

September 13, 2024 – Meeting Minutes

Albany: Empire State Plaza, Albany, NY – Meeting Room 6
Buffalo: Horizon Health Alliance, 55 Dodge Road, Getzville, NY
NYC: OASAS, 501 7th Ave., 8th Floor New York, New York

10:00am – 3:00pm

Welcome/Introductions

Chairwoman Debra Pantin opened the meeting and the Board Members introduced themselves noting their respective locations. Department of Health (DOH), Designee Johanne Morne introduced new member Dr. David Holgratz (Special Advisor, DOH). Chair Pantin discussed the organization of the meeting, the three presentations, and the importance of staying focused on the recommendations.

Chair Pantin explained that the third-year report is due in November, and that there were three meetings left, 9/24, 10/8, and 10/28. The goal is to have the report completed after the 10/8 meeting, so that the Board can review and vote on the report at the 10/28 meeting. Chair Pantin checked in with the Board regarding future presentations; she has received some ideas from, members Dr. Lawrence Brown, Tracie Gardner, Dr. Stephen Giordano, and Ray Ganoe.

Approval of July 10, 2024, Meeting Minutes

Vice Chair Dr. Justine Waldman requested that a paragraph referring to her be corrected to read that Waldman wants to focus on overarching themes not the buckets. Member Livingston asked for a correction to the minutes to show that she was not in attendance at that meeting. Suzanne Lavigne made a motion to accept the minutes, with those amendments. A seconds from member Dr. Tisha Smith was made. The motion carried with abstentions from OASAS, OMH, DOH, and DOB.

Defining “A State of Emergency” (OASAS) - Presentation

OASAS Deputy Counsel Greg Meyer provided an overview on state of emergency and public health emergency declarations. [State of Emergency Overview \(ny.gov\)](https://www.ny.gov/state-of-emergency-overview). Member Stephanie Marquesano commented that declaring either type of emergency was not in this Board’s purview which is to financially focus on the settlement dollars. Member Marquesano centered her discussion on what is it that the Board, given the present landscape, needs to have set aside to accomplish the goal of the opioid settlement funds.

Some members discussed the use of a state of emergency or public health emergency to bring attention to the opioid crisis and for acknowledgement that there is a crisis.

Members Gardner and Joyce Rivera discussed that updated overdose and death

numbers would be important to show the existence of an emergency before making a request for such a declaration.

DOH Designee Morne clarified DOH's role in a public health emergency.

Member J. Rivera commented that the Board's purview should be beyond the settlement dollars and include policy advice as it relates to spending. Member J. Rivera suggested a generic declaration that is responsive to the LGUs and empowers them to be self-determining. The members continued to discuss the need for specificity in a declaration. Member Smith suggested that given the lives lost and the chaos resulting from the crisis, putting something in the report about acknowledging the crisis would suffice. Member Smith commented that this discussion was diverting the Board's attention from the settlement dollars.

Member Marquesano questioned what it is the Board needs set aside to accomplish the goal of the opioid settlement funds other than a statement that "this is an emergency".

Presentation: Updates to Fiscal Charts – Peggy O'Shea

DOB Designee Peggy O'Shea presented updates to the fiscal charts for the settlement funds. [Opioid Settlement Fund Projected Receipts by Source \(ny.gov\)](#). The charts were updated to reflect updated settlement information received after the May 2024 presentation, as well as correct for errors and for consistency. For example, the HIKMA settlement, which is an estimate, should not have been put into two buckets. J. Rivera asked about 2024, 2025, and 2025 dollars and NYC dollars. O'Shea further explained that some settlement appropriations were not deposited in 2024 as anticipated, therefore in the updated charts those funds were accounted for in 2025 and unappropriated dollars have been placed in the 2025 column.

Member Gardner requested that the Board receive a chart that breaks down the amount of state funds and settlement dollars given to OASAS over the last three years to understand how much OASAS is relying on settlement dollars. O'Shea agreed to put OASAS dollars from the last three years on a chart. Constantino noted that the settlement dollars are an opportunity for long term initiatives and not to replace state funds and requested a strategic framework. Member Dr. Brown questioned what this means in terms of the universe and that any request should include OMH and DOH, not just OASAS. Member Dr. Giordano stated that irrespective of settlement funds, the Board would like to see that the funding to the OASAS, DOH and OMH continues to increase. O'Shea stated that settlement funds are not supplanting state dollars. The discussion continued among the members as to whether the funding for OMH, DOH, and OASAS was supplanted by the settlement funds.

