMHD) represented by Executive Director Courtney David, Conference Chair Laura Kelemen, and Counsel Jed Wolkenbreit presented to the Board. The presentation gave an overview of the role of the CLMHD, its member counties, the statutory/legal framework for the LGUs, and the county level perspectives of the planning and procurement process within that framework.

Member Suzanne Lavigne discussed Franklin County's planning and procurement process from the perspective of a county that does not have a charter. She explained that in Franklin County they formed a work group including community services board members, county departments and two legislatures who discussed procurement issues and decided not to require fees in the application process and not to utilize an RFP process. Member Lavigne further explained that the workgroup created a press release regarding the available funding and what uses were permissible for the funds. Applicants were required to write a program description or proposal description,

identify outcome measures and their evaluation process. Member Lavigne advised that the workgroup developed a screening tool that was used to review the applications and to make awards to a variety of different local agencies. She explained the award and contract process for the applicants selected and noted that all the awardees have received their initial advance and that after six months the awardees will submit a report of outcomes and the remainder of the money will be expended.

Member Dr. Stephen Giordano briefly discussed Albany County's process as a chartered county that is required to utilize the RFP process to obtain approval from the county legislature for initiatives. He explained that the county is in the process of hiring a Project Coordinator for settlement fund purposes. Member Giordano highlighted that the County would like to launch two initiatives including the expansion mental health department's mobile outreach and a treatment and overdose response team to cover the county and a street medicine to provide services to individuals wherever they are located. He explained that there are a lot of questions and concerns from the legislature about the funding and conflicting opinions on how the dollars should be spent but he is hopeful that there will be progress.

Member Anne Constantino asked for transparency in all funding receiving by local government. CMLHD Chair Keleman advised that CLMHD may be able to obtain some of the information about direct share funds from the Attorney General and share it with the Board. Executive Director David explained that obtaining all the information on the money received by the local government could be difficult because some of the dollars were unrestricted and would not have the LGU perspective.

Member Livingston expressed concern regarding some of the initiatives presented by the Conference including: the absence of syringe services programs under harm reduction, whether recovery housing models were abstinence based, the use of peer specialists and not Certified Recovery Peer Advocates (CRPAs) which would include substance abuse and not just mental health peers.

Member J. Rivera highlighted that syringe services programs must be authorized by the state Department of Health and that as an unchartered county Franklin County has made significant progress in expending funds. She also inquired whether there is an active and ongoing exchange of knowledge between the counties including New York City with respect information sharing for the purpose of generating best practices. Executive Director David advised that members of CLMHD meet regularly flesh out ideas and develop priorities.

Member Dr. Lawrence Brown inquired as to how the counties are accounting for equity in their process for expending opioid settlement funds. CLMHD Counsel Jed Wolkenbreit advised that counties did not seem to have a uniform approach.

Member Marquesano discussed the need to ensure strategic collaborative efforts and knowledge sharing across the state.

Vice Chair Dr. Justine Waldman expressed concern that many of her patients have a negative association with county agencies and suggested that Sam Rivera from OnPoint present to the counties on Overdose Prevention Centers with respect to the unrestricted funds received.

Dr. Giordano discussed the pros and cons of the RFP process indicating that utilizing the RFP process may not allow the county to expend funds quickly, but it does allow for transparency and accountability.

Member Livingston inquired if the Board recommendations were being implemented by an RFA process. OASAS Associate Commissioner Deborah Davis explained the procurement process and partial procurement relief, pursuant to State Finance Law § 163 and Economic Development Law §142 which allows the State to enter into a direct contract instead of the competitive bidding process. She highlighted that OASAS did a request for application specifying the scope of work, how the application would be scored, and that there was a debriefing to help those applicants who were not selected understand why they were not successful. Associate Commissioner Davis also advised that equity and co-occurring disorders were considered during the scoring process.

Chair Pantin advised that the Board would have to move forward with the agenda to ensure that other important issues were addressed by the Board.

The full video of the CLMHD presentation and subsequent board discussion can be found [here](#) and begins at 12:50 into the video.

Workforce

The Board moved on to the discussion of workforce. Chair Pantin noted that providers may be unable to apply for RFPs/RFAs due to workforce issues. The Board discussed workforce initiatives and the best way to strengthen the priority of workforce. The Board discussed adding workforce as an additional bucket or strengthening the workforce initiatives throughout the existing 10 buckets.

The Board discussed their concerns about the workforce crisis and how to best strengthen workforce as a Board priority. Member Livingston stated that she thought that the money allocated to investments across the continuum was intended for workforce recommendations. She further suggested that unspent 2024 dollars for investments across the continuum should be directed to workforce initiatives.

Following this discussion, Member Brown made a motion for greater emphasis on workforce across the Board's recommended unspent investments and for FY 24-25. The motion was further clarified by DOB Designee Peggy O'Shea to specify that workforce investments be included in the spending category of investments across the continuum and that FY24 funds used to improve workforce or to address the workforce crisis be spent out of that particular spending category that's already allocated. The motion was carried with abstention DOB, OMH, DOH, and OASAS.

The Board voted to include an overarching workforce recommendation with specific workforce recommendations. These recommendations can be demonstrations or RFAs. The following workforce specific recommendations were voted on by the board and are hereby submitted as follows:

1. Develop strategy to address administrative workload, by adding administrative staff to the program operations that can execute administrative functions. This will allow clinical staff the appropriate time and support needed to provide client services and not experience burn out. Motion carried with abstentions from Member Kevin Watkins and the State agencies.
2. Address staff burnout: funding staff wellness programs. These programs should be informed by staff. Motion carried with abstentions from Member Watkins and the State agencies.
3. Recruitment initiatives to attract new individuals into the field. Motion carried with abstentions from Dr. Giordano and Agencies abstain.
4. Loan Forgiveness programs for individuals working in clinical positions in Community Based Organizations, first prioritizing organizations with an annual budget of less than \$10M. This is in light of staff working in SUD and Mental health clinics who do not readily qualify for Public Service Loan Forgiveness Program (PSLF). Motion carried with abstentions from Members Watkins, Dr. Tisha Smith, J. Rivera and the State agencies.
5. Increase staff training, including Clinical Supervision. Motion carried with abstentions from the State agencies.
6. Paid Internships across the SUD and Mental Health Field. Motion carried with abstentions from Members J. Rivera and the State agencies.
7. Promoting the Behavioral health field at the high school and Universities levels. Motion carried with abstentions from the State agencies.
8. Hiring Bonuses. Motion carried with abstentions from Member Livingston and the State agencies.
9. Waive Credentialing Fees for all credentials, with priority given to SUD and Mental Health positions. Motion carried with abstentions from the State agencies.
10. Leadership Institutes. Motion carried with abstentions from Member Watkins and the State agencies.
11. Fund and Encourage EAP Services for all staff and volunteers, after some discussion Member Livingston asked for an amendment to include all staff and volunteers, Chair Pantin accepted the amendment, and it carried with abstentions from Member Moore and the State agencies,
12. To develop a comprehensive approach to reimbursement rates to include living wages and benefits. After discussion from Member Brown regarding Board overreach and the inability to change rates, the motion was withdrawn.

Public Comment

The Board heard from public members on location in Albany and Buffalo, including on issues related to recovery centers, lack of affordable housing, stigma, and the need to open up grants for smaller non-profits so that they can continue to serve their important populations.

Public comments begins at 1:07 of the video and can be found [here](#).

Other Issues

Member J. Rivera mentioned writing a statement/letter to the governor about OPCs. Chair Pantin then made a list of suggestion from the board members of things to include in a list to include for Fiscal 2025 and to include in a public statement:

1. Alternate ways of getting funding to include smaller organizations
2. Expediting funding for small grants
3. Technical assistance in grant writing
4. Continued efforts to increase rates and service reimbursements especially for SDOH (Overarching---Infrastructure)
5. Workforce Needs Assessment
6. Demonstration OPCs and recovery centers
7. A single state agency for substance use and mental health
8. Anti-NIBYism
9. Declaring a State of Emergency

Attendees

Board Members:

Chair Debra Pantin, Dr. Lawrence S. Brown, Dr. Stephen Giordano, Anne Constantino (Buffalo location), Avi Israel (absent), Suzanne Lavigne, Ashley Livingston, Stephanie Marquesano, Cheryll Moore, Carmen Rivera, Dr. Tisha M. Smith, Dr. John Giftos (absent), Vice Chair Dr. Justine Waldman, Dr. Kevin Watkins (appearing virtually), William M. McGoldrick, and Joyce Rivera, Raymond Ganoe (Buffalo location).

Agency Representatives:

Peggy O'Shea, DOB (Designee)

Tracey Collins, OASAS Executive Deputy Commissioner (OASAS Designee)

Joelle Foskett (OASAS Director of Government Affairs, Executive Secretary of the Board)

Connie Burke, OASAS Associate Commissioner

Johanne Morne, DOH (Designee)

Chris Smith, OMH (Designee)

New York State Opioid Settlement Fund Advisory Board

October 13, 2023 – Meeting

Empire State Plaza, Room 6 - Albany, NY

10:00 AM – 3:00 PM

Welcome/Introductions

Board Chair Debra Pantin opened the meeting and the Board members reintroduced themselves. Chair Pantin advised members that this meeting is the second to last meeting of the year. At the next scheduled meeting the Board would be voting on the report that is due on November 1, 2023.

Chair Pantin then summarized the Board's decisions from the previous meeting regarding workforce and provided an overview of the meeting agenda. She explained the timeline for the final report and provided a brief overview of the framework for the report which will include new position statements. According to Chair Pantin, the plan is for the first draft of the report to be completed on October 15, 2023, by Chair Pantin and then Vice Chair Dr. Justine Waldman will work on it until October 23, 2023. At that point, a draft will then be sent to OASAS, and then sent to the full board on 10/26 for review, and ultimately, a full Board vote on October 31, 2023. Finally, Chair Pantin noted that the report will be an addendum to last year's report.

Approval of Minutes

Vice Chair Dr. Justine Waldman made a motion to approve the September 26, 2023, [meeting minutes](#) with a second from member Dr. Stephen Giordano. Member Suzanne Lavigne amended the vote pertaining to one of her votes from that meeting. The motion, as amended, carried with abstentions from the DOB Designee Peggy O'Shea (DOB), Office of Addiction Services and Supports (OASAS), Office of Mental Health (OMH), and Department of Health (DOH).

Confirm Approved Workforce Recommendations

Chair Pantin and the Board revisited the workforce recommendations that were voted on at the last Board meeting and acknowledged that the use of opioid settlement funds to increase salaries is not sustainable. Vice Chair Dr. Waldman made a motion to accept all the workforce recommendations from the previous meeting. Member Ashley Livingston seconded the motion and requested to amend the recommendation (number one on list of workforce recommendations) regarding additional administrative staff to include "where financially possible." Member Livingston also proposed an amendment to the language in the recommendation related to loan forgiveness (number four on list of workforce recommendations) with respect to federal Public Service Loan Forgiveness program. The amendments from Member Livingston were accepted by Vice Chair Dr. Waldman.

Member Avi Israel suggested that the board consider ways to retain and /or stabilize current workforce. After some discussion among the Board, Member Israel withdrew the motion.

Member Lavigne noted the need to further drill down on the rate increases in the system in the Board's position statements and that position statements should be put forth in the beginning of the upcoming Board report.

Member Dr. Tisha Smith noted that the workforce recommendation (number eight on the list) regarding hiring bonuses, would address Member Israel's concern.

