Opioid Settlement Fund Advisory Board

Annual Report

November 1, 2024

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Letter from the Chair

November 1, 2024

As we conclude the third year of making recommendations, the Board seeks to build on the prior two years by recommending continued funding to the original categories of Harm Reduction, Prevention, Treatment, and Recovery, and by further delineating as separate categories those of Workforce/Workplace Diversity, Equity, Inclusion and Belonging, Health-Related Social Needs, Data and Outcomes, and Co-Occurring Disorders and Special Populations.

In addition, the Board builds on the need to make lasting system changes recognizing the importance of supporting human agency. Many of these concepts were included in the Board's initial report's overarching themes. In this report, we further articulate these themes into actionable recommendations that will have positive effects on health outcomes.

This year the Board focused on health inequity and the dire need to not only demonstrate a commitment to all priority populations, but to get appropriate funding support to diverse populations and communities of color who are experiencing overdose fatalities at disproportionately higher rates. Throughout our deliberations, we discussed the importance of having data with regards to Settlement Funds allocated and their impact as this will help to inform and guide the Board's recommendations going forward.

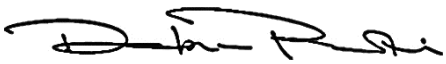
Finally, the Board discussed how the opioid epidemic is claiming the lives of so many New Yorkers and Americans. To address the urgency of this crisis, we as a Board of experts working on the frontlines, are also including a series of policy recommendations. We feel strongly that these policies complement and strengthen the impact of our recommendations for the use the Settlement dollars and will have a dramatic and lasting effect on individuals struggling with addiction.

After working together and serving our first three-year term as members in this inaugural OSFAB, this process has been informative not only as a community of concerned providers and individuals and as a State, but as a Board representing different sectors of our field working collaboratively together. Our goal first and foremost has always been to meet diverse needs of New York residents struggling with the complexities of addiction by developing data-informed, experienced-based recommendations for the State to deploy with Settlement Funds.

The Board is proud of the work we have done together even though we fully recognize that there is still a lot more to be done to help our State through this crisis. As with any new initiative, there are

opportunities to continue improving our process. I look forward to OSFAB's continued evolution, while building stronger collaborations.

We respectfully submit our report herewith.



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 statutorily 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 2024, seven meetings in total were held. The Board deliberated the best use of funds by establishing and ranking priority areas. The Board heard presentations from New York State's Office of Addiction Services and Supports, Office of Mental Health, Department of Health, and the Division of Budget, along with community organizations working within the judicial system. The Board received written communication and heard input from various stakeholders including providers, families, consumers, advocates during public comment time included at each meeting. All meetings were broadcast, in real time, to the public consistent with Open Meetings law.

The Board carefully considered allowable uses permitted by the settlement agreements and contained within its enacting provisions of Mental Hygiene Law Sec. 25.18. In discussions, the Board remained firmly committed to the original overarching themes in its November 1, 2022 Report. The three overarching areas include service integration to best treat co-occurring disorders, service equity, and meaningful evaluation that demonstrates reduced suffering and positive impacts on health-related social needs. This year, the Board decided to pull the themes into their own categories and clearly delineate expectations for the categories. Additionally, the Board redefined the 2022 and 2023 categories into the following categories:

- Harm Reduction place in order of priority
- Grassroots Organizations Working with Populations Disproportionately Affected
- Co-Occurring Disorders and Special Populations
- Treatment
- Recovery
- Prevention
- Health Related Social Needs
- Workforce and Workplace Diversity, Equity, Inclusion and Belonging
- Data and Outcomes

While the Board did some rearrangement of categories, we request that the State use the 2022 report as the lens for consideration and implementation.

The Board remained mindful that structure of settlement agreements includes a precipitous decrease in funding, which has already started to occur. The Board also continued to discuss topic areas added to the subcategories created last year. The specific initiatives, as well as percentages that aligned with funding amounts that were assigned by the Board, are listed below:

OPIOID SETTLEMENT FUND Board Recommended Allocations FY 2026 (Ranked in %)	
Board Allocation Categories	**100%**
Harm Reduction	28.07
Grassroots Organizations working with populations disproportionately affected	13.20
Treatment	12.00
Workforce and Workplace Diversity, Equity, inclusion and Belonging	10.13
Co-Occurring Disorders and Special Populations	9.13
Recovery	7.80
Health Related Social Needs	7.40
Prevention	6.20
Data and Outcomes	6.07

Letter of Concern Regarding the OSFAB Year 3 Recommendations

The NYS Opiate Settlement Fund Advisory Board (OSFAB) submits this letter of concern to accompany the Year 3 report. This letter details our significant concerns with the State agencies' inability to provide comprehensive timely information for the board to make full data driven recommendations so that we may fulfill our charge under Chapter 171 of the Laws of 2022 and pursuant to Mental Hygiene Law § 25.18: *to provide recommendations on how funding received by the Opioid Settlement Fund could be allocated*. The OSFAB urges the Governor and the NYS legislature to support the Board's efforts to be transparent, collaborative, and innovative in our work and recommendations. There have been many impactful advisory bodies that have been capably administered by State agencies; we see no reason for this process to be any different.

Amendments to state finance and mental hygiene laws regarding opioid settlements, OSF, and the OSFAB, were signed into law on 3/18/2022. This delay along with other delays resulted in the board convening for the first time in late June 2022, giving the board only 5 months to complete its duties. Compounding this shortened timeline, a pre-existing, state-developed allocation "scorecard" had already designated $128 million of Settlement funding which should have been reviewed by the Board. However, with intense advocacy by the board the state agreed to await the board's recommendation on November 1, 2022, before dispensing funds.

As the New York State Opioid Settlement Board, we aim to make recommendations based on the best and most timely data available that reflects the impact and evolving needs of New York communities struggling with the opioid epidemic. The following limitations have hindered our ability to do this, including:

- Lack of Access to Current Data and Outcome Analysis:

To make informed decisions, the Board needs to receive tailored data from the state's health, mental health, and addiction services divisions. Such data should include up-to-date, comprehensive data on the state of opioid addiction and treatment outcomes. Reliable, easily interpretable metrics are essential for assessing immediate needs, identifying effective strategies, and understanding persistent challenges. Qualitative research designs can provide real-time data. The absence of such data has limited the board's ability to recommend evidence-based priorities and in subsequent years to evaluate programmatic outcomes utilizing settlement dollars.

- Absence of Impact Assessments on Early Fund Distributions:

Critical feedback on the effects of funds allocated in the initial two years is lacking. Without an understanding of how these funds impacted treatment access, recovery rates, and community needs, has resulted in limiting the board's ability to make well-informed decisions on fund

allocation adjustments. Impact data is essential to identify initiatives that merit continued support or modification for enhanced effectiveness.

- Disconnect from NYS Strategic Plans to Address Addiction:

Ideally, the board's recommendations should be in alignment with broader State agency Strategic Plans, including those of the Office of Addiction Services and Supports (OASAS), Department of Health (DOH), and Office of Mental Health (OMH). However, limited integration with these plans restricts the Board's ability to recommend funding for programs and services that will be sustained by the State after settlement dollars have been exhausted. A closer alignment would ensure recommendations leverage statewide resources and initiatives more comprehensively.

- Need for Continuous Monitoring and Reporting Mechanisms:

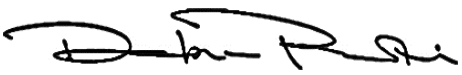
Standardized, centralized, real-time data collection sharing and reporting will enhance the Board's capacity to adapt its recommendations to evolving trends within the opioid crisis. Continuous monitoring and key performance indicators would allow the board to respond dynamically to shifts in circumstances. Populations at high risk for overdose mortality such as the justice involved and disproportionately high rates in Black, Latine/x and Indigenous individuals would help tailor responses to specific community needs.

- Need for Consistent Updates on State Agency Funding Allocations:

Consistent transparency on the distribution of state funding, State Opioid Response (SOR) funding, block grants, and settlement funds across the three agencies would support the board's ability to make informed recommendations. Understanding program-specific allocations is necessary to assess program effectiveness and prioritize funding for future recommendations.

In conclusion: We recommend that the future work of the OSFAB incorporate more robust data-sharing practices, impact evaluations, and strategic alignment with New York State's broader objectives. Addressing these limitations will enable the board to make recommendations that effectively reduce the opioid epidemic's impact on individuals, families, and communities throughout New York State.

Respectfully submitted by Chair Deb Pantin on behalf of the Board,



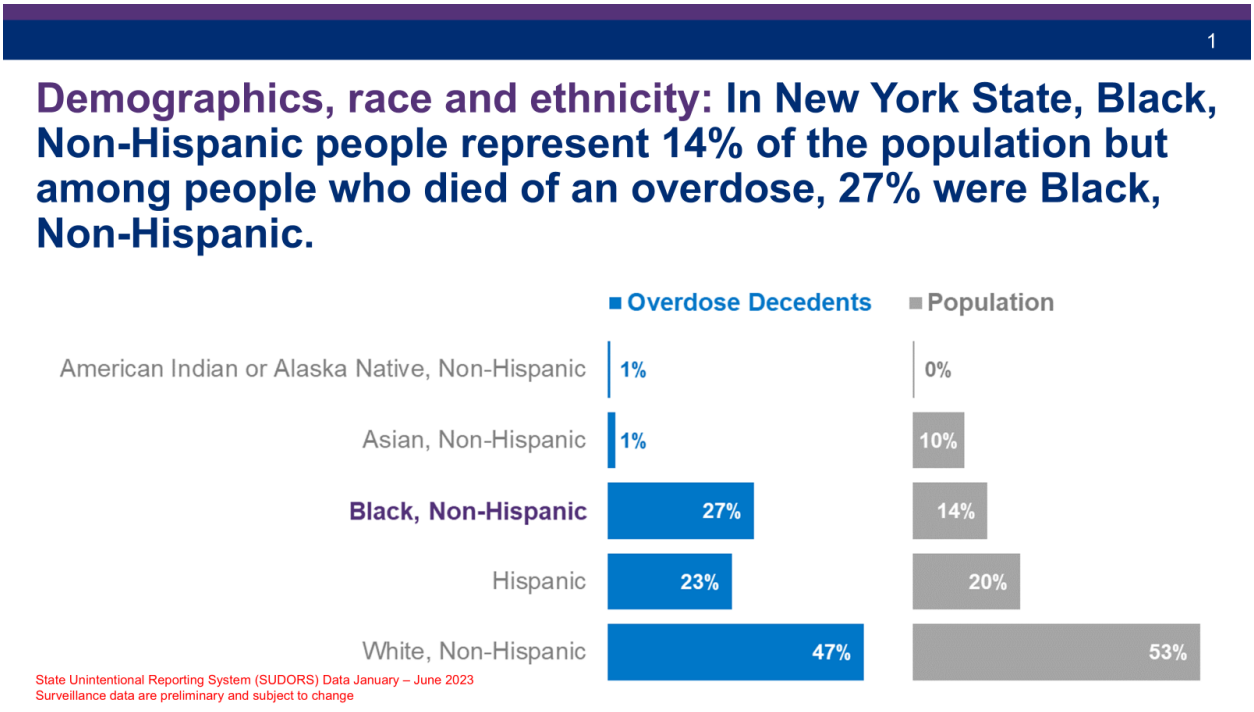
Background

Status of the Epidemic

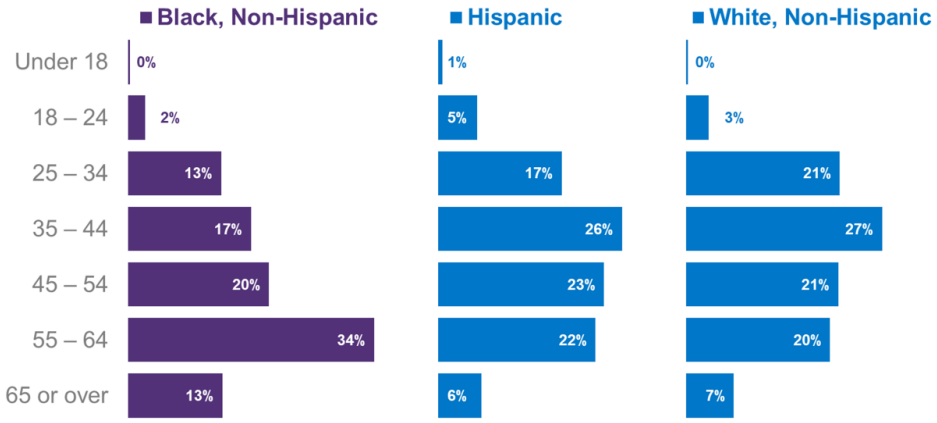
> In its latest report for May 2023 – May 2024, the U.S. Centers for Disease Control and Prevention estimates that 6,200 New Yorkers experienced fatal overdoses. While still an unacceptable number of deaths, this is a welcome decrease from the previous year's nearly 7,000 fatal overdoses following the rapid rise in overdoses during the COVID-19 pandemic.

