



General Principles:

All Funded and Unfunded Programs should be eligible to participate in and benefit from federal SAPT block grant initiatives via OASAS.

Awards process must be based on need. Size of organization should not be criteria for eligibility.

Strategic Workforce Investments

Student Loan Forgiveness for all patient facing staff working within OASAS settings

- Provide up to \$25,000 per year for up to 2 years.
Notes: HRSA Loan Forgiveness Program is too restrictive and does not include residential. BG funded initiatives should be broadened to include all staff in patient facing roles. There should be no restrictions to specific location (rural, urban, etc.).

Scholarships for Peer Credential

- Up to \$2,000 to cover costs of training, prerequisite requirements, books, exam fees, etc., towards the CRPA Credential

Note: Initial Core Training \$500-600, \$100 Application fee, \$80 exam fee, etc.

Scholarships for Individuals Seeking Credentialing

- Up to \$1,000 toward the costs of all examinations, certification fees, and preparatory materials to complete a license or credential for those working in a licensed Mental Health or Substance Use Disorder Treatment Program.

Note: Substantial fees are required to take the examinations and pay for initial licensing/credentialing and block individuals just starting out in the field from directly seeking their certifications.

Examples:

LCSW application materials, and exam, which costs \$260

Costs for School Transcripts \$20 per college

Fee for licensure and first registration is \$294.

The fee for a limited permit is \$70.

- **Incentive Pay for Front Line Workers (Bonuses)** May be used to pay down debt for education. Should be incorporated into a more comprehensive loan forgiveness/scholarship fund to incentivize people to come in to the field
- **Two-year grants to offset** a portion of the rising costs of Health Insurance or other fringe benefits (eg. pension for staff)

Note: There have been no increases in funding or rates, despite expectations of sustaining same FTE staff. Cost for Health Insurance has risen dramatically over the past 5 years, as much as 50% for some providers.

- **Increase revenues to support staff increases** for both funded and unfunded organizations
- **Fund training initiatives** - \$25,000 that can be granted to organizations to utilize for either internal or external trainings.

Invest in Children's Programs and Services related to Pandemics

- *COVID and Opioid Child Victim Care Coordination/Family Care Coordination Program* (\$10 million) Target families with children who lost a family member/caregiver; have long term illness or disability; lost employment, housing, or insurance; have been impacted by incarceration; cannot access or sustain remote educational contact; or are hard-to-serve because of their immigrant status.
- Prioritize investment in Evidence Based Practices (\$10 million) - expenses including but not limited to staff training, fidelity fees, adherence to staffing and reporting.
- \$25,000 to fund materials and staff time. To provide prevention strategies and support related to COVID quarantine impact on youth and teens, to support managing the symptoms many teens are experiencing at the present time. These could be incorporated as new initiatives in community and school-based prevention activities.

Provide Capital Funds for COVID Related Emergency Expenses

- \$100,000-\$200,00 toward financing building modifications including costs associated with emergency expenses to address immediate and long-term HVAC improvements, purchase and installation of plexiglass, UV Lighting, etc.

Invest in Viability of Residential System of Care

- **Two-year funding to support COVID-related temporary reduction in residential census**
Specifically, \$60,000 for reducing 2 Stabilization or Rehabilitation Beds, \$32,000 for 5 Community Residential/Reintegration Beds based upon average per diem rates

Note: Funds will sustain bedded programs that were/are experiencing mandatory quarantines, reduction in census due to space limitations and distancing requirements.

- **Provide matching \$205,000** to support transition to 820 requirements of increased staff and anticipated loss of revenue during start up months
- Funding to support **COVID related upgrade of Client Transport Vehicles**

Note: \$15,000 per vehicle (15 passenger van or larger), insurance, maintenance and operating expense, purchase or lease.

Note: During COVID pandemic increased space in vehicles is critical. Increased capacity vehicles allow for needed space between clients during transport

Enhance and Improve Access to Care

Principle: Use value-based models to provide add-ons for comprehensive care. It is not sufficient to rely on patient revenues to fund initiatives that result in enhanced quality of care.

- Incorporate an **add on for certain crisis and other services** that should always be an option in all programs (including residential post discharge) but are not currently billable. Add-on could be based on acuity. Many models to choose from.
- Incorporate an **add-on for increased rates for the for the first quarter of treatment** in longer term settings.
- **Up to \$25,000 per certified location** toward IT and Telehealth Infrastructure
Costs include licensing, outside assistance to set up and initially maintain equipment, training on how to use, etc. Goal is to support transitions to remote work environments and expand access to telehealth for all clients, regardless of location. This is consistent with prior grant amounts for providers in need of technology transition

- **MAT: \$100,000 to fund start up for expanded MAT hours and increased volume of clients served within a MAT setting.**

Note: Allowable costs may include (but not be limited to) recruitment expenses as well as initial months of hiring and training of prescribers and all levels of nursing staff (e.g., NP, RN, LPN) training for staff, purchase of necessary equipment, etc.

Expand Prevention Services

***Principle:** Funding for training and development of prevention and treatment initiatives related to Adult Use law should be allocated from proceeds of Marijuana Legalization. Block grant funds should not be seen as only prevention and education source of funding for significant roll-out of prevention, education and treatment initiatives to address increased use and harmful effects of legalization of marijuana.*

- Support Prevention Funding to run community and school Speaker's Bureau \$30,000 per organization to develop or support this program for schools or communities. Include community-based prevention, treatment and peer-based organizations.
- **\$30,000 (two-year start-up funds)** to seed training of staff and clients in the use of evidence-based models for prevention of Substance Use Problems within the adolescent and youth populations in school settings and in the community