The Board moved to vote on accepting the full list of amended workforce recommendations and the motion carried with abstentions from OMH, DOH, OASAS, DOB and Member Avi Israel.

The Board then discussed the priorities from last year's recommendations. There was a motion by Vice Chair Dr. Waldman to vote to reprioritize the priority areas, Member Israel seconded the motion. The motion carried with abstentions from OMH, DOH, OASAS, and DOB.

Vice Chair Dr. Waldman asked that the meeting continue with the planned agenda to allow members to review previous priority percentages and fill out the new priority forms.

Discussion and Vote on Additional Recommendation

The Board went through a list of items to include in the report. The Following items were discussed and approved by the Board with abstentions from OASAS, DOH, OMH, and DOB:

1. Alternate ways of getting funding to include smaller organizations.
2. Expediting funding for small grants.
3. Technical assistance to providers utilizing co-occurring models.
4. Provide technical assistance (TA) for individuals to provide Co-Occurring intervention models.
5. Continued efforts to increase rates and service reimbursements especially for SDOH. Member Anne Constantino urge strong position statement in the report.
6. Annual process and outcomes metrics for evaluation at the State and System levels.
7. Housing---- Member Livingston motioned to include priority populations as a priority for housing, including those who are criminal justice involved, pregnant persons and their children, under 18 youth and young adults, veterans, older adults, LGBTQIA+, individuals with comorbid medical needs and people who use drugs.
8. Demonstration Overdose Prevention Centers (OPCs) --- Member Dr. Stephen Giordano restated the motion, to modify the recommendation in last year's report to use the state research institute to authorize a research based OPC to work with

academic institutions to develop, plan and evaluate these programs. Member Livingston seconded. Vice Chair Dr. Waldman amended the motion to include qualitative research to review the two demonstrations that currently exist and move forward with a new pilot. The board members further clarified the motion to recommend the authorization of one or more research based OPCs from the ground up, to include evaluation of the current OPCs as the groundwork.

9. Public awareness campaigns/anti-NIMBYism-motion to explicitly include anti-stigma/anti-NIMBYism/public education-Member Dr. Stephen Giordano made a motion with a second from Member Livingston. Member Livingston also requested an amendment to the motion to include support for families who have lost loved ones to addiction. The amendment was accepted, and the motion passed.
10. Motion on recovery-After discussion, Member Livingston moved to adopt SAMHSA's definition of recovery and put that in the report. The motion carried with abstentions.

The Board also discussed the idea of a workforce needs assessment, but after discussion the Board decided not to move forward with the recommendation.

Public Comment

The Board heard from members of the public, on location in Albany and Buffalo, about issues related to recovery centers, lack of affordable housing, stigma, and the need to expand grants for smaller non-profits so that they can continue to serve their important populations.

Public comments begin at 1:07 of the video and can be found [here](#).

Other Issues

Following public comment, the Board members reviewed their priority percentage allocations. The final vote of each member can be found [here](#). Member Bill McGoldrick made a motion to accept the priority percentages for FY 24-25, with a second from Vice Chair Dr. Waldman the motion carried, with abstentions from DOB Designee Peggy O'Shea, OASAS, OMH, and DOH.

OASAS/DOH Presentation

OASAS Commissioner Dr. Cunningham and DOH Executive Deputy Commissioner Johanne Morne made presentations to the Board.

The Board discussed a recent letter from the Addiction Treatment Providers Association letter, asking the Board to weigh in on the legality of for-profit organization receiving settlement fund money. After some discussion, there was a motion to table the discussion until after the Board issues their report.

Following this discussion, the Board moved to adjourn the meeting.

Attendees

Board Members:

Chair Debra Pantin, Dr. Lawrence S. Brown (virtual), Dr. Stephen Giordano, Anne Constantino (Buffalo location), Avi Israel, Suzanne Lavigne, Ashley Livingston, Stephanie Marquesano, Cheryll Moore, Carmen Rivera (virtual), Dr. Tisha M. Smith, Dr. John Giftos (absent), Vice Chair Dr. Justine Waldman, Dr. Kevin Watkins (virtual), William M. McGoldrick (virtual), and Joyce Rivera(excused), Raymond Ganoe (Buffalo location).

Agency Representatives:

Dr. Ann Sullivan, OMH Commissioner

Dr. Chinazo Cunningham, Commissioner OASAS

Johanne Morne, DOH Executive Deputy Commissioner (Designee)

Peggy O'Shea, DOB (Designee)

Joelle Foskett OASAS (Executive Secretary of the Board)

Tina Kim (DOH)

Appendix C

Letters and emails to OSFAB Mailbox

Dear Governor Hochul,

I am writing to you today as a family member of someone in recovery. Although my family member is now in recovery, he has lost many friends over the years to overdoses. It's an epidemic that continues to ravage families and communities and sadly is worsening by the day with the prevalence of fentanyl. **More than six thousand New Yorkers died between 2022 and 2023. Each loss is a family member, husband, wife, child, mother, father, partner, friend or sibling. Each loss is one too many. New York must act now!**

I urge you to take action today to make all versions of naloxone immediately available through New York State's Opioid Overdose Prevention Programs (OOPPs) and that you update the statewide standing order to include every FDA approved version of Naloxone. **Families and communities must have every tool in the toolbox as we continue to read the tragic headlines on a daily basis.** A recent snapshot of the headlines:

- 9/25/23 – Overdose crisis reaches historic levels in New York City (*ABC News*)
- 7/11/23 – Schenectady Police: Overdose deaths increase to eight in eight days; Stockade death treated as overdose (*The Daily Gazette*)
- 3/16/2023 --Overdose deaths in Erie County reach new record high as spiked cocaine takes center stage (*The Buffalo News*)

The headlines are as grim as the latest data and statistics. According to the latest data from the Centers for Disease Control and Prevention (CDC), there were 111,355 overdose deaths in the 12-month period ending April 2023. In that same period in New York State, 6,849 people died from overdoses. Between 2010 and 2021 the New York State Comptroller's office reported an increase of deaths by almost 300%. Every day, more than 18 New York citizens die of preventable drug overdoses – more than 75% of these drug overdoses are related to synthetic opioids, such as fentanyl. The New York City (NYC) Health September 2023 Epi Data Brief recently released in 2022 that fentanyl was the most common substance involved, present in 81% of the overdose deaths. That means every day on average, 72 New Yorkers lives are shattered as they begin the excruciating process of grieving the loss of a child, a niece, a nephew, a grandchild, or a mother or father — from a senseless, preventable overdose death.

Every individual is different, every overdose is as well. Journal articles, studies and real-life stories are the headlines of our lives, and even with increases in overdose deaths reported by the Centers for Disease Control, New York City and other counties, our state ignores simple actions to save lives. Synthetic opioids are tainting the drug supplies as evidenced by an increase of NYC residents from overdoses by 43.3 % per 100,000 residents in 2022, up from 38.5% in 2021. The evidence is clear that the potency of the current drug supply is requiring the administration of multiple doses of 4mg naloxone.

I ask you to make all versions of naloxone immediately available in New York State and that you update the statewide standing order to include every FDA approved version of naloxone. I know that access to Naloxone saved my family member's life on several occasions and that he used it to save his friends' lives on several occasions. Often, people need more than one dose of it in order to be revived. Additionally, naloxone should be made available to be administered by all schools, shelters, police departments, fire departments, and all emergency services.

With 23 million people living in recovery, we know recovery is possible and attainable for everyone. No one, not one person has to die from a preventable drug overdose. We urge that you act now to lead New York through this public health emergency by making every tool available to help save lives from the current overdose death rates.

Sincerely,

Amelia Muccia, Cornwall NY

CC:

OASAS Commissioner Cunningham

DOH Commissioner McDonald

Opioid Settlement Fund Advisory Board

Assemblymember Phil Steck, Chair of Assembly Committee on Alcoholism & Drug Abuse & Members Committee

Senator Nathalia Fernandez Committee on Alcoholism & Substance Use Disorders & Members of Committee

Assemblymember Amy Paulin, Chair of Assembly Health Committee & Members of Committee
Senator Gustavo Rivera, Chair of Senate Health Committee & Members of Committee

Board of Directors

Brad S. Karp
Chairman

Mary Beth Forshaw
Vice Chair

Lymaris Albors
Gerald Balacek
Eric D. Balber
Elizabeth Bartholet
H. Westley Clark
Suzanne B. Cusack
Jason Flom
Alexis Gadsden
Jeffrey D. Grant
Tony Lee
Doug Liman
Ann-Marie Louison
Ross A. Lovern
Elaine H. Mandelbaum
Kamran Masood
Mark C. Morril
Mary E. Mulligan
Danielle Nicosia
Debra Pantin
Elizabeth M. Sacksteder
Sharon L. Schneier
Virginia Sloan
John J. Suydam
Harya Tarekegn
James Yates

Arthur L. Liman
Founding Chairman

Daniel K. Mayers
Chairman Emeritus

Executive Team

Paul N. Samuels
Director & President

Sally Friedman
SVP of Legal Advocacy

Tracie Gardner
SVP of Policy Advocacy

Ellen Weber
SVP for Health Initiatives

Gabrielle de la Guéronnière
VP of Health & Justice Policy

Roberta Meyers Douglas
VP of State Strategy & Reentry

Adela Prignal
Chief Financial Officer

Sharon X. Hayes
Director of Operations

Sarah Nikolic
Sr. Director of Program Support

October 24, 2023

To the Opioid Settlement Board Advisory Board Chair and Members:

I write on behalf of the Legal Action Center (“LAC”) to share our recommendations for using Opioid Settlement dollars in New York State. LAC is a national non-profit organization that uses legal and policy strategies to fight discrimination, build health equity and restore opportunity for people with arrest and conviction records, substance use disorders, and HIV or AIDs. For five decades, LAC has been working to achieve equitable, accessible, and affordable services for people with substance use disorders (SUD) and people who use or have used drugs (PWUD).

LAC joined more than 130 other organizations representing advocates and experts around the country to develop [A Roadmap for Opioid Settlement Funds](#) to call on states and localities to spend money on a variety of priorities to save lives now including both proven and promising health interventions, like OPCs and other harm reduction services, as well as housing, and efforts to address the collateral consequences of drug war policies such as legal services for people who use drugs. This roadmap also calls on states and localities to not spend funds in ways that further the devastating effects of the drug war where the burden has primarily been born by BIPOC communities. LAC reiterates these positions today.

We have been encouraged to see that the Executive and legislature agreed to spend Settlement funds according to most of the recommendations of the board and that the Office of Addiction Services and Supports (OASAS) as well as the Department of Health (DOH) are in process of issuing Requests for Proposals (RFPs) to see these allocations through. However, we continue to be concerned by the slow pace of this process and urge the Advisory Board to make recommendations that ensure funding is invested in ways that will quickly be used to save lives now and support areas of the service system that are most underfunded.

We understand that the State agencies must follow New York’s procurement process, which is complex and slow, especially for larger dollar allocations. But the Board could recommend funding be allocated to small organizations that are otherwise unable to participate in the byzantine administrative process required to receive state funding. One way to do this is to urge the state to issue RFPs that require larger organizations to partner with CBOs, rather than simply encouraging that practice.

Additionally, to ensure the recommendations are responsive to the real needs of communities

across New York, the Board needs to gather information more intentionally. Board meetings should be held all over the state, including rural areas, with intentional outreach to community-based organizations (CBOs) and providers to solicit input on questions of interest.