However, the reduction in opioid overdose mortality did not occur consistently across New York State. Nearly half, or 3,046 fatal overdoses, were experienced solely in New York City. In addition, fatal and non-fatal overdoses for black and brown communities have continued to increase; a stark contrast to the decrease experienced by other populations.

Without a focus on racial equity when allocating settlement funds, localities run the risk of continuing a cycle of inequality. As it has in previous years, the increasing rate of fatal opioid-related overdose among Black and Hispanic and Latine/x remains an overarching concern for OSFAB. See below statistics from DOH and OASAS database. To clarify the slide below, please note that while 47% of the fatal overdoses in New York State occurred in White, Non-Hispanics. Fifty percent (50%) of the overdose deaths occurred for Black and Hispanic and Latine/x, whose communities are much smaller size, indicating that the impact of overdose is much greater on these populations.



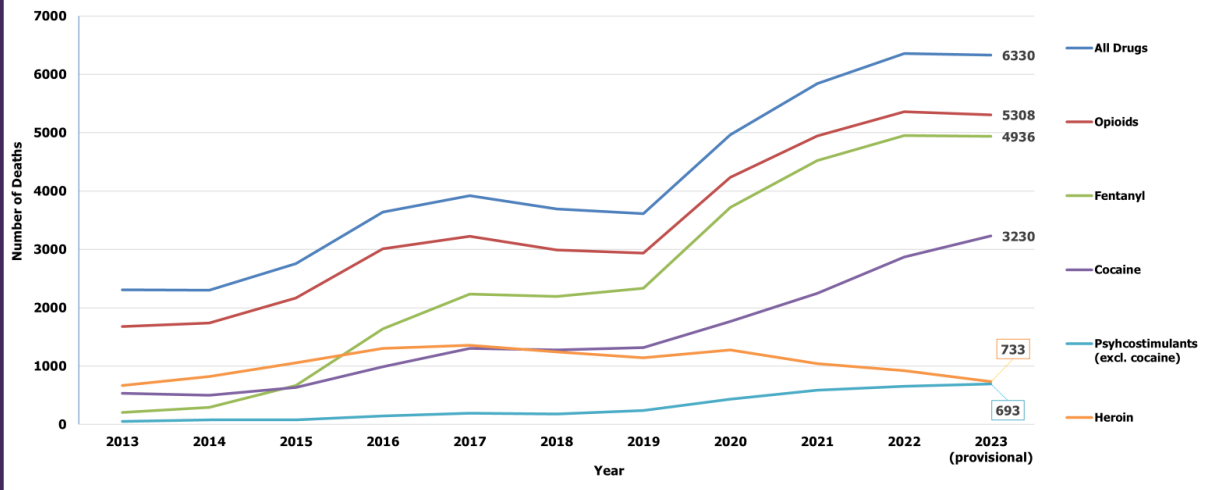
Demographics, age by race and ethnicity: Black, Non-Hispanic people who died of an overdose were typically older than White, Non-Hispanic and Hispanic overdose decedents.



State Unintentional Reporting System (SUDORS) Data January – June 2023
Surveillance data are preliminary and subject to change

NEW YORK STATE | Department of Health

NYS Drug Overdose Deaths by Substance (2013-2023*)



Source: Mortality Data on CDC WONDER Online Database
Drug categories are not mutually exclusive: more than one substance can be present at death
**2023 data are provisional*

NEW YORK STATE | Office of Addiction Services and Supports

Summary of Settlement Agreements to Date

Settlement agreements have been reached between New York State and each defendant separately, with distinct terms for each agreement. Settlement agreements include payment schedules that last up to 18 years. The Opioid Settlement Fund Advisory Board is responsible for making non-binding recommendations on the funds that go directly to the state and are deposited into the State's Opioid Settlement Fund. Although not specifically stated in the statute, the Board's recommendations will influence the 62 County/Local Government Units that have received payments directly from the Office of the State Attorney General.

The first chart shows receipts for all settlements, including the money that goes directly to the local government units, as well as funds deposited into the State's Opioid Settlement Fund (OSF). Additionally, the chart illustrates the regional shares, which are determined by the settlement agreements, and the remainder that is available for State investment. In FY 2024 and FY 2025, the state appropriated 5% for administrative costs for OASAS State Operations.

The second chart shows the amount of money made available by NYS OASAS reflective of the board's spending recommendations by priority area. The State has appropriated the funds for 2022-2025. The FY 2026 OSF appropriations will be for the receipts that are anticipated for FY 2026: $65M total, of which $19.035M is for regional shares and $45.695M for State investments.

State Fiscal Year Received	2022	2023	2024	2025*	2025	2026
*Column G represents settlement payments that were projected in FY 2024, but slipped to FY 2025.						
All Settlements						
Direct Payments to Local Governments	67,403	215,615	45,099	106,999	58,401	51,639
Direct Payments to LGUs via QSF/Admin./Escrow	**39,703**	**161,329**	**45,099**	**81,664**	**56,236**	**49,474**
NYC Abatement	8,545	74,588	20,754	45,543	26,094	25,130
NYC Unrestricted	4,460	-	-	-	-	-
NYC Cost to State - Unrestricted [1]	3,000	-	-	3,000	-	-
Nassau Abatement	2,854	18,158	5,300	-	3,754	3,754
Suffolk Abatement	3,687	23,464	6,847	-	4,850	4,850
Subdivision Direct Unrestricted Share	9,284	22,127	5,857	12,643	8,474	7,034
Subdivision Direct Share for Abatement	2,307	22,127	6,205	13,990	9,528	8,322
All Other Cost to State - Unrestricted [1]	4,693	-	-	4,693	-	-
Five Large Cities excl. NYC LGU [2]	872	865	136	1,795	251	383
Direct Payments to Co-Litigants [3]	**27,700**	**54,286**	**-**	**25,335**	**2,165**	**2,165**
Direct Payments to Nassau County	13,850	27,143	-	11,054	944	944
Direct Payments to Suffolk County	13,850	27,143	-	14,281	1,220	1,220
Payments to Opioid Settlement Fund	46,610	199,552	65,644	126,419	70,115	65,045
Available to LGUs for Abatement	**7,169**	**58,189**	**16,505**	**35,588**	**21,243**	**19,350**
Five Large Cities excl. NYC [2]	807	6,613	1,872	4,115	1,960	2,224
State Abatement Fund - Regional	6,195	50,306	14,294	30,893	18,950	16,726
Reserved for other litigating entities [4]	167	1,270	339	580	333	399
State Investments	**39,440**	**141,363**	**49,140**	**90,830**	**48,872**	**45,695**
State Direct Unrestricted Share	12,303	59,785	15,634	33,885	15,594	15,594
Reserved for other litigating entities	167	844	272	-	219	219
Remaining available for State investments	12,136	58,942	15,363	33,885	15,375	15,375
State Abatement Fund - Lead Agency	14,061	71,419	22,080	48,351	32,968	29,791
Other Restitution / Additional Remediation	6,287	11,003	10,217	1,638	529	529
Cost to State	6,956	-	1,480	6,956	-	-
Total	114,012	415,167	110,744	233,418	128,516	116,684

OPIOID SETTLEMENT FUNDS MADE AVAILABLE - FY 2024

By Priority Area

(Dollar amounts are expressed in thousands)

Search:

Priority Area*	FY24 Allocations	Funds Made Available via Procurement
Regional Abatement	$52,093	$52,093
Harm Reduction	$36,430	$35,611
Investments Across the Continuum	$26,214	$14,650
Priority Populations	$23,998	$23,908
Treatment	$20,046	$15,030
Recovery	$16,287	$6,867
Housing	$16,287	$0
Prevention	$11,951	$560
Transportation	$8,674	$3,398
Public Awareness	$2,699	$137
Research	$1,253	$0
Total	**$215,932**	**$152,254**

OSFAB Board Membership and Board Meetings Held

OSFAB Board Membership

In 2024, the OSFAB had the following changes in its composition:

- The NYS Department of Health Commissioner, Dr. James McDonald appointed Dr. David Holtgrave as the DOH designee, with the promotion of Johanne Morne, the former designee, to Executive Deputy Commissioner.
- The NYC Department of Health and Mental Hygiene Commissioner (DOHMH), appointed Dr. Rebecca Lin-Walton as the DOHMH designee.
- Tracie Gardner of the National Black Harm Reduction Network was appointed by Attorney General Letitia James to complete the term of Avi Israel, who resigned from the Board.
- William McGoldrick resigned from the Board.

The current membership of the OSFAB includes:

- Lawrence S. Brown, MD, MPH appointed on 3/18/2022
- Anne Constantino appointed on 2/9/2022
- Stephen Giordano, PhD appointed on 4/14/2022
- Tracie Gardner appointed on 5/30/24 (filling the term of Avi Israel which began on 11/8/21)
- Suzanne G. Lavigne appointed on 2/3/2022
- Ashley Livingston appointed on 3/17/2022
- Stephanie Marquesano appointed on 3/18/2022
- Cheryll Moore appointed on 6/1/2022
- Debra Pantin appointed on 2/9/2022
- Carmen Rivera appointed on 3/17/2022
- Joyce Rivera appointed on 3/18/2022
- Tisha M. Smith, EdD appointed on 3/21/2022
- Justine Waldman, MD appointed on 3/17/2022
- Kevin Watkins, MD appointed on 11/8/2021
- Raymond Ganoe appointed 3/2023 (filling the term of Dr. Joshua Lynch which began on 3/18/2022)
- Dr. Chinazo Cunningham, Commissioner Office of Addiction Services and Supports
- Dr. James V. McDonald, MD, MPH, Commissioner, Department of Health (Dr. David Holtgrave, DOH Designee)
- Dr. Ann Marie Sullivan, Commissioner Office of Mental Health (Dr. Thomas Smith, OMH Designee)

- Blake Washington, Director Division of the Budget (Peggy O' Shea Designee)
- Dr. David Holtgrave, DOH Designee
- Dr. Thomas Smith, OMH Designee
- Peggy O' Shea DOB Designee
- Dr. Michelle Morse, MD, MPH, New York City Department of Health, and Mental Hygiene (Dr. Rebecca Lin-Walton DOHMH Designee)

*Each term is for a period of three years. Members appointed to complete the unexpired term of another person serve for the remainder of that original term.