A motion was made requesting the funding for OMH, DOH, and OASAS for the last years unrelated to settlement funds, and the settlement funds given to the three agencies over the same period. An addition to the motion was offered by Chair Pantin to include the funding for the three years before the settlement. Accepted by member Dr. Brown, seconded by Member Livingston. Motion carried. Abstentions by DOB, OASAS, NYC, OMH and DOH.

OSFAB 2026 Recommendations

Member Dr. Waldman opened the discussion explaining that the first-year recommendations were too focused on the buckets. Member Dr. Waldman commented that it is difficult to articulate what the Board wants from the State and that the Board's legacy should be a strategic plan. Member Marquesano questioned whether the Board is ready to give specific recommendations, if so, she recommended an RFA issued to the public for co-occurring competencies. Member Marquesano explained that what she is looking for is an RFA that asks how the provider is doing or how it is going to do integration care for co-occurring competencies not what they are doing, i.e., what evidenced based strategies they will use. Member Marquesano agreed with Chair Pantin, that the RFAs presently proposed by the State do not set out what the state will give a provider for integration work.

Member Constantino discussed the need for long term strategic solutions including rate reform instead of low-level projects because the settlement funds are going away. Member Brown explained that there is a conflict between strategy, which is long term, and impact now. Member Livingston commented that the RFPs could include dollars for work hours missed due to training and that the system needs to get beyond the abstinence-based model. Chair Pantin responded that the NYS system is not exclusively abstinence based. Later in the discussion, Livingston countered that in theory the system is not abstinence-based, but in practice it is.

Member T. Smith spoke about a population that wishes to continue to use drugs and is not engaging in the system for a variety of reasons. She commented that the Board needs to address this population. Member J. Rivera commented that policy should be broad enough to allow each locality to define what harm reduction is for their community including state grants that move away from the stringent requirements of OASAS and OMH. Member Dr. Waldman agreed with the need for harm reduction but disagreed that LGUs should be left alone with the dollars.

Member Lavigne explained that Franklin County went into the community to ask for help in finding a way to reach users and engage them in the system.

At this point, Chair Pantin summarized the discussion as a framing conversation with no reference to buckets or years 1 & 2 structure. Member J. Rivera commented that the state agencies need to recognize the agency of participants and not be punitive. Member J. Rivera commented that the Board should focus on public health, not criminal justice. Member Livingston commented that the Board should define person centered care, and that part of that care should allow participants to have agency in their treatment plans.

Members discussed moving away from the 10 buckets used in the previous years' reports. Pantin agreed that the Board would be flipping the buckets into categories under the recommendations. Member Dr. Waldman agreed that any recommendations should strengthen human agency and the dollars should go to two categories: 1. CBOs that are able to engage people who are disproportionately affected by substance use and 2. system change including housing, workforce training, certification, data collection, integration of care, and food. Member Lavigne explained that to accomplish these things engagement of workforce is necessary.

Public Comments

The Board heard from members of the public present at the Buffalo, New York City, and Albany locations. The Board then broke for lunch.

Presentation: NYC DOHMH – Dr. Rebecca Lin-Linn-Walter

Member Dr. Linn-Walter presented an overview of NYC Opioid Settlement Fund Spending. [NYC Presentation](#). Meyer read a statement on behalf of member J. Rivera (who was no longer in attendance) questioning the allocations to the Bronx. Member Dr. Waldman asked about the virtual medicine slide and the 32 prescriptions for Buprenorphine. Member Dr. Linn-Walter explained that the 32 prescriptions were for the virtual medicine program, not City wide, and she would follow up with more information. Member Marquesano asked for information on connecting and integrating care for SUD and mental health. Member Constantino commented that the presentation lacked substantial data and appeared to be recreating services that already exist. The discussion among the members continued regarding money from the settlement not going to CBOs and SSPs. Member Dr. Linn-Walter explained that the presentation was about a portion of their funding, and that SSPs are being supported in all communities that have overdoses and in hospitals.

Chair Pantin expressed that NYC's funding of co-occurring competencies treatment was unclear. She indicated that since the settlement dollars were an opportunity to build on

existing programs, that the Board needs to clearly understand with a high level of transparency how the State, NYC, Nassau, and Suffolk are spending these dollars. Therefore, NYC needs to make another presentation to show the City's intent to partner with community-based organizations that provide other types of services. Member Dr. Brown requested that NYC provide the last three years of funding like the request made to the State to get a sense of the change from prior efforts and what the continuity game plan is for when the settlement funds are gone. Member Dr. Linn-Walter agreed to follow up.

The discussion among the members continued regarding NYC and all NY counties. Member Dr. Linn-Walter explained that the NYC Dept. of Health does work closely with community providers including regular meetings with community members.