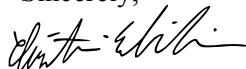
We [previously noted our concern](#) that the Executive rejected the Board's recommendation last year to use funding for Overdose Prevention Centers (OPCs). OPCs are public health facilities where trained professionals prevent fatal overdoses, but they also provide many other health services as well as holistic care and support in a non-stigmatizing and welcoming environment. OPCs have not only shown long-term success in other countries, but the data at the two OPCs operating in NYC has [consistently been overwhelmingly positive](#).

We were happy to see the Advisory Board has renewed their support for these facilities and we encourage the Executive to explore creative ways to use this funding in recognition of the continually growing evidence-base for OPCs, rather than rejecting the recommendation outright. Failure to support OPCs and other lifesaving programs now misses a critical opportunity for New York to be a national leader in implementing creative and effective public health strategies to address the overdose crisis. The federal government is currently [funding a study](#) of the OPCs in NY, recognizing that public dollars can be used to explore the efficacy of these facilities. New York can similarly use Opioid Settlement dollars to support the future of these facilities.

As the Advisory Board continues its efforts over the next several years, we urge you to be as responsive to the needs of real New Yorkers in all parts of New York, to make bold recommendations based on the continually emerging evidence based of life-saving care, and to ensure funding is moving swiftly to reach the communities most impacted by the overdose crisis.

Thank you for your consideration. We are happy to answer questions or provide additional information.

Sincerely,



Christine Khaikin
Senior Health Policy Attorney
ckhaikin@lac.org



Tracie Gardner
Senior VP for Policy Advocacy
tgardner@lac.org



Paul N. Samuels
Director & President
psamuels@lac.org



October 19th, 2023

Dear Board of the NYS Opioid Settlement Fund,

I am a patient who has been cured of hepatitis C. I founded and am the director of an organization called **The Hepatitis C Mentor and Support Group, Inc-HCMSG**, where we provide services to anyone affected by HCV and/or HIV/HCV. My team and I work on the ground with the patients impacted directly. We bring the services necessary directly into their communities, meeting them where they are at. HCMSG embraces principles founded on health equity for everyone. I have been involved in this community for over twenty-five years. The majority of the clients we support are people who use drugs (PWUD).

I appreciate the work and time you all spent on the 2022 report, and your current efforts to update the recommendations for future years, and I am aware of the language surrounding SUD and Infectious disease,

- Adverse health consequences associated with SUD.
- Prevention of communicable diseases.

I applaud your recommendations to fund SSPs and OPCs, considering these are spaces and services that provide access to sterile syringes and other supplies which can reduce transmission of Hepatitis C, HIV, and STDs. However, for the next report I encourage you to explicitly recommend that funding be used for services that also provide testing and treatment of Hepatitis C, HIV and STD's. I believe the inclusion of this specific recommendation could open up RFP opportunities from the State for organizations who already provide these vital services and could encourage other organizations to begin offering them.

HCMSG hosted a webinar. One of the sessions included a patient who had been treated for hepatitis C while using drugs. It broke my heart when I heard him say the following.

"When I was diagnosed with hepatitis C, my reaction was that It was MY FAULT, and that I don't deserve treatment."

For a long time, he didn't seek treatment. We collect data around SUD and HCV and when a peer was asked about stigma, this is what he wrote.

"I have many clients who use drugs & live with HCV. Stigma has convinced many clients that they don't deserve HCV treatment, as if HCV treatment needs to be earned. I disagree with this and wish my clients felt like they deserved treatment, and that more doctors/providers felt the same way"



How can we let people feel they are unworthy of a CURE. So many have told me when they did cure, they felt so much better that it empowered them to look at themselves, and in many cases, turn their life around. It is these personal stories that clearly describe what we need to do for the folks we need to reach.

How can we let people feel they are unworthy of a CURE. So many have told me that once they were cured, they felt so much better that it empowered them to look at themselves, and in many cases, turn their life around. It is these personal stories that clearly describe what we need to do for the folks we need to reach. Opioid settlement funding for testing and treatment services could open up new opportunities for folks to access care that could improve their lives in so many ways.

Please help to make this a reality.

Thank you for your time and consideration,

Ronni Marks, She/her



The Hepatitis C Mentor and Support Group

917-612-2731

www.hepatitisCmsg.org

From: Amanda Cavanaugh <acavanaugh@malkinross.com>

Sent: Tuesday, October 10, 2023 11:40 AM

To: OSFAdvisoryBoard@oasas.ny.gov

Cc: Avraham Schick <aschick@silverlakebehavioralhealth.com>; Christine Tramontano <ctramontano@malkinross.com>

Subject: Letter to the Board

Good Afternoon,

Attached please find a letter to the Opioid Settlement Fund Advisory Board from the Addiction Treatment Providers Association. Should the board have any questions or would like additional information in regard to the letter, please don't hesitate to contact me.

Thank you,
Amanda Cavanaugh



Amanda Cavanaugh | Malkin & Ross

80 State Street | Albany, NY | 12207

Tel: (518) 449-3359 | Fax: (518) 449-5788 | Cell: (518) 337-0473

acavanaugh@malkinross.com | www.malkinross.com

ATPA

ADDICTION TREATMENT

PROVIDERS ASSOCIATION

Board of Directors

Avraham Schick

Silver Lake Support Services
RevCore Recovery Center
President

David Bochner

Cornerstone
Vice President

Patrice Wallace-Moore

Arms Acres
Secretary

Nick Lessa

Inter-Care, Ltd
Treasurer

Gay Hartigan

Liberty Behavioral Management
Corp.
Immediate Past President

Gary Butchen

Bridge Back to Life Center.
Inc.
Past President

October 10, 2023

To The Members of the Opioid Settlement Fund Advisory Board:

The Addiction Treatment Providers Association (ATPA) is writing to raise awareness of a disparity in the RFP/RFA process as it relates to the disbursement of the opioid settlement funds.

For more than 40 years, members of ATPA have been providing quality treatment for substance use disorders across New York. However, although there is nothing in statute that prohibits our for-profit providers from receiving opioid settlement funds, we have been excluded from OASAS solicitations regarding this funding. We ask that this be corrected.

For profit providers make up a significant portion of the OASAS system. A recent presentation by OASAS illustrated that in 2023 in New York State:

- 18.3% of opioid treatment providers are for profit
- 33% of crisis programs are implemented by for profit providers
- 28% of inpatient programs are run by for profit providers
- 19.9% of outpatient service programs are provided by for profit providers

Further, in 2022 ATPA provided inpatient services to nearly 30,000 individuals, 90% of whom were Medicaid recipients. In addition, in the same year, we provided outpatient services to more than 20,000 individuals, 60% of these patients were Medicaid recipients. In some regions of the state, for-profit providers are the only source of treatment for people with substance abuse disorders.

ATPA is requesting that the Opioid Settlement Board seek legal counsel from OASAS as to whether opioid settlement funding can be awarded to for-profit providers. Attached is a legal opinion from former OASAS counsel, Rob Kent, which makes clear that the law and settlement agreements allow for-profit providers to participate in solicitations funded with settlement funds.

ATPA is not asking for special treatment or suggesting that funding awards be guaranteed to our providers. We are requesting that our providers be given the same opportunities to compete for these funds as our not-for-profit colleagues.

When individuals decide to seek treatment, they are not making that decision based on the tax status of the provider. If we are to address the devastating impact of the opioid public health emergency - where a New Yorker is dying every 90 minutes from an overdose- New York should ensure that the distribution of opioid settlement dollars is equitable and that the 50,000-plus New Yorkers in our care benefit from funds meant for them.

Respectfully,

Avraham Schick

Avraham Schick,
President

Hello, my name is Kathy Staples and I work at Truth Pharm in Binghamton, NY. Most of my work revolves around community education, engagement and work on projects to serve the community. I have attended these meetings over the last year. I have told you about my family and the people we work with. Today is Friday the 13th, the day revolves around luck and superstition. So today we will talk about being lucky and unlucky and how that relates to our people, people affected by substance use disorder. I struggled to figure out who to talk about as being lucky, you see our organization serves as a safety net. We have people who come in our doors that can not access services, don't have an ID to access food or housing. We hear and see the unlucky everyday.

Let's start in a good place, the "lucky" ones. I don't know how we got to a place in our society that luck factors into healthcare but here we are. First person is lucky, she is now in recovery for several years, has a successful career and is mostly happy in her new life. Not always the case, she struggled with opioid use disorder for several years and was in a horrible place in her life. Keep in mind, she is lucky. Her parents stepped in, offered her treatment in another state, the opportunity to restart her life, stay at that facility and work there for several years. She opted to return to New York State after several years of recovery, moved into her own home and has thrived.

Next person, also lucky. He has struggled with substance use for several years, while not what most people would call traditionally lucky, he is. He has struggled with substance use, managed to maintain housing and although he has suffered numerous overdoses has always been revived and had no long term health implications due to it. He has also managed to retain custody of his children, is employed and enjoys the time being a Dad. While his life isn't easy by any stretch his substance use has remained a part of his life but not the dictating force of his life.

Now the alternative, our unlucky individuals. Our first person is best friends with our first lucky person. Remains best friends. They experienced the journey of substance use together and even wanted to start their journey of recovery together. This person doesn't come from a family that is as financially sound as our first person and are also trans. Not always important notes, but here they are. The amazing thing happened when they were offered a scholarship at the facility that their friend was going to! They packed and said good-byes to family and friends, but something changed at the last minute. There was no longer a scholarship. Family would have to find thousands of dollars for treatment. It wasn't possible and the person continued to deal with substance use, worked on recovery and continues to advocate for their own medical care.

Our final unlucky person, Billy. Billy suffered from substance use disorder, psychiatric illness and physical disability. Billy suffered from Schizophrenia, he was in a wheelchair due to a gunshot wound and used substances to self medicate. Billy had struggles but Billy also had friends who cared about him and his well being. While a person with just substance use disorder struggles to get into treatment, a person with co-occurring disorders such as mental health and being wheelchair bound has essentially strikes against them in the world of admission. Billy could not

find a treatment center that would admit him, he died from an overdose. The ultimate case of being unlucky.

The things that factor into being lucky or unlucky are beyond our control, does my family have money, do I have housing, is my only struggle my substance use? Things we can not control for our people, they can't control and we can't change for them. If we can't change the people to fit the systems we have in place we have to change the system. New Yorkers are on longer expendable due to financial status, sexual orientation or gender. OASAS not working to meet those needs and solve the gaps that exist in services is dealing out cards to folks and wishing them good luck. Good Luck does not exist in healthcare, science based ethical treatment are the only things we require.



October 25, 2023

Dear Members of the Opioid Settlement Fund Advisory Board,

I am writing on behalf of OnPoint NYC, the largest harm reduction provider on the east coast. For over 30 years, we have been providing lifesaving safer drug use and overdose training and addressing adverse outcomes among people who use drugs by providing the resources, tools, and support they need to enhance the quality of their lives and live with dignity. Since November 2021, OnPoint NYC has operated two Overdose Prevention Centers (OPCs) where participants use safely and staff provide harm reduction services and respond to overdoses if they occur.

In response to the conversations at the September 26th and October 13th Board meetings, we agree with Joyce Rivera, a prominent leader in the harm reduction movement, that overdose prevention centers must be a part of the State's response to the overdose crisis and part of the Board's recommendations.

We respectfully submit these comments to the Board to highlight the critical role of OPCs in preventing overdose death and improving the health and wellness of people who use drugs and to support the Board's recommendation to allocate funding to OPCs.