OSFAB Board Membership

- State Agency Representatives include:
- Joelle Foskett, Director of Government Affairs for OASAS, Executive Secretary of the Board
- Greg Meyer, Deputy General Counsel, OASAS, Board Legal Advisor

New York State Opioid Settlement Fund Advisory Board

2024 Calendar of Meetings

Date	Time	Location
Monday, December 18, 2023	**10:30 am to 1:30 pm**	**Albany, Buffalo**
Monday, February 26, 2024	**10:30 am to** 3**:00 pm**	**Albany, Buffalo**
Friday, May 17, 2024	**10:30 am to 3:00 pm**	**Albany, Buffalo**

Wednesday, July 10, 2024	**10:00 am to 3:00 pm**	**Albany, Buffalo, New York City**
Friday, September 13, 2024	**10:00 am to 3:00 pm**	**Albany, Buffalo, New York City**
Tuesday, September 24, 2024	**10:00 am to 2:00 pm**	**Albany, Buffalo, New York City**
Tuesday, October 8, 2024	**10:00 am to 3:00 pm**	**Albany, Buffalo, New York City**
Monday, October 28, 2024	**10:00am to 3:00 pm**	**Albany, NY**

*****Board member participation via Zoom was allowed when an in-person quorum was met.

Funding Recommendation Categories

Harm Reduction

Harm Reduction remains a priority as evidence-based strategies aimed at ending stigma and reducing harm to individuals and communities. As an emerging paradigm, harm reduction centers individual dignity and 'meeting individuals where they are at,' as inherent to honoring human agency and autonomy (or self-regulation), and are thereby preconditions for optimal change. Harm Reduction services represent a fully integrated client-oriented approach to health and wellness, and a respect for drug users, which includes, but is not limited to, overdose prevention and response and preventing transmission of HIV, Hepatitis B and C, and other illnesses.

A six-point strategy to recognize human agency is achievable when organizations focus on:

- IDENTIFICATION: Understanding the target population and including the community in the efforts.
- DATA: Focus groups, surveys, surveillance data, and subject area reports.
- ENGAGEMENT: Showing up regularly, establishing mutual and common ground, and building trust.
- GENTLE PERSUASIONG: Basing change on what an individual understands. SUPPORT: Understanding that the participant is the greatest agent for change in their own lives, not us, and supporting and facilitating their efforts for change.
- REFERRALS. Letting program participants know what options are available for them given where they are now and where they want to build toward. Cultivating trust in the process by demonstrating empathy and persistence in advocating for their interests.

The Board recommends that the State continue funding in area of Harm Reduction, in collaboration with the NYS DOH Office of Drug User Health. Potential funding examples can be selected from the November 1, 2022 report, including existing funding. The Board recommends funding for:

- Syringe service programs and other low threshold programs to increase capacity to provide safe smoking supplies, fentanyl and xylazine test strips and interventions to address stimulants and other adulterants.
- Purchasing and distributing harm reduction supplies.
- Low threshold medication treatment.
- A pilot EMT provision of buprenorphine like the Seattle model[1] and other evidence base models.
- Overdose prevention centers as recommended in the year 2 report.
- Harm reduction outreach to those most at risk for Opioid-related overdose fatalities
- The Office of Drug User Health at the New York State Department of Health.

1. https://harrell.seattle.gov/2024/03/12/seattle-fire-department-launches-pilot-program-allowing-paramedics-to-administer-buprenorphine-in-the-field

Grassroots Organizations working with Populations Disproportionately Affected

Although communities of color 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

and brown populations than in the White population. Additionally, historically racist policies and practices have led to a differential impact of the epidemic. People of color are more likely to face criminal justice involvement for their drug use. Communities of color are also more likely to face barriers in accessing high quality treatment and recovery support services. These disparities contribute to ongoing discrimination and widening of 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. As in previous years, the increasing rate of fatal opioid-related overdose among Black and Hispanics and Latinos remains an overarching concern of the OSFAB.

During public comments, the OSFAB heard the despair of groups, who with the barest of resources are providing direct care and assistance to substance users. These groups, organized as grassroots or community-based organizations (definitions provided below), lack the infrastructure necessary to administer public dollars. The board utilizes

> ***Community-Based Organizations*** *(aka CBOs) typically focus on issues impacting the community such as healthcare, education, social services, housing, and community development. Examples of these community organizations include local food banks, youth mentoring programs, neighborhood associations, churches, and immigrant support centers.*
>
> *https://clinicalinfo.hiv.gov/en/glossary/community-based-organization-cbo#:~:text=Audio,services%20to%20people%20with%20HIV.*
>
> ***Grassroots Organizations*** *are groups of people pursuing common interests, largely on a volunteer and not-for-profit basis. Often such organizations are formed by activists in social movements. Many are closely linked to communities and local concerns. The term often refers to voluntary associations through which "disadvantaged people organize themselves to improve the social, cultural, and economic wellbeing of their families, communities, and societies." People have different conceptions of what constitutes grassroots, but we apply the term to associations that draw their members from the communities that they aim to serve.*
>
> *https://pubmed.ncbi.nlm.nih.gov/31201160/*

Therefore, the Board recommends to the State that Settlement Funds be allocated in support of grassroots organizations that deliver on-the-ground services through the utilization of neutral landing partners that would serve as a fiscal sponsor throughout the period of funding.

Co-occurring Disorders (COD) and Special Populations

Substance use challenges are multifactorial; multiple challenges come crashing together at the same time for individuals in crisis. The board acknowledges the systemic gaps that silo the needs of persons experiencing challenges with their emotional and mental health; who are homeless; experience chronic PTSD; are 'othered' because of racism, classism, and the multiple other health inequities that exist within our system.

For example, 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 (do we need to update). Communities of color are also more likely to face barriers in accessing high quality treatment and recovery support services.

Treatment Initiatives, therefore, have to include scenarios that address the affected individual at multiple levels; therefore, in the board's recommendations the board felt that it was important to recommend a system of care that will address clients with compound experiences The board recommends specific systems strategies that will address integration and that will lead to impactful outcomes as we continue to address the major challenge of working with multiple individuals that are affected. Special populations are defined as:

Co-occurring Disorders and Special Populations

COD

Veterans,

Justice Involved Individuals

Prenatal and Postpartum services for parenting persons,

Adolescent and young Adults,

Older Adults,

Native Americans,

LGBTQIA+ Community):

The board recommends the continuation of language specifically addressing preference for COD and special populations in future RFAs and to create specific RFAs that target these populations including veterans, maternal persons, formerly incarcerated persons, and Native Americans, co-occurring disorders. Similar to the recommendation above, the board shifted Co-occurring Disorder out from an overarching goal to a specific area and combined it with priority populations. The Board recommends the following specific for RFAs supporting Co-Occurring Disorders (COD) and Special Populations:

1. Ensure Co-Occurring and Special Populations Competency in Service Delivery by:

Funding Comprehensive COD and special population Training: Allocate settlement dollars to fund competency-based training for all interested providers, ensuring that professionals across sectors (mental health, substance use, criminal justice, education, etc.) are equipped to address both mental health and substance use disorders in an integrated manner.

Funding Support Through Technical Assistance for Competency Development: RFAs should include opportunities for interested providers to receive ongoing technical assistance from experts in co-occurring care and specialty populations, such as those using evidence-based models like Encompass or CCISC, to maintain and expand competency across different provider types; and,

Incorporating Co-Occurring and Specialty Populations Competency into Quality Improvement (CQI) Efforts: RFAs should prioritize providers and programs that embed co-occurring competency and special populations into their Continuous Quality Improvement strategies, including systems to assess staff's ongoing ability to deliver effective COD and special population care and mechanisms for regular feedback and performance evaluation.

2. Drive Systemic Quality Improvement in COD and Specialty populations Services by:

Funding Non-Billable, High-Impact COD and specialty populations services: Allocate funds for processes that are critical to quality care but are often non-billable, such as fidelity monitoring, supervision (and support for supervisors), client engagement strategies, and real-time data collection to identify gaps and successes in COD and specialty populations services.

Incentivizing Cross-Sector Collaboration for Co-Occurring and special population competency: Utilize RFAs to fund programs that foster collaboration between various service sectors (education, housing, criminal justice) and competencies (mental health, trauma, substance misuse) to ensure that all systems can effectively identify, treat, and support individuals with COD and special populations; and,

Ensuring Peer-Led and Recovery-Oriented Models are COD and special populations Capable: Direct opioid settlement funds to expand peer-led and recovery-oriented services, emphasizing competency among peer support workers to assist individuals with COD and special populations throughout their treatment and recovery process.

3. Promote Sustainability in COD and special populations services by:

Requiring Sustainability Plans to include a Co-Occurring and special population Focus: Ensure that settlement-funded programs develop sustainability plans that integrate COD and special populations services into permanent funding streams (e.g., Medicaid, block grants), with an emphasis on maintaining high competency in co-occurring and care for special populations.

Funding System Integration for Co-Occurring and special population Services: Settlement dollars should build infrastructure that integrates co-occurring services across systems, including investment in data platforms that allow for seamless tracking of COD and special population cases and outcomes across healthcare, criminal justice, and community systems; and,

Supporting Capacity Building for Community Organizations with a Co-Occurring Focus: RFAs should provide capacity-building funds for smaller non-profits and community organizations **to** enhance their ability to serve COD populations. This includes helping these organizations develop competency in delivering both mental health and substance use services.

4. Advance Evidence-Based and Evidence-Informed Practices for COD by

    - Funding Implementation and Fidelity for Evidence-Based Practices (EBPs): Provide financial support to ensure fidelity to EBPs such as Motivational Interviewing, CBT, and DBT, and target the specific needs of individuals with COD and special populations. This funding should cover staff supervision, fidelity assessments, and ongoing competency evaluations; and,
    - Encouraging Use of Evidence-Informed Practices Tailored to COD and special populations: RFAs should support promising evidence-informed practices that reflect the diverse needs of individuals with COD and special populations. This includes funding programs designed to address specific population needs—youth, families, and underserved communities—while maintaining high-quality COD care, and the care of special populations.

5. Increase Access to Competent COD Care by:

Promoting Family-Centered and Trauma-Informed Co-Occurring and care of special populations approaches: Ensure that RFAs prioritize programs with a family-centered, trauma-informed lens that address the interconnection of substance use and mental health within family systems. COD and special population competency should include an understanding of trauma's role in these conditions and involve families in the treatment process; and,

Expanding Non-Traditional and Community-Based COD and special populations best practices: Support RFAs that fund innovative approaches to COD and special populations care, such as school-based interventions, mobile treatment units, and community outreach programs. These initiatives should be competency-based and extend beyond traditional clinical settings, providing care where individuals with COD and special populations live, work, and learn.

6. Strengthen the COD and special population Workforce by:

Focusing Workforce Efforts that Ensure Co-Occurring and special populations Competency: Allocate funds for workforce expansion initiatives that recruit and retain professionals trained in COD and working with special populations. This includes loan forgiveness programs, retention bonuses, and scholarships for individuals who complete co-occurring and special populations competency-based training and participate in clinical consultation and supervision to ensure fidelity.

Providing Ongoing Professional Development for Co-Occurring and working with special populations competency: Settlement funds should cover continuous professional development, supervision, and advanced training to ensure that staff remain skilled and up to date on best practices in co-occurring and special populations treatment models; and,

Supporting Non-Traditional Providers in gaining COD and special population competency: Ensure that funds are used to train non-traditional providers—such as school counselors, housing workers, and justice system staff—in recognizing and addressing COD and care of special populations. By expanding competency in these roles, systems of care can better support individuals with COD and with special populations.

Supporting Non-Billable, Essential Co-Occurring Services by:

- Funding Wraparound and Ancillary COD Supports: Use opioid settlement funds to support non-billable, wraparound services such as family counseling, peer navigation, and
- transportation, all of which are critical to ensuring individuals with COD and special populations can access comprehensive, continuous care.