A statement by member J. Rivera expressed concerns with NYC's action and use of settlement funding. In particular, she highlighted concerns for not prioritizing the Bronx and harm reduction efforts.

OSFAB 2026 Recommendations (continued)

Member Dr. T. Smith proposed a recommendation to increase the number of bilingual clinicians; and to develop workforce pathways for new Americans and immigrants to go into the addiction field to better service the community and increase accessibility. This motion was made, seconded by members Dr. Waldman and Dr. Giordano, and carried by the Board with abstentions for OASAS, OMH, DOH, and DOB.

Member Constantino proposed a recommendation for comprehensive pay/rate reform to include case management and services not currently being reimbursed. Member Dr. Brown asked if there is data on those activities not covered or reimbursed. Member Constantino explained that 50% is not reimbursable and that data is not necessary because what is not presently reimbursed is common sense. Member Dr. Brown explained that a list would help with any potential pushback. Chair Pantin asked how the Board should quantify this based on availability from the 45 million to be appropriated – the ask should be aligned with the money. Member Giordano suggested that the Board recommend a commission or initiative to study and develop a strategy. Chair Pantin summarized that the recommendation is really for a commission or a think tank to develop a comprehensive rate. Member Marquesano noted the need for integrated competencies included. Dr. Brown commented that this involves conversations between DOH, OASAS, Budget, and OMH. The motion proposed by Brown was for a strategy to come up with a comprehensive rate plan, with collaboration across state agencies to improve reimbursement for services that are both clinical and

supportive for people suffering from SUD. Motion carried with abstentions from OASAS, OMH, DOH, and DOB.

Dr. T. Smith proposed a recommendation to keep the section about special populations from the previous years, including veterans, Native Americans, maternal persons, and incarcerated and formerly incarcerated persons. Member Marquesano suggested a specific RFA to target these populations. Dr. T. Smith explained that the motion is to continue to include language specifically addressing preference for special populations in future RFAs and to create specific RFAs that target these populations including veterans, maternal persons, formerly incarcerated persons, and Native Americans. Motion carries with abstentions from OASAS, OMH, DOH, and DOB.

The Board discussed a recommendation based on Member Dr. Brown's language for impactful and meaningful data. No motion was made.

Member Marquesano proposed a recommendation on the integration of care for co-occurring competencies. She suggested that RFPs provide opportunities for quality improvement, consultation, non-billable services, and certification and that funding be made available for the integration of care. The Board decided that this recommendation needs to be formulated and will be discussed at the next meeting.

Member Dr. Waldman proposed a recommendation to develop an understanding of what every NY county is doing regarding the settlement funds and the opioid crisis similar to the earlier request for comprehensive rate reform. Dr. Giordano commented that the request for information from all 57 counties and multiple agencies is too big a lift and that the Board does not have the authority. Standardizing care across all counties continued to be discussed and member Dr. Waldman thinks it should not just be one area such as housing and mentioned probation. Chair Pantin summarized the discussion by explaining that this topic fits within the Board's strategic theme. No motion was made.

Member Giordano suggested a recommendation to set aside a million dollars to keep grassroots programs afloat because from year 1 the Board heard from the grassroots agencies that they do bake sales to make payroll. Chair Pantin asked how the Board would define a grassroots organization: budget, number of employees, number of people served, etc. It was proposed that if the absence of the program in that community would have a measurable and negative impact on the community it should be funded. Smith seconded the motion. Member Dr. Brown commented that this motion was consistent with his earlier comments about a desire to do something more immediate. The Board voted on Dr. Giordano's original motion to set aside a million dollars for grassroots providers. The motion carried, with abstentions from OASAS, OMH, DOH, and DOB.

Chair Pantin suggested a recommendation based on Smith’s language that there are people that don’t want to be part of our system. Discussion continued on transforming the system to be more person centric. No motion or recommendation was voted on.

Wrap-up and Adjourn

Motion to adjourn.

Board Members

New York City location: OASAS Executive Deputy Commissioner Tracey Collins (OASAS Designee), Dr. Lawrence Brown, and Rebecca Linn-Walter (NYC DOHMH Designee).

Buffalo location: Ray Ganoë, Cheryl Moore, and Anne Constantino.

Virtual: Carmen Rivera, Joyce Rivera, Tracie Gardner, and Commissioner Anne Sullivan (OMH).

Albany Location: Dr. Tisha Smith, Dr. Stephen Giordano, Johann Morne (Exec. Deputy Commissioner, DOH designee), Peggy O’Shea (DOB designee), Debra Pantin (Chairperson), Justine Waldman, Stephanie Marquesano, Suzanne Lavigne, Ashley Livingston