Who We Serve

OnPoint's participant population are beautiful mothers, fathers, aunts, uncles, siblings, grandparents, who face significant barriers to accessing care, stabilization services, and sustained recovery, and are at highest risk of overdose death. Across all of our programs, we serve roughly 10,000 individuals per year. Over 75% of participants are unstably housed and extremely low income. Over one third street homeless. A significant portion of our target population are present with a co-occurring substance use disorder (SUD) and at least one mental illness, and over 80% will report histories of trauma.

100% of the participants enrolled at OnPoint's OPCs have participated in detoxification, long term treatment, medication assisted treatment and/or attempted self-administered taper/'cold turkey' at least once, if not multiple times in the past. Our OPCs keep them alive wherever they are in their journey.

About Overdose Prevention Centers

OPCs are a tangible example that bold, brave, and loving action can quickly and effectively save lives in the face of a crisis. OPCs are safe spaces where people can consume pre-obtained substances and be supervised post-consumption by personnel trained to identify and respond to the earliest signs of overdose. OPCs prevent fatal overdoses especially for high-risk populations, like street homeless individuals, and they foster stigma-free spaces for engaging a population that has traditionally been



unlikely to participate in formal healthcare services. As such, they are a necessary part of a comprehensive solution to the overdose crisis and overall health and wellbeing.

Approach

The “war on drugs” has proven to be a war on drug users. Harm reduction is the epitome of meeting people where they are at and, like other harm reduction providers, we treat people with dignity and welcome them into the continuum of care. Through love, not punishment, staff support participants to heal and stabilize their lives with agency.



At our sites, people can engage in all the services shown above.

Impacts and Successes

Overdose response: Different from overdose interventions done in emergency situations, in our OPCs, opioid overdoses in the OPCs were resolved without the need for naloxone 82 percent of the time. When naloxone was necessary, it was administered in doses 1/10th the amount of 4 milligram nasal Narcan, avoiding withdrawal symptoms and stabilizing the overdose quickly and efficiently through prioritizing oxygenation. This intervention method is only possible in an OPC setting, where staff are present for the onset of any concerning symptoms and are able to respond within seconds. Through this gentler and more effective intervention (which includes providing personalized care while lovingly calling participants by their name and other terms of endearment) the person experiencing an overdose



is spared the painful and disorienting aftermath of receiving Narcan nasal spray, which also reduces the risk of a subsequent overdose in the hours after an intervention. With training and resources, harm reduction providers throughout the State can and want to be able to serve people in this way.

Utilization and overdose interventions: Since opening our OPCs on November 30, 2021, our OPCs have served 3,941 unique participants and our highly skilled team has intervened in more than 1,200 overdoses, in just two neighborhoods in NYC, with not a single death. Emergency medical services was called only 40 times out of more than 95,000 utilizations of drug use at our sites. This means approximately 95,000 instances where a vulnerable New Yorker could have lost their life and approximately 95,000 times drug use was diverted away from parks, public transit, and other public spaces. In addition, our programs have diverted over two million units of hazardous waste away from public spaces. Imagine the impact when there are OPCs in areas of need throughout the State.

Connections to Care: More than 75% of OPC participants accessed our wrap-around services including basic needs support, harm reduction counseling and education, medical care, and mental health services. One in five were referred to housing, detox, treatment, primary care, employment, etc.

100% of participants who requested treatment were connected.

Pathways to Employment: OnPoint recruits heavily from our participant base and prioritizes interviewing external candidates with lived experience when they apply. At present, 41 staff members are current or former program participants, holding positions throughout all levels of the organization, including management. These staff are in full-time, salaried roles with comprehensive health benefits.

Reduction of public drug use and syringe litter: At 81% (39,422) of OPC visits,¹ participants reported they would have used in a public space or semi-public space if they had not had the option of using the OPC at that time.

Cost and Resource Effectiveness: It is estimated that OnPoint's OPCs have saved emergency services, the hospital system and law enforcement over 10 million dollars in unnecessary emergency services activations. In addition, For agencies that encounter people using drugs in public settings and related litter, OPCs alleviates burden on other agencies by freeing up resources and providing an appropriate alternate setting for people lacking access to bathrooms, showers, food, rest, and whose drug use occurs in public.

For many of our participants, pressing needs, including securing food, locating shelter, and avoiding potentially life-threatening withdrawal symptoms, often take priority over unmet mental health concerns. While utilizing the OPC often meets immediate safety and health needs, as Joyce Rivera said,

¹ Data from first year of OPC operations. Second year data is pending.



OPCs also provide a window of opportunity for behavioral health treatment as well, which can enhance the impact of investments in mental health and other services.

Recommendations

Supporting the research that substance use is impacted by other social determinants of health – such as health care, connection with others, housing, income, etc. – participants at harm reduction programs talk about how through humane care and holistic services, their substance use decreases or stabilizes, their capacity to take on new goals for their lives increases, and their involvement in the criminal legal system plummets. OPCs ensure that people stay alive along the way.

We applaud the Board for including OPCs in your recommendations for the second year in a row and appreciate the thoughtful discussion about the Board's options in moving New York closer to expanding the number of OPCs. OnPoint's OPC operations over the past nearly two years are a demonstration that OPCs work in the U.S. and work in New York. Our model is one of many ways to incorporate an OPCs into harm reduction programs and is responsive to the needs of the communities we serve.

With demonstrated success of two OPCs in New York, and a federally-funded study of OPCs in progress, harm reduction providers are looking to expand their own services to include OPCs. It is not more demonstration OPCs that are needed but rather adaptations, using the best practices from existing OPCs to inform adapted models that are responsive to different needs and settings across the state. We ask that your recommendations acknowledge the work already happening in New York while recognizing the need to expand and adapt these practices throughout New York State.

Hahom,

Sam Rivera
Executive Director, OnPoint NYC

□ **Administrative Office**

55 Dodge Road
Getzville, NY 14068
716.831.2700

□ **Bailey**

3020 Bailey Avenue
Buffalo, NY 14215
716.833.3622

□ **Batavia**

314 Ellicott Street
Batavia, NY 14020
585.815.0247

□ **Boulevard**

1370 Niagara Falls Boulevard
Tonawanda, NY 14150
Substance Use 716.833.3708
Mental Health 716.833.3792

□ **Boulevard, Suite 4**

1376 Niagara Falls Boulevard
Tonawanda, NY 14150
716.463.2919

□ **Broadway**

77 Broadway
Suite 100
Buffalo, NY 14203
716.834.6401

□ **Care Coordination**

1000 Young Street
Suite 500
Tonawanda, NY 14150
716.508.7700

□ **Horizon Therapy Associates**

55 Dodge Road
Getzville, NY 14068
716.650.5100

□ **East Amherst**

6495 Transit Road
Suite 800
East Amherst, NY 14051
716.418.8531

□ **Hertel-Elmwood**

699 Hertel Avenue
Suite 350
Buffalo, NY 14207
716.831.1977

□ **Lockport**

637 Davison Road
Lockport, NY 14094
716.433.2484

□ **Orchard Park**

3345 Southwestern Boulevard
Suite 100
Orchard Park, NY 14127
716.662.6802

□ **Pine Avenue**

2400 Pine Avenue
Niagara Falls, NY 14301
716.505.1060

□ **Psychiatry & Addiction
Medical Group**

3020 Bailey Avenue
Buffalo, NY 14215
716.831.0200

□ **Sanborn**

6321 Inducon Drive East
Sanborn, NY 14132
716.650.5550

□ **Tonawanda**

100 Niagara Street
Tonawanda, NY 14150
716.831.1850

□ **Union Losson**

2563 Union Road
Suite 800
Cheektowaga, NY 14227
716.668.7622

Chief Executive Officer
Erin DiGirolamo, CPA

President
Brandy Vandermark-Murray, LMHC, CASAC

For new patients, call our Patient Engagement Center at 716.831.1800



Horizon
HEALTH SERVICES

10/13/2023

Opioid Settlement Board

Attention Board Chair Debra Pantin

Good afternoon,

I want to thank the board and commissioners for allowing me the opportunity to provide testimony today. I realize this is a challenging task, but I have no doubt that we all have the same goal- saving and improving the lives of New Yorkers. My name is Brandy Vandermark-Murray and I am the President of Horizon Corporation. I am a licensed mental health clinician and a certified alcohol and substance abuse counselor who has worked in the field for 20 years. I have had the privilege and opportunity to work in various treatment programs specializing in substance abuse services for most of my career. I have utilized services for my friends and family. My perspective is personal because you cannot be in this field without the ability to personally connect to the work you are doing. I will share with you some personal perspective and facts about treatment. First and foremost, treatment is **critical** in our response to the fight against the opioid epidemic.

Horizon Health Services is our outpatient service line that serves over 16,000 unique patients a year in both our mental health and substance use programs. Our programs take an integrated approach and so many of our patients who have substance use disorders are enrolled in both our OMH and OASAS programs. Of those 16,000 patients, 6,000 have identified and been diagnosed with a substance use disorder and over 3,000 patients are on MOUD (directly prescribed by Horizon).

Horizon Village is our detox and residential stabilization and rehabilitation programs, and we serve over 1500 patients a year. Last month (Sept 2023) we received over 300 referrals to our programs, with 4 out of 5 of our programs operating at 99% census year-round. Over 70% of our patients are on MAT for various substance use disorders and all are offered training in Narcan/overdose prevention.

We have family liaisons and community outreach specialist who weekly are offering Narcan and overdose prevention trainings in our community – from

□ **Administrative Office**

55 Dodge Road
Getzville, NY 14068
716.831.2700

□ **Bailey**

3020 Bailey Avenue
Buffalo, NY 14215
716.833.3622

□ **Batavia**

314 Ellicott Street
Batavia, NY 14020
585.815.0247

□ **Boulevard**

1370 Niagara Falls Boulevard
Tonawanda, NY 14150
Substance Use 716.833.3708
Mental Health 716.833.3792

□ **Boulevard, Suite 4**

1376 Niagara Falls Boulevard
Tonawanda, NY 14150
716.463.2919

□ **Broadway**

77 Broadway
Suite 100
Buffalo, NY 14203
716.834.6401

□ **Care Coordination**

1000 Young Street
Suite 500
Tonawanda, NY 14150
716.508.7700

□ **Horizon Therapy Associates**

55 Dodge Road
Getzville, NY 14068
716.650.5100

□ **East Amherst**

6495 Transit Road
Suite 800
East Amherst, NY 14051
716.418.8531

□ **Hertel-Elmwood**

699 Hertel Avenue
Suite 350
Buffalo, NY 14207
716.831.1977

□ **Lockport**

637 Davison Road
Lockport, NY 14094
716.433.2484

□ **Orchard Park**

3345 Southwestern Boulevard
Suite 100
Orchard Park, NY 14127
716.662.6802

□ **Pine Avenue**

2400 Pine Avenue
Niagara Falls, NY 14301
716.505.1060

□ **Psychiatry & Addiction
Medical Group**

3020 Bailey Avenue
Buffalo, NY 14215
716.831.0200

□ **Sanborn**

6321 Inducon Drive East
Sanborn, NY 14132
716.650.5550

□ **Tonawanda**

100 Niagara Street
Tonawanda, NY 14150
716.831.1850

□ **Union Losson**

2563 Union Road
Suite 800
Cheektowaga, NY 14227
716.668.7622

Chief Executive Officer
Erin DiGirolamo, CPA

President
Brandy Vandermark-Murray, LMHC, CASAC

For new patients, call our Patient Engagement Center at 716.831.1800



schools, wellness fairs, living rooms, to corporate presentations we are in our community. We have been doing this for nearly 10 years. We have been fighting the opioid epidemic for over a decade even before it was decided by health officials to be an epidemic.