7. Incorporate Prevention and Early Intervention for COD by:

    - Supporting prevention and early intervention efforts that educate youth and families on the risks of COD and provide early support before conditions develop or worsen.

    - Ensuring that programs targeting youth and high-risk populations have a co-occurring competency focus from the outset.

8. Repurpose state and private institutions for programmatic and reintegration services to be able to offer integrated care. This recommendation should be focused in geographic areas which have limited services.

9. Fund Medicaid re-entry pilots in at least 3 counties or areas of the state, to be prepared for the 2026 1115 Medicaid Waiver to address those in carceral settings with addiction. Pilots to incorporate both in-reach services (state and local carceral settings) and supports post release, for those without active Medicaid. All three entities to work together to develop reentry pathways.

Treatment

The provision of treatment services continues to be a key investment in the State and one that OASAS, OMH, DOH have made significant strides in recent years to improve the ability of primary care, addiction medicine, and behavioral health providers to serve the comprehensive and complex needs of patients. Opioid funding presents opportunities to further improve services, service delivery, collaboration, and coordination. Opioid Settlement Funds offer the opportunity for treatment providers to complement their existing Medicaid insurance funds with innovative

pilot practices that support targeted underserved populations.
The Board recommends to the State continue funding in this area, and funding examples can be selected from the Appendices of the November 1, 2022 report.

The summary of Treatment recommendations aims to provide substance use disorder treatment and early recovery programs for youth, adults, and families.

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 recommends that the State continue to invest in Recovery and funding examples can be selected from the Appendices of the November 1, 2022 report. In addition, the Board recognizes the necessity of earning a living wage in the recovery process. Therefore, the Board prioritizes its category consistent with the language in the Recovery Section of the November, 2023 Report.

Prevention

Evidence-based strategies can help not only 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. The OSFAB recommends to the State continued funding in this area, and funding examples can be selected from the Appendix A of the November 1, 2022 report.

Health Related Social Needs

The importance of comprehensive social wraparound services cannot be overstated. Services including transportation, housing, and nutrition are needed to address the barriers to sustained recovery. The Board recommends to the State to continue funding in this area and funding examples can be selected from the Appendices of the November 1, 2023 report.

- Settlement dollars may be used to leverage pilot supportive housing for people with COD who are leaving the criminal justice system or incarceration.

Workforce and Workplace Diversity, Equity, Inclusion and Belonging

Investments in training and supports to increase the size and to improve the skills of the addiction workforce continues to be a key recommendation and would support the continuum of care recommendations above. The Board recognizes the cost of training and the action to release staff to be trained is not easily achieved, especially given the current workforce shortage. The Board

recommends to the State continue funding in this area and funding examples can be selected from the Appendices of the November 1, 2023 report. Additionally, the Board recommends that funding be used to:

- Increase the number of bilingual clinicians and to develop workforce pathways for new Americans and immigrants into the addiction field. This will support the overwhelming need for bi-lingual and bi-cultural staff to join the Behavioral Health workforce to address opioid-related challenges among non-English speakers in New York State.
- Provide training to ensure the workforce can appropriately recognize structural inequalities and employ cultural humility in service provision.

Data and Outcomes

- The Board requests to see combined data reporting that list the amounts and outcomes of the funding across all three agencies (DOH, OMH, OASAS)). We also request that this data is reported in a way that reflects the epidemiology, including fatal and non-fatal overdose rates, and demographics of the regions in which the funding has been spent.
- Increased transparency and analysis around the 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.
- Finally, OSFAB seeks various means to demonstrate impact at various levels. In pursuit of that desire, we ask that the State consider outcome data such as overdose, and overdose death reduction, process data including number of persons participating in programs.

Policy Recommendations

Below is a list of Non-Fundable Policy Recommendations that would further support the advancement of the Board's recommendations for the State to review:

1. This Board calls upon New York State's Governor Kathy Hochul to declare a public health emergency. Even with the slight reduction of overdose deaths, we continue to see an increase in fatal and non-fatal opioid overdoses in the State since 2022.

2. The Board recommends that the State not utilize Opioid Settlement Funds in situations where there are alternate funds available to address the recommendations presented, as in the case with Health-Related Social Needs (HRSN) and the opportunity of support through the 1115 Waiver.

3. The Board urges the State to prioritize the long-term stability of the behavioral and addiction health field by 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 FY26, and 10%-15% in FY27. 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 also emphasizing the need for adaptable approaches for smaller organizations.

4. The Board recommends that the State repurpose State and private institutions for programmatic and reintegration services to be able to offer integrated care. in geographic areas which have limited services.

5. The Board recommends an increase in community-based agencies that support Recovery-Oriented Systems of Care to ensure individuals can find recovery through multiple pathways.

6. The Board recommends that the State's Recovery Support Services provider organizations be led and driven primarily 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 agree 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 can 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.

- We ask that NYS eliminate public assistance sanctions for people who are not compliant with treatment.

- Given that opioid settlement fund dollars decrease significantly annually, the Board recommends that the Board and the State consider development of an Opioid Settlement Fund Strategic Plan that aligns with the strategic plans of all three (3) State agencies (OASAS, OMH and DOH). This action should be undertaken by an external consulting firm that the State obtains via pro bono or through alternate State dollars.

- A host of New York State agencies work regularly with people and families affected by substance use disorder and therefore have a dramatic effect on health outcomes for this population. We recommend that the State invest in a long-term project with a consulting team to develop best practices that can be applied uniformly at the county and region level to affect more positive outcomes. The agencies that need to be included in the project in addition to OASAS, DOH and OMH are:

    - The New York State Commission of Correction (SCOC)
    - The New York State Department of Corrections and Community Supervision (DOCCS)
    - The NYS Division of Criminal Justice Services which oversees the Division of Probation and Correctional Alternatives (OPCA)
    - The New York State Department of Family Assistance (DFA) which oversees the
    - the Office of Children and Family Services (OCFS) and the New York State Office of Temporary and Disability Assistance (OTDA)

Conclusion

This year the Board heard from a diverse set of stakeholders to ensure opioid settlement dollars are being spent judiciously. We received hours of public oral testimony as well as a vast array of written testimony. These powerful statements relayed the public's strong feelings of urgency about the ongoing crisis and the need for Settlement Funds to provide immediate support to those addressing the epidemic on the ground. In this report, we aim to address the public's concerns through our recommendations in nine (9) categories with funding examples. We have also offered policy recommendations. While not related to the expenditure of Settlement Fund dollars per se, we feel strongly that our policy recommendations will further strengthen the lasting impact of the Board's funding recommendations.

We look forward to the State's response to all the recommendations in this report. Thank you.

Appendices

Appendix A. 2024 Meetings

Meeting 1: February 26, 2024

Meeting 2: May 17, 2024

Meeting 3: July 10, 2024

Meeting 4: September 13, 2024

Meeting 5: September 24, 2024

Meeting 6: October 8, 2024

Meeting 7: October 28, 2024

Appendix B. Presentations

Meeting 2: DOB Presentation on Opioid Settlement Receipts and Payments

OASAS Presentation on Evaluation Plan

Meeting 4: OASAS Presentation on State of Emergency

NYC Presentation on Opioid Settlement Fund Spending

DOB Presentation on Opioid Settlement Fund Projected Receipts by Source

Appendix C. Written Public Comments

Dear Members of the New York State Opioid Settlement Fund Advisory Board,

On behalf of more than 200 community-based addiction and mental health service providers, **InUnity Alliance** writes to underscore the urgent need to stabilize and expand access to substance use disorder services across the care continuum, including prevention, treatment, recovery and harm reduction.

New Yorkers continue to face relentless, unmet substance use disorder service needs.

Recent modest decreases in opioid overdose rates show promise. However, disparities in overdose rates are widening and substance use disorder rates remain high. In 2021, 2.8 million New York state residents ages 12 years and older were living with SUD and 6,358 lives were lost to drug overdose.[1][2] In 2023, 8,942 New Yorkers visited an emergency department for an opioid-related overdose[3]. More than 8,050 people living in NYS die each year due to excessive alcohol use[4].

Timely intervention is essential for successful recovery and prevention. Without prompt access to care, SUDs often escalate, resulting in overdose, jeopardized relationships and employment, overall well-being - and even death. The repercussions are far-reaching, deeply impacting families and communities, with marginalized populations being disproportionately affected.

Ongoing gaps in our healthcare system's ability to address the diverse needs of our communities continue to drive disparities in unmet needs and health outcomes. More resources are needed to increase access to culturally and linguistically appropriate care and to address structural biases.[5]

Investment is urgently needed to stabilize and expand access to care.

In addition to a 7.8% increase in substance use disorder rates and contracts, we urge Governor Hochul to invest in substance use disorder prevention and care with a commitment equal to that for mental health. Opioid settlement funds, restricted to one-time investments and only for opioid use disorder, are dwindling. High rates of opioid overdose persist, and gambling addiction and other substance use disorders, such as alcohol use disorder, continue to escalate. New York urgently needs to dedicate funding to stabilize and expand access to the SUD care continuum, including prevention and vocational and job placement services.

Access to essential vocational and job placement services for people with SUD are at risk.

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[1] New York State O□ice of Addiction Services and Supports. (September 2023). Addiction Data Bulletin. https://oasas.ny.gov/system/files/documents/2023/09/addiction_data_bulletin.pdf

[2] Centers for Disease Control and Prevention. (2022). Drug Overdose Mortality by State. https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

[3] New York State Department of Health. (July 2024). New York State County Opioid Quarterly Report. https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid-quarterly/reports/#state

[4] New York State Department of Health. (2024). New York State Behavioral Risk Factor Surveillance System Brief. https://www.health.ny.gov/statistics/brfss/reports/docs/2024-18_brfss_alcohol_screening.pdf

[5] Assistant Secretary for Planning and Evaluation. (2022). Addressing Substance Use and Social Needs of People of Color with Substance Use Disorders. https://tinyurl.com/43s5zvhw

Stable employment offers structure, financial security, social support, and a sense of purpose—all essential contributors to sustained recovery and overall well-being. Vocational services are widely recognized as essential to introduce as **early as possible** in SUD treatment for the highest chance of recovery success.[6] Funded by OASAS, these evidence-based services are embedded within treatment to address the unique employment needs of individuals in recovery, including persistent stigma.[7][8] There is no substitute for the timeliness, expertise and tailored support these services can provide.

Last year, Governor Hochul's initial budget proposal for OASAS included an $11.4 million cut to 'non-core services,' encompassing vocational, job placement, education, and related support services. Through advocacy efforts by InUnity Alliance, our members, and other impacted stakeholders, the New York State Senate and Assembly restored $3 million of the proposed cut. However, the FY 2025 enacted budget still reflected an $8.4 million reduction, undermining the goal of successful recovery, even amid rising SUD rates. Fortunately, after continued advocacy following the budget enactment, the Hochul administration reversed course and fully restored the $8.4 million.

Despite the one-time restoration and ongoing advocacy, we are hearing that the $11.4 million in funding for these essential services is at risk again.

If cuts to OASAS vocational and job placement services are realized, approximately 20,000 New Yorkers annually will lose access to timely, integrated vocational support and job-placement services—essential tools that empower them to successfully manage their condition while navigating workplaces still burdened by SUD-related stigma.

Thank you for your attention to this matter. We implore every member of the Opioid Settlement Fund Advisory Board to consider the far-reaching impacts of eliminating vocational and job placement services for people living with SUD and urge Governor Hochul and the legislature to prioritize sustained funding for vital vocational and education services to ensure all new Yorkers have the support they need for successful and lasting recovery.

Sincerely,

Sarah Duvall, MPH
Policy Center Director
InUnity Alliance

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[6] Substance Abuse and Mental Health Services Administration. (2021). Integrating Vocational Services Into Substance Use Disorder Treatment. *Advisory*. https://store.samhsa.gov/sites/default/files/pep20-02-01-019.pdf
[7] National Institute for Occupational Safety and Health. (December 2023). Workplace Supported Recovery. https://www.cdc.gov/niosh/substance-use/workplace-supported-recovery/index.html
[8] New York State Office of Addiction Services and Supports. (2014). The Successful Integration of Employment Services within NYS' Chemical Dependency Treatment System. https://oasas.ny.gov/successful-integration-employment-services-within-nys-chemical-dependency-treatment-system

Dear Opioid Settlement Advisory Board Members,

We are grateful to have observed the growth and development of this board as a cohesive and independent team. We have developed a trust in many of you as having incredible commitment to this issue and a strong moral compass. In my opinion, you have even become powerful and impactful in ways far beyond the scope of your original charge, which may have just as much positive impact as the funds you dispense. I strongly encourage you all to maintain that commitment. As I write this, please understand I am coming from a place of gratitude, hope and trust. But, I am also coming with a clear and honest voice.

While we see your commitment to this cause, we hope that you see ours too. We cannot have another Funding Year Report that does not establish parameters for an equitable approach to funding disbursements. We have been saying this consistently since this board's inception. We never swayed from providing you a clear understanding of the epidemic from our community level viewpoint. That of a people who have been hurt, harmed and devastated by the failure of the supposed New York State systems of care who have now become the people who are taking care of the rest of the people who have been hurt, harmed, devastated or about to lose their lives due to the failures of these same systems. We are eye to eye with the folks who have been left behind by everyone else.

While it's an honor to serve, and we value supporting our community, we cannot continue to meet the exponentially growing needs without support, nor should we have to. In 2014, the year that I lost my son, we lost 1,739 people to an overdose in New York state. I started **Truth Pharm** 6 months later, still in shock and smitten by grief as I worked to serve my community. Just 10 years later and we are losing nearly 3 times as many people per year. Not all of us had the time or capacity to perform the heavy administrative lift of accessing state level funding while we were supporting families and securing treatment for our neighbors. The needs of our community members have not gone away, they are exponentially increasing as the larger systems are taking a much longer time to right the ship towards a harm reduction approach. Dr. Cunningham has been known to say this about OASAS herself.

We have also reminded you all that these funds have come to New York by the way of the death of our kids, parents, spouses and beloveds. We played a role in the success of those lawsuits through our voices, sacrifices and advocacy for Big Pharma accountability.

We have not come this far to turn our backs and walk away and we will not stand and watch those dollars be squandered while our list of friends with dead kids grows.

We trust you will remain committed to the principles and promises made during the discussions and documented in the reports.

In the introductory letter for the 2023 Opioid Settlement Fund Advisory Board Annual Report dated November 1, 2023 you stated, "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.*** Further, on page 4 it states that FY 2025 recommendations are centered around four significant areas of discussion including, "4) ***The continued need to strategize ways to make more of the funding available to smaller organizations whose work focuses on health equity.***"

However, unlike the clear prioritization and recommendations for Co-occurring disorders with guidance for service integration, technical assistance and capacity building, the report did not provide guidance, recommendations or requirements for OASAS to support smaller organizations. As a result, searching through the Opioid Settlement Fund Tracker dashboard for 2023 we only found the following projects that prioritized funding smaller organizations:

- Recovery centers with budgets under $535,000 were provided funding for 2 years to increase their budgets to that amount with a total funding of approximately $5 million.
- The Local Impact Initiatives project distributed $172,000 in total to organizations with budgets under $300,000. looking at 2022, $192,826,000 funds were distributed

That's a total of $5.17 million in funds out of $192.83 million in funds distributed. This equates to approximately 0.003% of the total funds prioritized for underfunded organizations. This disparity must be rectified.

We propose the following actionable recommendations to ensure a fairer distribution of resources and better support for smaller organizations:

1. Much like the board has had stakeholders provide presentations to the board, we request the same. We are requesting an opportunity to provide a presentation to the board regarding our services and organizations like ours are vital to the survival of New Yorkers struggling with substance use. And we ask that the board seek out opportunities to hear from other grassroots organizations as well prior to the publication of the next Annual Report.
2. Require that when funding is provided for family services including awareness, prevention, education and support services, that the State agencies:
3. Seek recommendations from families and family lead organizations for the types of services that are needed and valuable.
4. Prioritize impacted family created and lead organizations in all funding opportunities
5. Provide a clear separation of services for family members from treatment services.
6. All funding opportunities assessment rubrics must provide points for organizations with
7. directly impacted leadership.
8. At least 50% of all funds distributed must be provided to organizations led by directly

9. impacted people.
10. All funding must prioritize organizations who are traditionally underfunded in accordance with the following:
    a. 10% of all funding should be utilized to provide technical assistance, education, support and funds for capacity building for organizations with annual budgets under $2 million much like MWBE programs.
    b. 10% of all funding should support organizations with budgets under $1 million through low barrier and significant annual funding.
    c. 10% of all funding should support organizations with budgets under $2 million.
    d. 10% of all funding should support organizations with budgets under $3 million.
    e. 10% of all funding should support organizations with budgets under $5 million.
    f. 10% of all funding should support organizations with budgets under $10 million.
    g. Organizations with budgets greater than $10 million dollars in annual funding must partner with community based organizations with budgets under $1 million per year for a minimum of 30% of their Opioid Settlement Funds received, much like the MWBE contract requirements.

Suggestions for the NYS OSFAB to ensure the OASAS system is rising to the occasion of these supplemental funds, we suggest the following:

- OASAS must show the measurable success of their funded treatment modalities by:
- Outcomes of treatment at 30, 60, 90 days, 6 months and 1 year post treatment.
- Comparison of mortality rates of people post treatment for 1 year compared to those who have not engaged with OASAS treatment providers.
- Reporting the number of people who receive warm handoffs to the next level of care
- Perform research to identify the fatality rates for gaps in services.
- OASAS must report on distances people drive to obtain treatment in terms of the average number of miles per person, per treatment modality for each county.
- OASAS must report on wait times for accessing treatment as reported by all persons who obtain treatment
- OASAS must show evidence of capacity building by annually reporting:
    - The number of new programs added to the OASAS treatment system.
    - The total number of treatment slots for each treatment modality per month.
    - A reduction in the wait times for treatment.
    - The number of smaller organizations supported or funded.
    - OASAS must improve their data collection and reporting by having all dashboards current.
    - All funded organizations must provide a chart indicating the percent of their staff in each staffing category that identifies as having lived experience and must include at least 20% in each category or provide a justification statement for each category where they fall short and provide a corrective action plan.

Recommendations for improving the Opioid Settlement Funds Advisory Board to align with your commitment to the values of Harm Reduction and prioritizing people with lived experience**:**

1. At least 75% of the board members should have lived experience of substance use, a history of a struggle with substance use, a family member who struggles with substance use or suffering the loss of an immediate family member due to substance use related causes.
2. Board members who do not respond to emails, provide recommendations to the board or actively engage in the conversations of the meetings should step down immediately.
3. The Board should establish self-assessment tools to measure personal engagement in communications and at meetings and commit to meeting a minimum standard.

I appreciated Ms. Pantin's query at the last meeting, "what will our legacy be?" We understand the importance of that question, because we ask ourselves that question every day as we attempt to live out a legacy for our kids taken from us too soon.

I have seen this board document its commitment to the community-based organizations through spoken and written word, we are just asking that you make that commitment turn into a reality by strengthening your directives.

I'll close with the formal request to be included on the agenda to present to the board on October 8, 2024.

Thank you for your time,

Alexis Pleus
Founder and Executive Director

Re: Comprehensive and accessible overdose data and a measurable state plan

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 emphasize the need for comprehensive and accessible overdose data and a measurable state plan to address the overdose crisis.

We appreciate the Board's concern and frustration at not having a clear statewide picture to inform spending recommendations. We share this concern as we try to make sense of the various data sources. Further, we are deeply concerned about the Governor's framing of recently released provisional overdose death data as progress. There are gaps and lags in overdose data that limit our ability to draw clear conclusions from it.
According to reports, medical examiners are not conducting autopsies on all suspected overdose deaths.

Moreover, provisional data tends to increase as more data comes in, months after headlines have moved on. These are just two reasons to not prematurely celebrate progress.

From CDC data, we estimate that over 20,000 New Yorkers have died since Governor Hochul has taken office. And what data clearly shows is that while overdose death rates among white people remained largely the same from 2020 to 2023, overdose death rates among Black and Latine New Yorkers increased by 24% and 12% on Hochul's watch.

It's clear that structural racism is a huge factor in the state's overdose crisis and we need data that allows us to undo these structural barriers to equitable care. Currently, state level data on the overdose crisis is inaccessible and difficult to understand. Data on the OASAS website exists in the format of reports and dashboards, but often lacks additional context. Data on the Department of Health website captures opioid-specific data while also including broader substance use metrics on other parts of the website, such as in the Prevention Agenda. This agenda is the only data point we've found from OASAS or the Department of Health that indicates a target goal for reducing overdose deaths statewide. The new OASAS draft strategic plan, which this Board has discussed as an important part of big picture spending plans, does not include measurable goals related to

reducing overdose deaths and increasing access to care. The CDC has lots of data, but it takes time to sift through and understand, especially within the WONDER database. One CDC slide on overdose data shows that in 2020, deaths were higher in rural parts of the state than in urban parts. It's unclear how one would find this data on state websites.

Given the conversations happening on this board, it would greatly support spending recommendations to have data that maps services in relation to overdose deaths so that policymakers and advocates are clear on how people are utilizing services and where resources need to go.

We support the Board's inclusion of the need for comprehensive data in your recommendations. We also urge the inclusion of a need for a comprehensive and measurable state plan. Without a comprehensive statewide plan, we cannot draw conclusions from slight changes in data.

As the Board has discussed, services are not reaching the people and communities hit hardest by the opioid and overdose crisis. And it's important to remember that it is levels of risk, not differences in use among different populations that is driving disparities in overdose deaths. Risk factors for overdose deaths include lack of stable housing and homelessness, barriers to consistent preventive care and other healthcare, criminalization, and more.

All of these risk factors are also proxies for structural racism and classism. And we have seen it happen before, where public health crises are declared over while Black and Brown communities continue to remain in crisis.

We agree with Joyce Rivera's comments during the last meeting that harm reduction must be the overarching framing of the Board's recommendations. And we encourage the Board to include overdose prevention centers in your recommendations again. Members of the Global Commission on Drug Policy are in town this week for the UN General Assembly and visited NY's overdose prevention center yesterday. In a local TV segment, Canadian Commissioner Louise Arbour said she is hopeful more awareness will give politicians the backbone to keep implementing human and person-centered solutions like OPCs.

We appreciate this Board's commitment to making spending recommendations within the context of the service and policy landscape and welcome further discussion.

Thank you.

Opioid Settle Fund Advisory Board, 10/5/24

I am writing once again to voice my concerns with services that are needed for substance use disorder. **Truth Pharm** is a local organization in Broome County that assisted me and my family numerous times. It is an organization that goes above and beyond. It has provided me with education, assisted my daughters with direction including treatment centers, resources, Narcan and a place to go for assistance. Truth Pharm advocates for changes with access to treatment centers, reducing stigma and prejudice, having Narcan accessible, memorializes people who have died. Truth pharm has advocated for changes during the campaigns with elected officials including going to the Republican and Democrate National Conventions.

I am a Registered Nurse, and a Board Member with Truth Pharm. Substance use disorder is a problem in many areas that I see including my personal and professional life. This week my oldest daughter is in Broome County Jail. My youngest daughter is in a long-term treatment center. My niece has a 1-year-old baby. Her father, my brother has custody of the baby. The father of the baby also has a substance use disorder. My brother and I are taking care of the 1-year-old.