From 2021 to 2022 our clinical incident data indicated that the number of patient deaths remained consistent (this includes all deaths for various reasons including overdose) – however we saw our non-fatal overdose rate drop from 122 to 71- a 42% decrease and this year we continue to see the number decrease compared to previous years. We have worked with families to increase wrap around services for high-risk patients to reduce incidents- providing family therapy, overdose training and education.

Over 70% of our patients who have a substance use disorder have identified having a mental health diagnosis. I have heard repeatedly the need for co-occurring programs. I think it is important to clarify that we need programs that are adequately **resourced** to treat individuals with more intensive mental health and substance use needs. Many of the programs we operate specifically Horizon Village programs are treating individuals with both mental health and substance use diagnosis – we are staffed with licensed clinicians who are trained in various **evidence-based practices** – including EMDR, dialectical behavioral therapy, motivational interviewing, and cognitive behavioral therapy. These are all therapies that are used with patients and families to work on modifying behaviors associated with addiction. There is no one size fits all or perfect approach to treating addiction. I realize this can be discouraging for family members and loved ones. Addiction is one of the only diseases whereas a treatment provider it can feel like you are working against all odds.

- Patients often are contemplative regarding if their substance use is a problem- for many individuals it is such a strong coping skill they can't imagine giving up. The physical and physiological cravings are so strong it is a challenge daily, especially in early recovery.
- People are actively working to get people addicted to drugs in our community – drug dealers are making drugs stronger and more deadly. Every time, we as a community think we are making progress another substance is identified as another threat.
- Treatment programs are understaffed and underfunded ALWAYS- but asked to do more.

□ **Administrative Office**

55 Dodge Road
Getzville, NY 14068
716.831.2700

□ **Bailey**

3020 Bailey Avenue
Buffalo, NY 14215
716.833.3622

□ **Batavia**

314 Ellicott Street
Batavia, NY 14020
585.815.0247

□ **Boulevard**

1370 Niagara Falls Boulevard
Tonawanda, NY 14150
Substance Use 716.833.3708
Mental Health 716.833.3792

□ **Boulevard, Suite 4**

1376 Niagara Falls Boulevard
Tonawanda, NY 14150
716.463.2919

□ **Broadway**

77 Broadway
Suite 100
Buffalo, NY 14203
716.834.6401

□ **Care Coordination**

1000 Young Street
Suite 500
Tonawanda, NY 14150
716.508.7700

□ **Horizon Therapy Associates**

55 Dodge Road
Getzville, NY 14068
716.650.5100

□ **East Amherst**

6495 Transit Road
Suite 800
East Amherst, NY 14051
716.418.8531

□ **Hertel-Elmwood**

699 Hertel Avenue
Suite 350
Buffalo, NY 14207
716.831.1977

□ **Lockport**

637 Davison Road
Lockport, NY 14094
716.433.2484

□ **Orchard Park**

3345 Southwestern Boulevard
Suite 100
Orchard Park, NY 14127
716.662.6802

□ **Pine Avenue**

2400 Pine Avenue
Niagara Falls, NY 14301
716.505.1060

□ **Psychiatry & Addiction
Medical Group**

3020 Bailey Avenue
Buffalo, NY 14215
716.831.0200

□ **Sanborn**

6321 Inducon Drive East
Sanborn, NY 14132
716.650.5550

□ **Tonawanda**

100 Niagara Street
Tonawanda, NY 14150
716.831.1850

□ **Union Losson**

2563 Union Road
Suite 800
Cheektowaga, NY 14227
716.668.7622

Chief Executive Officer
Erin DiGirolamo, CPA

President
Brandy Vandermark-Murray, LMHC, CASAC

For new patients, call our Patient Engagement Center at 716.831.1800



But despite this treatment is the bridge for many to a better life. It isn't always a drug free life. When you are talking about drugs such as fentanyl, I realize the gravity of this. Addiction is a disease that isolates individuals, creates destruction in its path for families and loved ones. Treatment creates connections, opportunity to heal, space for individuals to find self-worth and understand the difference between their addicted self and their true self. In inpatient and residential programs it can give them space away from drugs to physically and mentally heal amongst individuals that they can relate to, support and learn from. Many patients who struggle with addiction have lost relationships, housing, jobs, and countless opportunities. In many of our residential programs their clinical treatment is paired with vocational and educational opportunities, volunteering opportunities in the community, parenting classes, and case management for future housing needs.

Addiction is a chronic disease and treatment opportunities allow a chance to slow down the progression and for many to be able to work on improving their quality of life.

I realize that success in treatment at times can be hard to measure – every time I personally give a tour of our programs, I am asked the same question- what is your success rate? How many people relapse? In that order, always together. It is disheartening to see people change, see lives improve, families heal and have relapse define the success of all the hard work our patients are doing every day to improve their lives.

The continuum of services is critical. We want to be able to assist anyone impacted by opioids, to be able to meet them where they are at. For those who want treatment, we need to ensure that adequate resources are available, resources to keep skilled staff into the field. We want to ensure that we can continue to provide quality service to patients and families who deserve and need our continued help.

Brandy Vandermark-Murray LMHC, CASAC

President

Horizon Corporations

-----Original Message-----

From: Michelle Cintron <michelle.cintron1978@icloud.com>

Sent: Saturday, August 5, 2023 12:03 PM

To: oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>

Subject: Getting off methedone

[You don't often get email from michelle.cintron1978@icloud.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hello my name is Michelle cintron I am in an outpatient treatment program and it's hard for me to get off methodone I am currently on oxygen because I have COPD/Asthma it's been 6 years since my last use I. I spoke to my counselor there and there ready to take me down the hard I don't

Sent from my iPhone

Dear Sir/Madam:

Please see attached testimonials from clients who are in treatment at Phoenix House.

It is my hope for the October 31st meeting, I would like to speak at the meeting and have a client representative in person as well.

Thank you,
Ann-Marie Foster

"We are passionate about healing individuals, families and communities challenged by substance use disorders and related mental health conditions."

[Website](#) | [Donate Now](#)



The information contained in this e-mail is confidential and may be privileged and/or regulated in accordance with applicable laws, including but not limited to HIPAA. It is intended for the addressee only. If you are not the intended addressee, kindly delete this e-mail.

The contents of this e-mail may not be disclosed or copied without the sender's consent. Our firm cannot accept any responsibility for viruses, so kindly scan all attachments. The statements and opinions expressed in this message are those of the author and do not necessarily reflect those of the firm.

<Letter's from Clients.pdf>
<Scan_Linda Sacco_16_22_11-10-2023.pdf>

To Whom it may concern.

My name is Robert Lloyd and I want to say that Phoenixhouse gave me my life back. I was lost and in the depths of my addiction not knowing where my life was going to go. I had come off a 3 week medically induced coma before I walked back into the doors of here. I didn't have my family back in my life any more until I was able to come clean with all that I was going through with the help of the staff here. Since coming here I have been able to open up the doors of communication with my daughter. I have been able to work through some of the deep seated issues that have been holding me back in my addiction. I have been able to stay sober and bring my mind back to a healthy place. My family is happy that I am here getting the help that is much needed. I lost my father this past year and I want to make him proud and be coming here will make him more than proud as he looks down on me thank you for this chance to save my life.

Robert Lloyd

To whom it may concern

My name is Brian Moran, I have been a resident at Phoenix House for 46 days. From day one the staff and residents made me feel welcome. We have multiple groups daily and an AA or NA group every night. The groups are very informative. All the staff here has an open door policy. We also go to outside AA meetings which I really enjoy. We even have gone to the movies. The medical staff here is superb. All my medical needs have been met. This is the best program I have been in. I have a long way to go but feel very comfortable with the staff to help me achieve my goals.

10/12/23

To Whom it may concern,

Since i was ~~admitted~~ transferred to Phoenix House
in Wainscott, NY on September 15th 2023, for
inpatient rehabilitation, ~~the~~ I've been
receiving ~~thorough~~ thorough care and treatment
with my recovery as all medical needs for my
mental ~~chemical~~ imbalance have been met
and provided for, I've been treated with care,
respect and ~~an~~ professional therapy ~~from~~ during
my stay by the staff allowing me to heal and
recover considerably through one on one and
group sessions, self care, wellness, meditation,
~~an~~ the appropriate medication for my mental
illness, deep breathing, mindfulness, a healthy
diet and help with establishing a safety plan
with a target date for discharge ~~leading~~ with
options for housing in either Long Island or NYC
in a sober house by around December 15th 2023.
I hope this letter finds you well,

Sincerely,

Jesse S. Mantalito

Re: Support for Overdose Prevention Centers

Dear members of the Opioid Settlement Fund Advisory Board,

The Drug Policy Alliance (DPA) is the leading organization in the U.S. working to end the drug war, repair its harms, and build a non-punitive, equitable, and regulated drug market. We envision a world that embraces the full humanity of people, regardless of their relationship to drugs. We advocate that the regulation of drugs be grounded in evidence, health, equity, and human rights. In collaboration with other movements and at every policy level, we change laws, advance justice, and save lives.

DPA respectfully submits these comments to the Opioid Settlement Fund Advisory Board to support the critical and urgent need to include overdose prevention centers (“OPCs”) as part of the Board’s strategy to address and combat the overdose crisis in New York State.

Statewide, over 6,000 New Yorkers died from a preventable overdose in 2022, according to CDC provisional data. Recently released data revealed that during this time period 3,026 people died in New York City alone.¹ This marks a 12% increase in overdose deaths from 2021 (2,696 deaths), and the highest number of overdose deaths since overdose death reporting began in 2000.² Black New Yorkers had the highest rate of overdose death and the largest increase from 2021 to 2022, with Latino New Yorkers having the second highest overdose death increase.³ Black New Yorkers ages 55 to 84 years had the highest rate of overdose compared with Black New Yorkers in other age groups and compared with Latino/a and White New Yorkers of any age.⁴ This underscores the need for our strategies to be robust, anti-racist and responsive to New Yorkers who are chronically underserved and increasingly at-risk of adverse life and health outcomes as they age. The overdose crisis is a crisis among our seniors and the leading cause of accidental death overall. Safe and supportive spaces to prevent overdose death need to be available and promoted as diligently as other crucial public health programs such as cooling centers on hot days.

Overdose Prevention Centers are Lifesaving, Evidence-based Health Interventions

OPCs are facilities that provide a space for people to consume pre-obtained drugs in a controlled setting, with access to clean and sterile equipment, under the supervision of personnel trained to identify and respond to the earliest signs of overdose. While at these facilities, participants have basic needs met, such as food, showers and laundry, and receive primary health care services, counseling, and connections to health and social service programs including substance use disorder treatment.

Amid an unprecedented, unrelenting overdose epidemic, OnPoint NYC, in coordination with city and state agencies, across two mayoral administrations, has taken bold and compassionate action to save lives. As a result of this success, New York has become a model that cities and states across the country, as well as the federal government, are learning from as the nation works to meet the demands of our current crisis.

Since opening in November 2021, OnPoint has provided a safe alternate setting to over 95,000 instances of polymodality (e.g. injection, smoking, snorting) drug use that would otherwise likely occurred in public and staff have successfully intervened in 100 percent of the more than 1,000 overdoses⁵ that have occurred on-site. In

¹ NYC Department of Health, *Epi Data Brief: Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2022*, Sept. 2023, <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief137.pdf>.

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ <https://www.cityandstateny.com/policy/2023/08/new-york-ready-legalize-supervised-injection-sites/389130/>

addition to preventing overdose deaths, OnPoint NYC staff have diverted over two million units of hazardous waste away from public spaces and connected thousands of mostly high-poverty, housing insecure and/or homeless New Yorkers to essential services.⁶

New York State Must Authorize Overdose Prevention Centers

OPCs are gaining traction in the United States. Rhode Island and Minnesota have now allocated funding for overdose prevention centers, and nine additional states have legislation pending. However, in most of the country, including New York, OPCs linger in a legal gray area because our laws have not kept pace with our health care needs. This is creating confusion and an unaligned coordination by all levels of government. In August, the U.S. Attorney for the Southern District of New York made a statement to the New York Times suggesting that without state authorization, the federal government might need to take enforcement action against OnPoint NYC. This, despite OnPoint's support from and partnership with city and state officials and local law enforcement.

The state must act to both protect, defend, and expand OPCs. **Governor Hochul does not need direction from the federal government to authorize Overdose Prevention Centers.** She has the authority to authorize OPCs through executive order, or through directing the Department of Health Commissioner to issue a medical emergency declaration. There is historical⁷ precedent for this in New York State; this authority was used in 1992 to successfully establish syringe exchange programs in response to the HIV/AIDS crisis.

Saving lives is a public health issue, not a political one. Governor Hochul should immediately authorize overdose prevention centers to expand opportunities to open additional OPCs and to indicate a show of strength to the federal government that states and localities are best positioned to authorize and implement solutions to the overdose crisis.

Sincerely,

Toni Smith-Thompson
New York State Director
Drug Policy Alliance

⁶ <https://onpointnyc.org/intervened-in-over-1000-overdoses/>

⁷ <https://www.health.ny.gov/diseases/aids/providers/workgroups/aac/docs/syringeaccess.pdf>

Hello my name is Branden Ayers,

I appreciate the opportunity that I have received on speaking about the benefits of residential treatment programs and rehabilitation from addiction. I would like to start by saying if you or someone you know is recovering from substance addiction or any type of addiction there is something truly special about a person giving their self an opportunity to fight against the immense power of an addiction.

As many know addiction in most cases leads to struggle, misery, pain, grief, isolation, insanity, and if you are lucky the few who do overcome the grips of substance abuse end up inside of a hospital or institution. This gives a person a chance to overcome addiction and potentially recover.

I was one of the lucky ones. I come from the average modern middleclass family raised on long island, New York. My father was a carpenter that was self employed. He worked Extremely long and hard hours. My mother came from poverty. she fought to become a nurse. She is an example of overcoming adversity. She became a nurse that worked in labor and delivery , helping women through child birth. When I was about 5 years old they went through a chaotic divorce that unfortunately many families are having to deal with more and more often. I believe that this was the end of my home being a safe and healthy environment for the children's social, and emotional development. My siblings and I grew up seeing unhealthy communication and we didn't have a safe place for us to explore things that would help us develop healthy coping skills. I often struggled to have a positive mindset. It was hard to find happiness in an unhappy environment. Naturally I gravitated to staying outside of the home. I liked to play sports outside and when I got older I took much interest in high school sports and they were a major part of my story. When I was playing sports and active in a positive environment things went well in my life.

Towards the end of my high school career I got in to a fatal car accident with two of my close friends at the fault of a drunk driver. I had watched my friends body get pulled out of the dash board from where he had originally been sitting in the back seat. I had experienced severe trauma from this experience. I often would relive that moment. I had trouble getting in to a vehicle that someone else was operating. I also had to do EMDR therapy for the treatment of PTSD.

In the hospital I was put on I.V. morphine which is an opioid medicine used for the treatment of pain. It was a 2 week stay because I was to undergo a reconstructive surgery to repair my then shattered hand. I was then prescribed oral opioid pain medication to deal with pain. I was no longer able to stay physically active and the environment of sports that kept me happy active and positive was now put to rest. I went into a deep depression that at the time, only the medication seemed to help. I remember feeling the euphoric effects of the medication that I highly enjoyed. It seemed to temporarily take away pain and the feelings of uselessness and self pity. When the medication ran out and the doctor was no longer willing to fill the script that my body had come to become adapt to taking. I never forgot how quickly the pills would take away or numb my negative thoughts and emotions, that I now know I never truly dealt with in the first place.

As time went on and I healed from my injuries, and I somehow managed to graduate high school by the skin of my teeth. I was that guy that had chaos at home so I came to class late, would fall asleep on the desk but miraculously when the teacher would call on me for the answer, and I would still get it correct.

I was indeed fortunate to be a fast learner. I was a very smart kid that didn't feel like I had the right environment or opportunity for success.

So now I am out of high school in and out of college going out to bars and clubs with friends. when I found myself in the night life party scene I was introduced to drugs like cocaine, MDMA which is also known as molly and Xanax a prescription drug used to treat anxiety.

Naturally these things were not an everyday occurrence at first and in the beginning it was fun. It seemed to make the bad times good and the good times better. It was fun, until it wasn't. Taking the substances became less fun and we started raising the amounts we would intake and slowly but surely these once in a while parties became an every day thing. The drugs stopped making me happy but I thought that I was better off taking more of it and worse without them completely. My family noticed my behavior was extremely unhealthy and suggested that i go to rehab and that for me was the first time that I took a moment to look at my life. I took a moment to look at myself and questioned if maybe there was something different about me and I considered that maybe I did need some help.

While inside of an inpatient rehab I learned so many things about why I was unhappy. I identified my behaviors and realized that I was seeking quick pleasure because I had a lack of purpose. I had no direction no sense of belonging. The program changed my life and gave me the opportunity to heal and to finally see the problems in my life, that at one point in time I had really struggled to identify.

As much as I wish the story gets better from here it doesn't. I learned many useful things from the program but I didn't change the one thing that was necessary for me to recover from my addiction. That one thing was everything. Time progressed and my addiction took me on twists and turns, in and out of sobriety. During this time period I was re-introduced to opioid medication. That feeling of euphoria that I had experienced many years ago in that hospital had found its way back into my life and back into me. I took the medication and it flooded my dopamine receptors. In an instant I had found back then what I thought to be the solution to my discontent. I believed I found what I had been looking for. The truth of the matter was I found my downfall.

Every day I worked to get more. Using this substance became necessary for me to get out of bed. I needed it to gain an appetite. I needed it to socialize, I needed it to sleep, I used it for every and any reason good or bad to celebrate or cope.

After a while I couldn't support my habit, without this medication I was physically sick with the symptoms of an intense virus. Sneezing, vomiting, runny nose, restless leg syndrome, insomnia, loose stools, upset stomach, fatigue, cold sweats and just like a magic remedy fix all, re-introduction of the substance into my system would immediately take away every single symptom.

One can imagine the desperation that a person begins to experience and the psychological battles a person would go through when they were stuck in the grips of an intense addiction like this. Right now the normal people reading this would probably wonder why wouldn't you just stop and go through the withdrawals, get through the discomfort dry out as they call it and then you wont ever have to do it again.

In theory this person would be right. However , the problem with the real addict is not the substance. If it were the substance, once the substance was removed and gone, Then the problem would be solved. Well not with the real addict. As a real addict , We often stop for a while and then with no rational

thinking we go back for more pain and suffering thus the vicious cycle continues. What then can we say the problem is. Well with us addicts when we use rational thinking it must be a problem of the mind. Our thoughts behaviors, attitudes were nothing less than those of an insane person. Why else would we use something we know is going to cause us such grief, personal harm, damage to our relationships and much more? yet we continue to use these substances without fear of consequence.

The answer is inside of us. we needed to have a moral psychological and spiritual experience that was strong enough in us to bring about a lasting desire to do right and abstain from substance use all together. In Order for the addict to achieve this, first medical attention is highly favored. The withdrawal process can be extremely dangerous and very uncomfortable. Seeking medical assistance is best. Once this has concluded and the persons mind begins to lift from the mental fog it is much easier to begin the process of retraining the mind to think in a new way.

This is where residential treatment comes into play. In this environment there is a community of men or women who have a common goal of starting over and rebuilding their lives from the chaos that addiction sets forth. Before treatment I had almost given up on my life. I lost the desire to fight. My efforts seemed hopeless. I could not stop using even though I wanted to. I would cry myself to sleep not wanting to continue what I was doing, knowing full well that I was going to do it again tomorrow.

I no longer loved nor respected myself. I forgot how to properly communicate. I had forgotten how to live. When I got myself into treatment, I was just a shell of a person that I used to be. The people in the program taught me how to live again. They taught me how to not only care for others, They also taught me how to care for myself. I had once again been given hope of a solution for a better future.

As I got healthier my mind has gotten more clear, my ambitions have returned to me. Things that interested me took root and internal work began to take place. I started working out gaining healthy weight. I registered for school and just completed classes for an admirable career. Today my family knows me as an honest person. My family trusts me. They rely on me. I Have a beautiful woman in my life. I have a beautiful baby boy that will never have to see his father on drugs. He will come to know me as only his protector and source of support and love. Others that once struggled and suffered as I did have begun to change their lives and fix themselves into a person. Some would argue maybe even the best of society. The people who had once isolated them selves from society who were once lost and thought of as useless had now found a place to come together and heal. Treatment programs saved my life along with many others.

My family who suffered along side of me because of my drug addiction now admired the changes that have taken place. Our relationship is better then ever before and continuing to improve. I spend much of my time helping other people the struggled as I did. Not for selfish reason. Today I have real joy and gratitude for the truly important things in life like family community and helping others.

I believe that because of these facilities. And because of the efforts of the people who participated in creating the twelve steps. That many people around the world no longer have to suffer forever. Being an addict no longer has to be a death sentence. There is hope. We believe that if a person is willing to be honest with themselves , open minded , and if they are willing to give sobriety a fair opportunity. That perhaps society and the individual may benefit. They are given a second chance to live a truly blessed life filled with joy, peace , pride ,and a sense of belonging and support for each other. Do not give up on yourself, addict or not.

Everyone goes through difficulty that is the nature of life. But in that same life there is beauty beyond explanation. There is a magnificent light at the end of every single tunnel as long as you have faith and continue on. You have the potential to help yourself and to help others. Every one has a story. This is just a very small piece of mine. I hope that you come to find that no human being is a waste.

Through rehabilitation many of the addicts that were thought of as doomed or hopeless do actually recover. They recover into loving mothers, fathers, brothers, friends, leaders and helpers. It is your story and you can write it. Thank you! Live your best life never give up hope.

Special thanks to phoenix house! Especially the staff associated with the program. With out them and my family I would not have been able to achieve the things that I have.

My name is Addison Peters and I am writing this essay to show what being in long term treatment has benefited me and how continuing care can also aid me on my road to recovery.

I came to Phoenix House LLC in Jan 2023. I didn't have any direction and was a lost of where my life was going. It has been 8 months now and in that time I have acquired many tools to help me with my sobriety, assistance in long term care such as a sober network and professional care and mental health treatment. I have learned that sober living takes a lifetime commitment and I am trying to achieve that.

My goals for the future is to stay sober by finding a home base and sponsor, find a stable and fulfilling job and stable housing. I am currently working on getting my cred and thinking of furthering my education through a Trade or Vocational Training.

I feel that Phoenix House has saved my life in so many ways and can save many others.

10-6-23

Opioid Crisis Lesson

I was introduced to oxycodone in 2008 through my doctor for a golf related back injury. My doctor told me I was taking too much Advil, it was affecting my kidney function, and that there was a pain medication available that could help.