Things need to change. The same ways of doing things are not working. The traditional programs are not meeting the needs of the clients that need help. Please support Truth Pharm.

Thank you!

Kimberly Durkee

Hello!

My name is Kathy Staples, I work at **Truth Pharm** in Binghamton. While I usually come to the meetings I fear that my presence gives the impression that our organization is not struggling and does not need support. To be honest, we are struggling. I am not in the meeting today as I had meetings that I could not miss here at home, I am currently the Next of Kin Interviewer for the Broome County Health Department Accidental Death and Injury Review Team, and an education training is happening today. Also the only way to keep our office open to the community to provide assistance is to have staff here. One of our AmeriCorp Members and I are the only staff in the office today to navigate people to services. So, two people to help the 25 people we usually see in about 4 hours, give or take. Also attending education sessions and sending in my public comment.

The concept that comes to mind is resilience. Other organizations or people in the community often call myself and other people that have lost someone to substance use Resilient. The perception of people in the community or people that make funding decisions affects us, if we present as professionals who are experts in ways to help save humans we must be doing well. We must have everything covered, no need to help as we are people who must have enough money to keep the doors open and people served. What you see there is Resilience.

Resilience means that I missed one day of work due to the death of my daughter's father, to attend his funeral with my daughter, after being the person to find him on the floor of the kitchen. It also means that I talk about what a great loving father I had but I haven't been to the cemetery in 10 years due to lack of time and resources to be able to miss my Dad and still address the millions of things I need to do. It also means that I have run to someone's house in the evening or late at night with Narcan, not while I am at work. It means that I have grown children who are absolutely amazing and loving but still go to therapy to address the trauma that happened while I did my best but failed to give them the best they deserved. It means that while I struggle with maintaining balance in my life between work and home, my friends also know I can help with Narcan or access to resources no matter where I am. Resilience looks a lot like a drive from trauma that only I know of and can't bear for someone else to withstand.

I have often told the Board about the person I was would not have stood up and spoken to any one, I would not have. I was a child who lost a parent at 20 while I was pregnant with my second child, in a relationship with my son's father who left for another state about 15 years ago. I think the perception that the folks who decide funding is that our organization is sailing along, helping people, doing things to help but overall we can cover it if needed. We can't cover it, we can barely cover the trauma we brought in with us today.

Opioid Settle Fund Advisory Board, 10/5/24

I am writing once again to voice my concerns with services that are needed for substance use disorder. **Truth Pharm** is a local organization in Broome County that assisted me and my family numerous times. It is an organization that goes above and beyond. It has provided me with education, assisted my daughters with direction including treatment centers, resources, Narcan and a place to go for assistance. Truth Pharm advocates for changes with access to treatment centers, reducing stigma and prejudice, having Narcan accessible, memorializes people who have died. Truth pharm has advocated for changes during the campaigns with elected officials including going to the Republican and Democrate National Conventions.

I am a Registered Nurse, and a Board Member with Truth Pharm. Substance use disorder is a problem in many areas that I see including my personal and professional life. This week my oldest daughter is in Broome County Jail. My youngest daughter is in a long-term treatment center. My niece has a 1-year-old baby. Her father, my brother has custody of the baby. The father of the baby also has a substance use disorder. My brother and I are taking care of the 1-year-old.

Things need to change. The same ways of doing things are not working. The traditional programs are not meeting the needs of the clients that need help. Please support Truth Pharm.

Thank you!

Kimberly Durkee

October18,2024

LEGAL ACTION CENTER

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).

We have been encouraged to see that the Advisory Board intends to recommend funding a three-county Medicaid Reentry pilot in anticipation of New York implementing a Medicaid 1115 Reentry waiver. While a pilot and the eventual 1115 waiver will be critical for providing both in-reach and transitional services, it is also imperative to ensure that those leaving prisons and jails are enrolled in Medicaid now. Doing so would reduce the current gap in services that many people face because of inactive Medicaid or other health insurance upon release that contributes to skyrocketing rates of death and fatal overdose for this population.

We are also pleased that the Advisory Board intends to recommend the allocation of funding toward grassroots providers but stress the need to be absolutely clear about equity requirements. Black and Indigenous providers should be explicitly highlighted to benefit from these dollars. Although the Centers for Disease Control and Prevention's provisional data has demonstrated commendable efforts to reduce the number of fatal overdoses, these policies have yet to significantly impact overdose rates among Black, Indigenous, and elderly populations, specifically in New York City. In a year when many will be touting the success of statewide public health initiatives, it is paramount to ground the Board's recommendations in the reality that these policies do not go far enough for our low-income, Black, Latine, Indigenous, and elderly community members.

The Board has suggested refining a recommendation for transparency and accountability for state agencies that are engaging in efforts to reduce overdose deaths, particularly local Departments of Social Services, Parole, Probation, and Child Protective Services. This recommendation is of critical importance, and we urge the Board to specify and deepen its commitment to transparency in funding allocations and outcomes reporting. Currently,

regional abatements can be vague. Localities have the authority to allocate a percentage of their funds to "law enforcement expenditures related to the opioid epidemic." In counties around the country, such vague guidelines have led to millions of dollars allocated towards

new police cruisers, unrelated equipment including phone hackers and body scanners, and overtime pay. The Advisory Board has consistently made its commitment to harm reduction and equity clear. Without more detailed transparency requirements for counties, these crucial regional abatements may not go towards the priorities that the Board has outlined in its recommendations, including grassroots organizations and CBOs.

We applaud the Advisory Board's steadfast commitment to the authorization of Overdose Prevention Centers and we encourage the Governor to explore creative ways to use this funding in recognition of the continually growing evidence-base for OPCs, rather than rejecting the recommendation outright. New York State has fallen behind mounting scientific evidence and national support for OPCs, as Rhode Island and Vermont have authorized OPC programs.

Acknowledging that the Advisory Board has historically included some policy recommendations in the final report, we would urge the Board to consider two straightforward, foundational policies that enhance the state's public health and harm reduction infrastructure. The first of these policies is to enshrine protections for Drug Checking Services. Currently, 10 drug checking machines are in operation at Drug User Health Hubs throughout the state. It is imperative that both providers and participants are not criminalized for engaging in these tools. Second, the Board should recommend recurring and comprehensive evaluations of the state's efforts to implement Medication Assisted Treatment (MAT) in all correctional facilities. As it is, this implementation has been scattered and inconsistent, and current reporting shows only the most basic information. Without detailed demographic and program data, state agencies and advocates cannot evaluate the efficacy of MAT implementation across the state's prisons and jails.

As the Advisory Board continues its efforts over the next several years, we urge you to be as responsive to the needs of 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.

My name is Kathy Staples and I work at **Truth Pharm** in Binghamton New York. We are a small grassroots organization, you all know that, we chat every meeting. I wanted to say that I am often critical of our systems that are designed to help people, often without ever asking the people how they want to be helped. I am critical because the us in the statement nothing about us without us applies to me and my life. When we last spoke the Board seemed to hear our cries of listening to people directly impacted, fund organizations started by people directly impacted and empower us in all of the steps of treatment, harm reduction and prevention. You just seemed to miss the mark by talking around us instead of to us. It happens often, I understand why, how do you ask someone what would have made your life a little easier or less painful? Well, just like I told my kids, you ask. Even if it is uncomfortable or requires changes to systems or relationships.

The interesting thing is that while the conversation with us might be a little weird or may take some understanding, the conversations that those of us who work at grassroots organizations have at home in our community are more strained. I live in a mostly rural county, that means overall, we all know everything about everyone. Even in our city I can most likely figure out quickly who we know or are related to in common with most everyone. So while I am fairly outspoken here, I am at home too. So when I am critical of systems, the people involved in those systems take that personally. I may encounter some folks in the grocery store that will turn around when they see me. My story isn't unique, those of us who are critical are often seen as a problem not as just desperately trying to find a solution.

While the Board and OASAS are trying to get funding to small grassroots organizations like ours, their method is flawed. Those same folks that will turn away in the frozen food aisle may be who decides which organizations get funding from our LGU. I can verify, it's not us. We apply for grants which have gaps that we have yet to pass along to the community, it's the desperately looking for a solution that keeps us from doing such. The only solution we have found is to have the discussion, and keep moving forward. Above all else, keep people who care about people working with people, we know the pain and joy better than a college course can demonstrate. Funds sent directly to grassroots organizations shows that OASAS is using every method possible to help New Yorkers.

My name is Kathy Staples and I work for **Truth Pharm** in Binghamton, NY. I usually talk about specific people or things, today I want to offer a broad view of a month at Truth Pharm. In April alone, we completed the following through our direct client services:

79 People completed Medical and Social Determinant of Health Needs Assessments

13 people completed 6 month follow-up Assessments

19 people who are currently using substances were trained to respond to an Opioid Overdose

16 new Client intakes were performed

235 people were given food

13 people were referred to a Health Care Provider they can feel safe with for emergent needs

6 people were given housing resources

2 people were given personal hygiene kits

2 people were referred to insurance providers

9 people referred to medication assistance

24 people were given access to a phone

12 people were referred to a Primary Care Provider

4 people were instructed on stress reduction

38 people accessed safe smoking supplies-reducing the number of syringes in the community

26 people were given access to transportation with bus passes

2 people were directed to utility assistance

2 people went to detox at Helio Health

1 person completed detox and transferred to long term rehab

2 people were given wound care supplies

3 people were given attorney information to resolve current legal issues

22 people were given clothing via Hope's Closet referral in office

Those numbers do not include people served in other programs such as:

2 sessions of Clearing The Confusion

4 sessions of Family Support Group

2 sessions of Tombstone painting

2 Advocacy Days

2 Community Conversation sessions about opioids

2 Narcan Group Trainings in the Community

2 Grief Group sessions

All of these things happen in an office that sees about 25 people a day, served by 3 staff most days. In this particular month we were open 22 days not counting weekends. 22 days impacted so many lives. When we talk about the impact of community based organizations we can't quantify all of our results, but we some. Getting funds to CBO's means that impact continues.

Dear Honorable Kathy Hochul, Governor of New York State,

I am writing you on behalf of **Friends of Recovery-New York** which represents the voice of individuals and families living in recovery from addiction, families who have lost a family member or people who have been otherwise impacted by addiction. I myself am a person in long-term recovery. I'm Currently going into my 5th year as a CRPA. I see first hand the struggles, heartaches, and loss.

FOR-NY is dedicated to building infrastructure around the state through local Recovery Community Organizations (RCOs) and Recovery Community Outreach Centers (RCOCs) that build support for people living in recovery and others in need. Our network of RCOs and RCOCs are strongly in support of life saving, evidence-based practices to support people seeking recovery- over 260,000 known members in New York alone. The numbers continue to grow of those in recovery and we need to expand support for them with assistance.

FOR-NY and the Recovery Community is writing you today to immediately invoke an Overdose Public Health Emergency immediately.

As you know, New York and the United States in the midst of an Overdose Public Health Crisis. In totality, the country lost more than 111,000 individuals to overdose in the 12-month period ending April, 2023. In the same time period, NYS lost almost 6,900 individuals, equating to 19 people dying per day NYS. As the nation's overdose deaths have plateaued; NYS overdose deaths have continued unabated, increasing by 10% annually with the largest increases occurring in Black, Indigenous, People of Color (BIPOC) communities. Fentanyl and Xylazine have infiltrated other drug supplies leaving individuals vulnerable across the spectrum to overdose poisoning, whether they are opioid users or not. In October 2017, a federal Opioid Public Health Emergency (PHE) was declared and was most recently renewed on September 29, 2023 as overdose deaths continue at a staggering level. Although many states such as Alaska, Arizona, Florida, Maryland, Massachusetts, Pennsylvania, South Carolina and Virginia have declared a State-wide Opioid Public Health Emergency, New York has not yet done so.