I did no research, I trusted my doctor and used oxycodone as prescribed for the next 5 years. By 2012 my dosage had gone up 6x the original dosage. Without warning my doctor cut my prescription in half stating that the government was

"Cracking down" on oxycodone use. This was the beginning of my OUD. I was in constant withdrawal and she continued to lower my dosage. I had the worst pain ever but also no joy, no drive, and the most severe depression I have ever

endured. Never having suffered from any of these symptoms, except for the back pain, I sought help in 2 back to back, 28 Day Programs, Clear in Pennsylvania and High Watch in Connecticut that cost me \$20,000 out of pocket to attend. I was prescribed

Depression medication and Suboxone as an MAT for the OUD.

I still suffered all the same symptoms and my choices were limited. Hate my life and die or get oxycodone and immediately "FEEL BETTER"!!!! I bought oxycodone from friends and eventually

from dealers. During this time my marriage, my family (children, siblings, parents, etc) and work relationships began to crumble around me. AA helped and again I tried Suboxone MAT, therapy, family counseling, marriage counseling but I could not get better without oxycodone.

After 2 more years of this and everything else that comes with the active addiction, lying, cheating, stealing etc, and my constant search for "Joy", any type of joy, my marriage failed, my business failed and I failed. The following 10 years were filled with 28 Day programs, supportive housing, Drug Court programs, Jails, institutions and Death. Multiple arrest and drug charges, loss of all family contact and support and the sound big day effect of trying to get out of this "FUNK" and find myself again has been plagued by failure after failure. Currently I reside at a long term inpatient facility called Phoenix House LLC. Here, more so than the groups, the counseling, the mental health services and MAT, all of which I have done before without success, I was given TIME. Time to heal, time to grow, time to find out what is important, time away from the use and the "SCENE" and to be able to make plans for my future after I leave here. I've gotten off all MAT, started school for a new career at age 53 and for the first time in 10+ years I have some joy, naturally, without substances to help, only time will tell the future but this is the best I've felt in years and I owe this to the TIME I was given here. Forever Grateful, Michael Epstein

Lawrence C. Price
Phoenix House
Queens N.Y.

To whom it may concern,

I suffer from addiction. It has made my life unmanageable. I was on a treadmill going nowhere. I am one thousand to a million suffering here in New York from the Opioid craze. I wish there was a pill that could take away the epidemic but there is not one now ,so what are we to do ? What I found is hope in a treatment center here at the Phoenix House, a place that confronts the problem that drove me to drugs. I found ways to deal with life and not let life deal with me. I would have loved to have found this place sooner. I Am 52 and will have to work the rest of my life, I do accept that but maybe another can find hope early. I wish there were more places like this one because this epidemic is growing and is not going away. This program allows me time to stop and slow things down so I can get my footing back.To get my balance back so I can once again join society again. I was able to deal with my health, mental issues so I will be able to support myself and my family. I will no longer be a burden on society to once again leave life sober free from addiction. The Counselors

met here have helped me be a man, not a child. Please if at all possible send help support to the front lines so to speak. I want to give back so I will be devoting time and my cooking skills to help. I hope you will do the same. Like I have been trying to say without more, this problem will just grow. I want you to look to the left of you, then to the right one of those people you see is affected by these crazy. I look at it this way: help now or bury someone close to you later. I got in these so late in life, catch early teach early and just maybe we could save more people. We need more tools, places, more help before it's too late.

To whom it may concern,
I'm currently a ~~client~~
client at Phoned House in
Astoria, Ore. I've been in treatment
here since January of last year.
~~I~~ I'll have a year sober
in December.

I've learned a lot since being
in treatment. I'm 52 years old and
I've been drinking and using drugs
for a long time since about 13
years old. I started drinking at
13 for acceptance and ~~curiosity~~
curiosity. I loved alcohol and
drugs for probably 10 years. I
suffered many consequences as a
result of my using. Since being
here I've been learning a great deal
about myself and my illness.

Treatment has helped me incorporate
structure into my daily life.
The group counseling and therapy
helps me learn about what triggers
my using and my relapse patterns.
I'm in the vocational phase of the
program now and will be starting
~~at training~~ training on the 15th of
this month. I'm meeting my goals
and looking forward to my future
without alcohol + drugs.

10/06/23

TO WHOM IT MAY CONCERN,

RESIDENTIAL TREATMENT HAS PROVIDED AN INVALUABLE LEVEL OF CARE AND TREATMENT THAT I WOULDN'T HAVE GOTTEN FROM OUTPATIENT TREATMENT. IT PROVIDED A SUPPORTIVE SETTING 24 HRS A DAY, WHICH NOT ONLY PROVIDED SUPPORT FROM CLINICAL STAFF AND SUPPORT STAFF BUT ALSO FROM PEERS. I LEARNED MY PEERS WERE GOING THROUGH SOME OF THE SAME EXPERIENCES I WAS GOING THROUGH WHICH HELPED US TO BE MORE EMPATHETIC TO WHAT EACH OTHER WERE GOING THROUGH.

THE MOST IMPORTANT FACTOR IN MY RESIDENTIAL TREATMENT WAS CHANGING MY BEHAVIORS, THE WAY I THOUGHT AND ACTED, TURNING NEGATIVE THOUGHTS, ACTIONS AND BEHAVIORS TO POSITIVE THOUGHTS, ACTIONS AND BEHAVIORS. FOR ME HAVING A COMMUNITY SUPPORTING ME AS I HIT THE REBOOT BUTTON ON ~~myself~~ MYSELF MADE A HUGE DIFFERENCE IN THE SUCCESS OF MY RECOVERY. OTHER BENEFITS INCLUDED INSIGHTS AND TOOLS GAINED FROM ~~individual~~ INDIVIDUAL AND GROUP THERAPIES. IT ALSO GAVE ME A HEALTHY STRUCTURE TO MY DAY, WHICH I HADN'T HAD FOR A VERY LONG TIME.

RESIDENTIAL TREATMENT ALSO TOOK ME OUT OF THE TOXIC ENVIRONMENT ~~that~~ I WAS IN, WHICH WOULD HAVE DEFINITELY INTERFERED WITH MY TREATMENT. IT GAVE ME A CHANCE TO FOCUS SOLELY ON MY TREATMENT. THE ENVIRONMENT GAVE ME A CHANCE TO COMFORTABLY EXPRESS MY FEELINGS OPENLY AND HONESTLY. IT WAS INVALUABLE TO ME TO BE IN A PLACE WHERE EVERYONE HAS A SIMILAR GOAL WHICH IS TREATMENT AND RECOVERY.

~~XXXXXXXXXXXXXXXXXXXX~~

RESIDENTIAL TREATMENT TAUGHT ME ~~THAT~~
THAT USING DRUGS FOR OVER 30 YEARS AFFECTED
MY GROWTH AS A PERSON IN MANY WAYS SUCH
AS ~~MY MENTAL AND PHYSICAL~~ MY MENTAL AND PHYSICAL
HEALTH AS WELL AS SOCIAL AND EMOTIONAL
HEALTH AND GROWTH. IT TAUGHT ME THAT
THERE'S NO QUICK FIX TO ADDICTION, ESPECIALLY
SOMEONE LIKE MYSELF WHOSE BEEN EXPOSED
TO IT FOR SO LONG. ALSO IT SHOWED I
DIDN'T HAVE TO DO IT ALONE.

RESIDENTIAL TREATMENT GAVE ME THE BEST
CHANCE TO SUCCEED IN TREATMENT AND IN
MAINTAINING MY RECOVERY BECAUSE IT GIVES
THE TIME, TOOLS, SKILLS AND PROFESSIONAL/CLINICAL
HELP THAT I NEEDED TO BE SUCCESSFUL
AFTER SUCH A LONG TERM OF ~~ANNOY~~ USING
DRUGS AND ALIENATING MYSELF. IT SAVED
MY LIFE.

SINCERELY,

CHRISTOPHER HOGAN

My name is Addison Peters and I am writing this essay to show what being in long term treatment has benefited me and how continuing care can also aid me on my road to recovery.

I came to Phoenix House LLC in Jan 2023. I didn't have any direction and was a lost of where my life was going. It has been 8 months now and in that time I have acquired many tools to help me with my sobriety, assistance in long term care such as a sober network and professional care and mental health treatment. I have learned that sober living takes a lifetime commitment and I am trying to achieve that.

My goals for the future is to stay sober by finding a home base and sponsor, find a stable and fulfilling job and stable housing. I am currently working on getting my cred and thinking of furthering my education through a Trade or Vocational Training.

I feel that Phoenix House has saved my life in so many ways and can save many others.

From: Kellie Roe <kellie@scoalbany.com>
Sent: Wednesday, June 28, 2023 9:27 AM
To: oasas.sm.OSFProjectManagement <OSFProjectManagement@oasas.ny.gov>
Cc: Robert Kent <rakecd91@gmail.com>
Subject: Recovery Community Centers

You don't often get email from kellie@scoalbany.com. [Learn why this is important](#)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Good Morning,

I would like to know if there have been conversations regarding the existing Recovery Community Centers across the State.

Our budgets have not increased regardless of the increase in the number of people we serve. I would also like to know if the Opioid task force will create a pathway for Recovery Community Centers to bill for peer services, which is one way we can become sustainable.

New York has already created a framework of centers across the state, the potential of which has not been tapped into. We have already begun to create a State wide infrastructure to offer wrap around services and connect people to harm reduction, treatment and recovery.

I would like to submit the Rockefeller Report as evidence of the effectiveness and potential across New York State. Please be sure all members of the committee receive a copy, If you need the copies I can have them delivered.

Sincerely grateful,
Kellie Roe
Executive Director

518.489.1929 Office
518.857.6335 Cell
518.729.4211 Fax
Kellie@SCOAlbany.com



55 Colvin Ave., Albany, NY 12206 www.SCOAlbany.com

From: jonathangross25@gmail.com <jonathangross25@gmail.com>

Sent: Friday, October 27, 2023 8:21 AM

To: Profeta, Angela (CHAMBER) <Angela.Profeta@exec.ny.gov>; Kim, Jihoon (CHAMBER)

<Jihoon.Kim@exec.ny.gov>; fernandez@nysenate.gov

Cc: Cunningham, Chinazo (OASAS) <Chinazo.Cunningham@oasas.ny.gov>; McDonald, James (HEALTH)

<James.McDonald@health.ny.gov>; oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>; 'v'

<lanea@nyassembly.gov>; kbernste@nysenate.gov; 'AM Paulin & Committee -'

<PaulinA@nyassembly.gov>; grivera@nysenate.gov; steckp@nyassembly.gov; jonathangross25@gmail.com

Subject: Increase Naloxone doses -please

Some people who received this message don't often get email
from jonathangross25@gmail.com. [Learn why this is important](#)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Dear Governor Hochul,

I am writing to you today as an active volunteer in the recovery community. It's an epidemic that continues to ravage families and communities and sadly is worsening by the day with the prevalence of fentanyl. The upcoming holiday season is a stark reminder of the pain and heart break we live with but is counterbalanced by a solace that gives me the fortitude to advocate so other families don't have to endure a loss. **More than six thousand New Yorkers died between 2022 and 2023. Each loss is a family member, husband, wife, child, mother, father, partner, friend or sibling. Each loss is one too many. New York must act now!**

I urge you to take action today to make all versions of naloxone immediately available through New York State's Opioid Overdose Prevention Programs (OOPPs) and that you update the statewide standing order to include every FDA approved version of Naloxone. **Families and communities must have every tool in the toolbox as we continue to read the tragic headlines on a daily basis.** A recent snapshot of the headlines:

- 9/25/23 – [Overdose crisis reaches historic levels in New York City \(ABC News\)](#)
- 7/11/23 – [Schenectady Police: Overdose deaths increase to eight in eight days: Stockade death treated as overdose \(The Daily Gazette\)](#)
- 3/16/2023 --Overdose deaths in Erie County reach new record high as spiked cocaine takes center stage (*The Buffalo News*)

The headlines are as grim as the latest data and statistics. According to the latest data from the Centers for Disease Control and Prevention (CDC), there were 111,355 overdose deaths in the 12-month period ending April 2023. In that same period in New York State, 6,849 people died from overdoses. Between 2010 and 2021 the New York State Comptroller's office reported an increase of deaths by almost 300%. Every day, more than 18 New York citizens die of preventable drug overdoses – more than 75% of these drug overdoses are related to synthetic opioids, such as fentanyl. The New York City (NYC)

Health September 2023 Epi Data Brief recently released in 2022 that fentanyl was the most common substance involved, present in 81% of the overdose deaths. That means every day on average, 72 New Yorkers lives are shattered as they begin the excruciating process of grieving the loss of a child, a niece, a nephew, a grandchild, or a mother or father — from a senseless, preventable overdose death.

Every individual is different, every overdose is as well. Journal articles, studies and real-life stories are the headlines of our lives, and even with increases in overdose deaths reported by the Centers for Disease Control, New York City and other counties, our state ignores simple actions to save lives. Synthetic opioids are tainting the drug supplies as evidenced by an increase of NYC residents from overdoses by 43.3 % per 100,000 residents in 2022, up from 38.5% in 2021. The evidence is clear that the potency of the current drug supply is requiring the administration of multiple doses of 4mg naloxone.

I ask you to make all versions of naloxone immediately available in New York State and that you update the statewide standing order to include every FDA approved version of naloxone.

With 23 million people living in recovery, we/I know recovery is possible and attainable for everyone. No one, not one person has to die from a preventable drug overdose. We/I urge that you act now to lead New York through this public health emergency by making every tool available to help save lives from the current overdose death rates.

Sincerely,
Jonathan Gross
71 Evergreen Lane
Maplecrest NY, 12454

CC:
OASAS Commissioner Cunningham
DOH Commissioner McDonald
Opioid Settlement Fund Advisory Board
Assemblymember Phil Steck, Chair of Assembly Committee on Alcoholism & Drug Abuse & Members Committee
Senator Nathalia Fernandez Committee on Alcoholism & Substance Use Disorders & Members of Committee
Assemblymember Amy Paulin, Chair of Assembly Health Committee & Members of Committee
Senator Gustavo Rivera, Chair of Senate Health Committee & Members of Committee

From: jonathangross25@gmail.com <jonathangross25@gmail.com>

Sent: Friday, October 27, 2023 8:21 AM

To: Profeta, Angela (CHAMBER) <Angela.Profeta@exec.ny.gov>; Kim, Jihoon (CHAMBER) <Jihoon.Kim@exec.ny.gov>; fernandez@nysenate.gov

Cc: Cunningham, Chinazo (OASAS) <Chinazo.Cunningham@oasas.ny.gov>; McDonald, James (HEALTH) <James.McDonald@health.ny.gov>; oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>; 'v' <lanea@nyassembly.gov>; kbernste@nysenate.gov; 'AM Paulin & Committee -' <PaulinA@nyassembly.gov>; grivera@nysenate.gov; steckp@nyassembly.gov; jonathangross25@gmail.com

Subject: Increase Naloxone doses -please

Some people who received this message don't often get email from jonathangross25@gmail.com. [Learn why this is important](#)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Dear Governor Hochul,

I am writing to you today as an active volunteer in the recovery community. It's an epidemic that continues to ravage families and communities and sadly is worsening by the day with the prevalence of fentanyl. The upcoming holiday season is a stark reminder of the pain and heart break we live with but is counterbalanced by a solace that gives me the fortitude to advocate so other families don't have to endure a loss. **More than six thousand New Yorkers died between 2022 and 2023. Each loss is a family member, husband, wife, child, mother, father, partner, friend or sibling. Each loss is one too many. New York must act now!**

I urge you to take action today to make all versions of naloxone immediately available through New York State's Opioid Overdose Prevention Programs (OOPPs) and that you update the statewide standing order to include every FDA approved version of Naloxone. **Families and communities must have every tool in the toolbox as we continue to read the tragic headlines on a daily basis.** A recent snapshot of the headlines:

- 9/25/23 – [Overdose crisis reaches historic levels in New York City \(ABC News\)](#)
- 7/11/23 – [Schenectady Police: Overdose deaths increase to eight in eight days: Stockade death treated as overdose \(The Daily Gazette\)](#)
- 3/16/2023 --Overdose deaths in Erie County reach new record high as spiked cocaine takes center stage (*The Buffalo News*)

The headlines are as grim as the latest data and statistics. According to the latest data from the Centers for Disease Control and Prevention (CDC), there were 111,355 overdose deaths in the 12-month period ending April 2023. In that same period in New York State, 6,849 people died from overdoses. Between 2010 and 2021 the New York State Comptroller's office reported an increase of deaths by almost 300%. Every day, more than 18 New York citizens die of preventable drug overdoses – more than 75% of these drug overdoses are related to synthetic opioids, such as fentanyl. The New York City (NYC)

Health September 2023 Epi Data Brief recently released in 2022 that fentanyl was the most common substance involved, present in 81% of the overdose deaths. That means every day on average, 72 New Yorkers lives are shattered as they begin the excruciating process of grieving the loss of a child, a niece, a nephew, a grandchild, or a mother or father — from a senseless, preventable overdose death.

Every individual is different, every overdose is as well. Journal articles, studies and real-life stories are the headlines of our lives, and even with increases in overdose deaths reported by the Centers for Disease Control, New York City and other counties, our state ignores simple actions to save lives. Synthetic opioids are tainting the drug supplies as evidenced by an increase of NYC residents from overdoses by 43.3 % per 100,000 residents in 2022, up from 38.5% in 2021. The evidence is clear that the potency of the current drug supply is requiring the administration of multiple doses of 4mg naloxone.

I ask you to make all versions of naloxone immediately available in New York State and that you update the statewide standing order to include every FDA approved version of naloxone.

With 23 million people living in recovery, we/I know recovery is possible and attainable for everyone. No one, not one person has to die from a preventable drug overdose. We/I urge that you act now to lead New York through this public health emergency by making every tool available to help save lives from the current overdose death rates.

Sincerely,
Jonathan Gross
71 Evergreen Lane
Maplecrest NY, 12454

CC:
OASAS Commissioner Cunningham
DOH Commissioner McDonald
Opioid Settlement Fund Advisory Board
Assemblymember Phil Steck, Chair of Assembly Committee on Alcoholism & Drug Abuse & Members Committee
Senator Nathalia Fernandez Committee on Alcoholism & Substance Use Disorders & Members of Committee
Assemblymember Amy Paulin, Chair of Assembly Health Committee & Members of Committee
Senator Gustavo Rivera, Chair of Senate Health Committee & Members of Committee

From: Elide Bell <ebell@mountaintopcarescoalition.com>

Sent: Saturday, September 2, 2023 2:54 PM

To: OASAS.sm.Procurements <OASASProcurements@oasas.ny.gov>; oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>

Subject: Elide Bell | 516.589.9178 | Mountain Top Cares Coalition | Greene County

You don't often get email from ebell@mountaintopcarescoalition.com. [Learn why this is important](#)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hi There,

I know you must be extremely busy, but if you could kindly spare a moment, I need assistance identifying if there are any grants available that could help us fund the buildout of a local support and outreach center. We're a nonprofit Recovery Community Organization called [Mountain Top Cares Coalition](#) - the only adult RCO in Greene County, with a special focus on the extremely underserved and rural mountaintop area. We provide peer support, harm reduction, anti stigma initiatives and education, and launching a workforce initiative.

We have secured a location in Haines Falls, NY, received formal support from the town and community, have identified a contractor, and have professional building plans to build out the space. We have a ten year plan and don't want to lose this opportunity for our community. There's so much more we could do if we had a place for folks to go.

I genuinely appreciate any help or direction you can provide.

Warmly,
Elide Bell

From: Christine Khaikin <ckhaikin@lac.org>
Sent: Tuesday, October 24, 2023 2:53 PM
To: oasas.sm.OSFAdvisoryBoard <OSFAdvisoryBoard@oasas.ny.gov>
Cc: tgardner@lac.org; Psamuels@lac.org
Subject: Comments for the OSFAB

You don't often get email from ckhaikin@lac.org. [Learn why this is important](#)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

To the Opioid Settlement Advisory Board Chair and Members,

As you finalize your report and recommendations for this year, please consider the comments of The Legal Action Center, attached.

We are happy to answer any questions or provide additional information as needed.

Best,
Christine

Christine Khaikin (*she, her, hers*)
Senior Health Policy Attorney
Legal Action Center
225 Varick Street, 4th Floor
New York, NY 10014
(212) 243-1313 x 138
ckhaikin@lac.org
www.lac.org
[Twitter](#) Δ [Facebook](#) Δ [LinkedIn](#) Δ [Instagram](#)



Addendum D

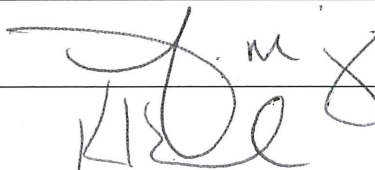

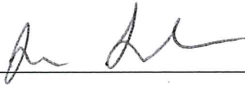
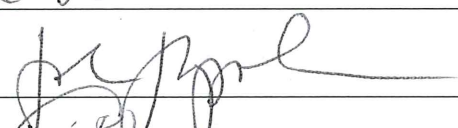
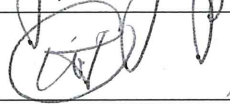

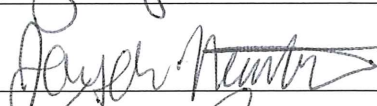
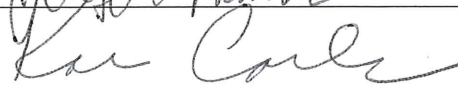
Public Comments Sign in Sheets



Opioid Settlement Fund Advisory Board Meeting

May 15, 2023

Public Comments

Name	Signature
✓ Aleks Malejs	 Assoc. Dir.
✓ Kim Hubert	
✓ Jessica Saeman	
✓ JOHN COPPOLA	
✓ Bill Fusco -	
✓ Evelyn - DYC Bklyn	
✓ Mandy DYC Bklyn	
✓ Kathy Staples	
Dayote Newton	
Karen Cartini	
✓ Leah - DYC o/s	
✓ Nick - DYC o/s	
✓ Gabby - DYC o/s	
✓ Kristin Gerard - DYC Parent	

0

Terri Borush

Emma Gzikowski

Kim Hill

Terri Borush

Emma Gzikowski

Kim Hill



Opioid Settlement Fund Advisory Board Meeting

October 13, 2023

Public Comments

Name	Signature
Van Smith Angelica Smith-Wilson	
✓ FRANK MARSHALL	Frank Marshall
✓ Jihad El-Amin	Jihad El-Amin
✓ Sarah March	Sarah March
James Hollywood	James Hollywood
✓ Fathy Staples	Fathy Staples
✓ Emma Grizanski	Emma Grizanski
✓ Elaine Cassens	Elaine Cassens
✓ Steven Mark	Steven Mark
Michael McRae	
✓ Dr. Telectia Pullen	Dr. Telectia Pullen
✓ Xonnel Doris	
✓ George Jones	
✓ Bill Fusco	Bill Fusco