As other states see their overdose deaths decrease, New York's continue to rise. These states have met the urgency of the moment, meeting the opioid battle head on. It is time for New York to do the same. These are the Recovery Communities immediate recommendations:
• Waive the current procurement rules that are preventing state agencies from swiftly distributing opioid settlement funds. Waive the current procurement rules that are preventing state agencies from swiftly distributing opioid settlement funds. Expand and embrace Community based programs. Lean on their pre-existing social networks as they are better positioned to perform outreach and foster engagement to our most COMMUNITY ONE VOICE
end and not at the beginning - after more lives have been lost.

- Waive staffing requirements in the OASAS rules while they engage in the process of permanently adjusting their staffing requirements. Changes can be made without any compromise to patient safety. Specific adjustments include:
- Allow Licensed Practical Nurses (LPN's) to be listed as Qualified Healthcare Providers (QHP's)
- Allow Licensed Mental Health Counselors, experienced Credentialed Alcoholism and Substance Abuse Counselors, and/or Licensed Master Social Workers the ability to approve a patient's admission into inpatient treatment, currently only Licensed Clinical Social Workers or medical doctors are permitted to do so.
- Permit certification as a peer - recovering individuals who help patients overcome their circumstances using lessons learned through their own lived experience - for qualified individuals, even if they lack a high school diploma or "General Educational Development" (GED) Certification.
- Permit qualified peers to supervise less experienced peers rather than limiting supervisors to those with a bachelor's degree or more advanced degree, such as Licensed Clinical Social Workers.

Declaring a Public Health Emergency is not a novel idea for New York as we have been down this road with COVID-19. It is time for New York to treat the Opioid Epidemic with the same urgency and concern.

In a 12-month period in 2020-2021 New York lost 4,766 lives; in a similar 12-month period from 2022-2023 there were 6,900 lives lost. The trajectory of lives being lost is not only unconscionable, but also preventable. Governor Hochul, we urge you to be proactive and declare a Public Health Emergency to combat the overdose crisis so that the state may take the serious and concrete steps necessary to save lives.

Thank you for your consideration. We will follow up accordingly and in the interim, please feel to contact Dr. Angelia Smith-Wilson or Christopher Assini.

Sincerely,
Robert Green,CRPA
Certified Recovery Peer Advocate

Opioid Settlement Fund Advisory Board
February 26, 2024
Re: Opioid Settlement Fund Recommendations on Care Within the Black Community

Dear Board Members: **Elmcor**:

Youth & Adult Activities submits this comment to the Opioid Settlement Advisory Board for its February 26 meeting, with concern that the board's most recent recommendation has not translated into concrete action.

Elmcor is a nonprofit, multi-service organization that is the oldest Black-founded and Black-led nonprofit in Queens, New York.

Elmcor is dedicated to providing holistic, personalized supportive services centered on treating substance use disorder and increasing investment in mental and physical health, understanding that community institutions must disrupt systemic harm and foster a culture of healing for multi-generational well-being.

We agree with the Board's recommendation to prioritize Black communities and communities of color, as stated in its 2023 report:

Although communities of color 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.

However, despite this recommendation in the report from the Board, the funding levels for the identified priority populations remained stagnant, and Black communities were not explicitly listed as a priority population.

The acknowledgment of the prioritization of communities of color was necessary given 2021 data released by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicated that "77 percent of the clients treated with grant funding were white, 12.9 percent were Black and 2.8 percent were Native American."

Despite the prevalence of NIMBYism (Not In My Backyard attitude) and an increased concentration of treatment providers in Harlem, federal data shows that Black people are not the main participants in treatment from these federally funded treatment programs. This imbalance suggests that the current programs fail to serve Black communities effectively. Several factors contribute to this issue, including cultural incompetence in the care being provided and a history of trauma associated with treatment.

The underutilization of these services by Black people does not imply a lack of need. Historically, the criminalization and stigma attached to substance misuse among Black people have led to a reluctance to seek voluntary care, often due to the inaccessibility and unsupportive nature of the system.

When it comes to access to treatment and treatment options, we must recognize that for many Black people, barriers to care are intensified due to historic and present systemic racism. Rising gentrification and NIMBYism prevent the development of more substance use treatment and harm reduction sites, leading to care becoming inaccessible in Black neighborhoods, costing lives. According to SAMHSA, of individuals who need treatment for illicit substance use disorders, whites receive treatment 23.5% of the time, while Black and Hispanic individuals receive treatment 18.6% or 17.6% of the time, respectively. Additionally, of the treatment options offered in NY, there are too few in Black neighborhoods. As reported by the New York Department of Hygiene and Mental Health, the neighborhoods with the worst addiction and overdose outcomes overlap with predominantly Black neighborhoods. In 2022, Bronx residents had the highest rates of overdose in NYC, and residents in the Bronx and Queens were among those who experienced the largest increases in overdose deaths.

Additionally, we continue to see an extremely disproportionate increase in predictive Black overdose deaths in New York. According to the same New York Department of Hygiene and Mental Health report:
● Black New Yorkers had the highest rate of overdose death in 2022, and the largest increase in rate from 2021 to 2022.
● Approximately one in 1,000 Black New Yorkers between the ages of 55 and 84 died of a fatal overdose in 2022, a statistic more than twice the citywide rate.

Although this report addresses a range of overdose deaths, its findings show that in 2022, 85% of all overdose deaths involved an opioid, with fentanyl accounting for 81% of that number. Rates of heroin/and or fentanyl-involved overdose more than tripled among Black New Yorkers in 2022.

Based on the data, we're making the following formal recommendations to the Opioid Settlement Fund Advisory Board:
1. **The Opioid Settlement Fund Advisory Board should explicitly add Black communities as a priority population.** Currently, Native Americans are the only racial/ethnic group explicitly listed as a priority population. Black communities must be listed as a priority population, increasing the opportunity to access the "Priority Populations" line item in the budget.

2. **The Opioid Settlement Fund Advisory Board should mandate the release of impact and distribution data of resources and funding by state agencies:** Given the critical acknowledgment of Black communities' current disparities, measurable solutions must be informed by transparency of the underlying data. This data should specifically cover the effectiveness and geographic distribution of funds and the demographic data on who's receiving treatment. What we know from other metrics is that we're still seeing largely restrictive access to treatment, a negligible amount of treatment options and sites in Black neighborhoods more broadly, and Black people remaining significantly more likely to die of an overdose in New York compared to their white counterparts.

3. **The Opioid Settlement Fund Advisory Board should adopt measurable goals and targets for progress in confronting the racial disparities in the opioid crisis.** Without measurable goals for the Board's recommendations and actions, there will be no method to hold OASAS accountable or prove the effectiveness of these recommendations. Part of this mandate should require an impact assessment led by experts and community members to assess and measure the effectiveness of incorporated or recommended plans.

4. **The Opioid Settlement Fund Advisory Board must improve the accessibility and transparency of Board Meetings.** Meetings should be hosted across the state to increase community participation that can provide meaningful insights to further inform the Board's work. There is a precedent for this model. When Governor Hochul was Lieutenant Governor and chaired the State's Opioid Task Force to determine the impact of opioid overdoses in the state, the Task Force went to five different regions of the state. It is important that after information was extracted from communities during the information-seeking period, the same communities have access to onsite opportunities to provide feedback on what should happen with the funding. There is no reason this can't happen now.

The data and recommendations presented underscore the critical need for trauma-informed care, combined with evidence-based and quantifiable approaches that address the systemic challenges faced by Black communities. In light of the escalating disparities in the overdose epidemic, it is imperative that the Opioid Settlement Fund Advisory Board focuses on strategies that are effective, sustainable, and measurable in their impact on Black communities. We appreciate your attention to these vital issues.

Thank you for considering these points.

Sincerely,

Saeeda Dunston
Chief Executive Officer Elmcor Youth & Adult Activities Inc

4/15/24

Hello I am a NYS Taxpayer & Citizen. I would like to recoup some of my Losses to the Love of Oxycontin by the PERDUE PHARMA & EVIL Sackler Family. I know Laticia James NYS Atty General was Awarded a Large Opiod Settlement.

As a Lover of Pain Pills how do I get A Settlement share for my Pain & Suffering & Loss of Many Friends to Opiods.

You can send me a Settlement Check as soon as You can Contact the Comptroller of the Opiod Settlement Funds.

RESPECT the Person not the Addict! Self-Direction is Hope. Sackler Family is Evil!

Joel M Bradshaw

To whom it may concern,

Seventeen years ago, I entered **Dynamite Youth Center** with a crack-cocaine addiction. While the long-term care helped me get clean, I needed additional services to be a productive and independent member of society.

While at DYC, I received GED prep, passed my exam, and took classes in community college. Towards the end of my treatment, my vocational counselor pushed me to follow my dreams and helped me to apply for a Wildlife Sciences program at Paul Smiths College.

After completing my Bachelor's degree, I then continued my studies and conducted field research in the Democratic Republic of the Congo to study a poorly known and critically endangered primate. I have recently completed my doctoral dissertation and I now work as a conservation biologist in Central and West Africa.

The educational and vocational services I received at DYC put me on this path and I do not know where I would be without them. These services are an integral part of recovery, and it would be a terrible disservice to defund them.

Sincerely,
Daniel Alempijevic, PhD

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Seventeen years ago, I entered **Dynamite Youth Center** with a crack-cocaine addiction. While the long-term care helped me get clean, I needed additional services to be a productive and independent member of society.

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The educational and vocational services I received at DYC put me on this path and I do not know where I would be without them. These services are an integral part of recovery, and it would be a terrible disservice to defund them.

Sincerely,
Daniel Alempijevic, PhD

Hello,

I am writing as a resident of New York State, and have recently been informed through news outlets of Opioid money being allocated to help members of the community suffering from the opioid crisis. Some outlets have reported that funding isn't going to places where it should go. Using the money to bolster the police force efforts would be antithetical to solving this epidemic. We've seen time and again that putting this money towards police only increases the number of incarcerations, and often leads to recidivism.

I believe a good use of these funds would be putting the money towards public libraries to fund social work. Many libraries in New York state partner with schools that provide social worker interns to the library for a brief amount of time. Often these social workers will conclude their intern hours and enter the job field. However there aren't as many opportunities for social workers who graduate, because so many programs are handled by interns.

These social workers are so necessary to underfunded communities, to help members of the community struggling with various needs, including housing, and finding assistance for a variety of needs. These needs include counseling those suffering from addiction, and helping them get back on the right path to being a productive member of the community. However when the social work interns finish their internships, we often lose the ability to provide social workers at the library, and this could lead to months without this valuable service.

I would suggest as a librarian in the field, that the board would look into funding more social work initiatives, and possibly partnering with libraries as a hub to best service the communities most affected by this opioid epidemic. I believe that this could help social workers find permanent employment in their field, and help so many people struggling with a variety of needs.

I hope that you are able to read this, and consider this proposal.

Sincerely,
Daniel J. Hess.

Center for Justice Innovation

Written Testimony Opioid Settlement Fund Advisory Board

October 2024

Goal: The Center for Justice Innovation seeks to better equip court systems to engage and support justice-involved people who are at high risk of overdose. The court system has an opportunity to reduce the risk of overdose deaths by integrating meaningful resources for harm reduction support, overdose prevention, evidence-based substance use disorder treatment, recovery supports and/or medications for opioid use.

Statement of the Problem: Risk of overdose is often exacerbated by engagement in the criminal legal system, specifically after periods of incarceration when tolerance to substances has lowered. Individuals who use drugs and are at risk of overdose interact with the court system at many different intercepts and this creates an opportunity for intervention regardless of charge or length of engagement. Identification of those at risk and connection to care can mitigate negative health outcomes and move the court system to a position of decreasing, instead of increasing, risk of overdose. Courts need assistance to help integrate these overdose prevention measures into their everyday practices.

Proposed Concept: Court systems should have relationships with community-based overdose prevention service providers. These relationships build bridges between service providers and the criminal legal system that allow for the development of overdose prevention efforts integrated into court programs across New York State.

There are opportunities throughout the criminal legal system—at arrest, detention, arraignment, pretrial, and screening for problem-solving courts—that courts should leverage to identify and engage individuals at high risk of overdose, and provide them low-barrier, warm handoffs to qualified MOUD providers, harm reduction services, peer-led intervention, and overdose prevention support. Courts have variations in resources, buy-in, and staff which would require individual assessments for jurisdiction specific interventions but the need for identification, connection, and sustainability are a throughline.

Identification: Courts should have systems in place to identify persons at risk of overdose at various touchpoints. The court system has an opportunity to leverage these touchpoints to gain information that can lead to meaningful service connection.

Connection: Courts should be equipped to connect those identified at high risk of overdose to meaningful resources that have been shown to reduce overdose deaths. These connections 2 vary based on resources in each community but include warm handoffs to qualified MOUD providers, harm reduction services, peer-led intervention, and overdose prevention support.

Sustainability: To ensure sustainability of the relationships built and interventions integrated, the court should ensure there are written policies and procedures and memorandums of understanding established and shared with all partners involved. These sustainability measures protect against program dilution or disbandment during staff and judicial turnover.

About the Center for Justice Innovation: The Center for Justice Innovation works with communities and justice systems to advance equity, increase safety, and help individuals and

communities thrive. To address the widespread impacts of the overdose epidemic—especially on under-resourced communities and people involved in the criminal legal system—we provide direct services to people most at risk, conduct original research to find effective solutions, and share our expertise with reformers and jurisdictions seeking to improve their responses to the crisis.

The Center's Recovery and Reform team regularly works with jurisdictions on strategic planning and training efforts focused on their responses to the opioid epidemic. We help plan and implement a range of alternatives to incarceration that serve populations at risk of overdose, including:

• Community Justice Centers and community courts

• Treatment courts

• Tribal Healing to Wellness Courts

• Overdose prevention strategies (e.g., access to Medications for Opioid Use Disorder/MOUD)

• Diversion programs

We publish national reports and guides on relevant and urgent topics, including:

• Court-based responses to the opioid epidemic

• Medications for opioid use disorder

• Treatment courts during the COVID-19 pandemic

• A landmark national publication on harm reduction strategies for drug treatment courts

We have also helped develop guidelines for new models, like opioid intervention courts. A national roundtable we convened in Washington, DC, with justice officials, medical experts, and researchers informed the development of the 10 Essential Elements of Opioid Intervention Courts, contributing to the proliferation of opioid courts throughout New York State and beyond.

The Center's ability to provide practical solutions to complex issues like the opioid epidemic is informed by our research and policy expertise as well as the front-line work of our many operating programs. We pilot a range of initiatives to prevent overdoses and increase public health and safety at various intervention points, both inside and outside of the criminal legal system. These initiatives include:

• Bronx HOPE (Heroin Overdose Prevention and Education), which offers people who have been arrested the opportunity to avoid court by engaging in overdose prevention training and other voluntary services

• Community First, a unique approach to street outreach in Manhattan and Syracuse which engages vulnerable populations with overdose prevention materials, harm reduction services, and referrals to resources in the community

• Treatment Alternatives Program (TAP), a partnership between the Center and the Bronx Criminal Court to connect people accused of misdemeanor and felony offenses to harm reduction

resources, substance use and mental health treatment, and other community based services in lieu of incarceration

• Recovery and Reform team, which provides training to jurisdictions across the country on overdose prevention strategies. The team has provided guidance to 10 opioid intervention courts across New York State to better identify those at high risk of overdose as early as possible.

The Center's approach focuses on bringing partners in government, philanthropy, and community together to develop collaborative solutions. Our Office of National Initiatives has two decades of experience helping jurisdictions improve their responses to the overdose crisis, from strengthening approaches in treatment courts to implementing wide-ranging systems change. This experience, in addition to the variety of initiatives we have piloted on the ground to reduce overdose deaths and promote long-term health and safety, makes the Center uniquely positioned to provide guidance and support to jurisdictions seeking to invest their opioid settlement money in an efficient and effective way.

Dear Governor Hochul,

We are writing on behalf of the **Addiction Treatment Providers Association of New York**, the advocacy group representing the certified treatment programs who do not receive OASAS funding and who consist of over 20 percent of community-based providers in New York, treating over 50,000 New Yorkers per year.

On October 10, 2023, we wrote to you and asked for you to declare a Public Health Emergency (PHE) in the state of New York (attached for reference). We provided concrete actions that you could then take to change the trajectory of lives being lost to this epidemic. Organizations, advocates, members of the Opioid Settlement Fund Advisory Board and countless others have also shared their support for a state of emergency, a public health emergency declaration - anything of the like. Unfortunately, 10 months later, no real action has been taken by your office to effectuate real change and New York continues to lose more than 6,000 individuals every year.

A report from New York City released in May of 2024 states that "overdose continues to be a public health emergency. Every three hours, someone dies of a drug overdose in New York City." According to the report, the first 3 quarters of 2022 saw 2,206 deaths from overdose. The first 3 quarters of 2023 saw 2,281. Worse, an article from The City dated August 12 2024 states that "the most recent statistics available — from 2022 — on fatal overdoses in the New York City transit system show an alarming 92% jump in cases."

Unfortunately, the approaches being taken to combat the ongoing and ever upticking crisis are not working. We urge you, Governor Hochul, to take a more purposeful aim at this epidemic and listen to the many voices imploring you to declare an emergency/disaster immediately. Once a declaration is made, we suggest you take the following actions:

- Waive all cost sharing (i.e. copays, coinsurance, deductibles) for individuals with private insurance attempting to access substance use treatment services.
- Streamline the current procurement rules that are preventing state agencies from swiftly distributing opioid settlement funds.
- Waive application fees for Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and Certified Recovery Peer Advocate (CRPA)'s.
- Immediately increase medicaid rates for substance use treatment services.
    - Medicaid Managed Care plans have shown a pattern of underspending on behavioral health services and the current process addresses this at the end and not at the beginning - after more lives have been lost.
- Waive staffing requirements in the OASAS rules and order them to engage in the process of permanently adjusting their staffing requirements. Changes can be made without any compromise to patient safety. Specific recommended adjustments include:
    - Allowing Licensed Practical Nurses (LPN's) to be listed as Qualified Healthcare Providers (QHP's)
    - Allowing Licensed Mental Health Counselors, experienced Credentialed Alcoholism and Substance Abuse Counselors, and/or Licensed Master Social Workers the ability to approve a patient's admission into inpatient treatment, currently only Licensed Clinical Social Workers or medical doctors are permitted to do so.
    - Removing the requirement of a "General Educational Development (GED)" Certification for Peers; Peers are a highly effective part of treatment however they are currently required to have a high school diploma or a GED which

- creates a barrier to those wishing to work as a peer; if this is about real-life experience, no education requirement should be required.
- Waiving the requirement for Supervisor positions to have a bachelor's degree or higher. This approach does not take into account on the job training/experience - this educational requirement should be removed to allow someone with relevant experience to be a supervisor.

Last year, music star Jelly Roll testified in front of Congress to take action on the opioid/drug epidemic plaguing our country. He told lawmakers that "*190 people die of an overdose every day in the U.S., roughly the number of people that fit on some Boeing 737 airliners.*" Jelly Roll went on to say "*could you imagine the national media attention it would get if they were reporting that a plane was crashing every single day and killing 190 people? But because it's 190 drug addicts, we don't feel that way. Because America has been known to bully and shame drug addicts, instead of dealing and trying to understand what the actual root of the problem is with that. It is time for us to be proactive and not reactive*."

Governor Hochul, one New Yorker every 90 minutes, is dying of an accidental overdose. That equates to about 19 of your constituents losing their life each day, from a preventable death. We urge you to take bold action, become more proactive instead of reactive and propel our state forward as leaders in changing the narrative around prevention, treatment, and recovery. Please, declare a public health emergency/state of disaster and take swift actions to save lives. We have already lost far too many New Yorkers.

We would be happy to meet at your convenience to answer any questions you may have or to provide more information about the ideas we have outlined above.

Thank you,

Avraham Schick,
President

Hello Board of Opiate Settlement Funds

I am unable to attend today's board meeting.

I have a few comments I would like to share.

First and foremost PLEASE LISTEN TO THE ADVICE COMMING FROM THIS BOARD. These are the experts, please take thier advice.

Next is WE NEED A STATE OF EMERGENCY NOW. We need this to direct the DOH, OMH, and OASAS to unite in a plan to follow current best health practices and mandated these protocols across all access. NO WRONG DOOR.

In working with these steps we need Mental Health and Addiction Services addressed at the same time. We can not continue to focus on Addiction first, and as symptoms of mental illness show themselves discharge the patient in crisis.

The local grass root organizations need to be a priority for this funding. The hands in the community. The feet on the ground. The local voice that sees what is needed. The people forced to hold fundraisers and take out second mortgages to stay alive.

Finally, but maybe this should have been first.

FAMILIES MUST BE INCLUDED. People do not suffer active addiction in a vacuum. They have children, they have parents, they have spouses. These are who know the person best, share responsibilities, and will fight with them.

Thank you for all you do

Sue Martin, Pharmacist, Person in Recovery, Family Member of MI and SUD, Advocate for Access to Treatment with RAIS

Hello!

My name is Kathy Staples, I work at **Truth Pharm** in Binghamton. While I usually come to the meetings I fear that my presence gives the impression that our organization is not struggling and does not need support. To be honest, we are struggling. I am not in the meeting today as I had meetings that I could not miss here at home, I am currently the Next of Kin Interviewer for the Broome County Health Department Accidental Death and Injury Review Team, and an education training is happening today. Also the only way to keep our office open to the community to provide assistance is to have staff here. Myself and one of our AmeriCorp Members are the only staff in the office today to navigate people to services. So two people to help the 25 people we usually see in about 4 hours, give or take. Also attending education sessions and sending in my public comment.

The concept that comes to mind is resilience. Other organizations or people in the community often call myself and other people that have lost someone to substance use Resilient. The perception of people in the community or people that make funding decisions affects us, if we present as professionals who are experts in ways to help save humans we must be doing well. We must have everything covered, no need to help as we are people who must have enough money to keep the doors open and people served. What you see there is Resilience.

Resilience means that I missed one day of work due to the death of my daughter's father, to attend his funeral with my daughter, after being the person to find him on the floor of the kitchen. It also means that I talk about what a great loving father I had but I haven't been to the cemetery in 10 years due to lack of time and resources to be able to miss my Dad and still address the millions of things I need to do. It also means that I have run to someone's house in the evening or late at night with Narcan, not while I am at work. It means that I have grown children who are absolutely amazing and loving but still go to therapy to address the trauma that happened while I did my best but failed to give them the best they deserved. It means that while I struggle with maintaining balance in my life between work and home, my friends also know I can help with Narcan or access to resources no matter where I am. Resilience looks a lot like a drive from trauma that only I know of and can't bear for someone else to withstand.

I have often told the Board about the person I was would not have stood up and spoken to any one, I would not have. I was a child who lost a parent at 20 while I was pregnant with my second child, in a relationship with my son's father who left for another state about 15 years ago. I think the perception that the folks who decide funding is that our organization is sailing along, helping people, doing things to help but overall we can cover it if needed. We can't cover it, we can barely cover the trauma we brought in with us today.

Kathy Staples, she, her

Office Manager

Truth Pharm