Wyoming County Mental Health Department

Mental Health, Developmental Disabilities, Substance Use Disorder Services & Supports
460 North Main Street Warsaw, New York, 14569
Phone: (585) 786-8871 Fax: (585) 786-8874

January 23, 2026

Wyoming County Opioid Settlement Funds – Request for Applications

As a result of the NYS Opioid Settlement Fund, NYS Office of Addiction Services and Supports (OASAS) is allocating regional funding dollars to the Local Governmental Unit (LGU)/Wyoming County Mental Health Department to spend based on the approved use of funds (Schedule C and Recommendations for Funding per Opioid Settlement Fund Advisory Board) per settlement agreements.

Agencies and community-based organizations can now apply for funding to provide services in Wyoming County. These funds cannot be used to supplant or duplicate other funding streams. OASAS licensure/certification is not required to access funding.

Your request for funding must fall into one or more of the following categories: Harm Reduction, Treatment Services, Investments Needed Across the Service Continuum, Priority Populations, Housing, Recovery, Prevention, Transportation, Public Awareness Activities, or Research.

Agencies/organizations wishing to apply for funding must submit a narrative proposal and budget. Applications must be received no later than 4 pm on Friday, February 27, 2026. All requests are to be submitted to the Wyoming County Mental Health Department. A committee of Wyoming County stakeholders will evaluate and approve funding requests. Contract approval from the Wyoming County Board of Supervisors is required and funded projects are expected to be ready for implementation. Total funding available is $123,980.

Thank you for your consideration in applying and bringing new projects to Wyoming County.

Sincerely,

Kelly Dryja, LCSW
Wyoming County Director of Community Services
(585) 786-8871

Required information to include in your proposal submission:

- Organization name and overview (individuals are not eligible to apply), contact information for the person submitting the request.

- Agency Contact - Identify the name of the supervisor/title and the individual responsible for the project. Include phone number and email address as well.

- Scope of Work – project description. Target population being served, purpose of program, types of services to be provided, how services will be delivered, and implementation timeline. Identify use of Schedule C- Approved Uses and Opioid Settlement Fund Advisory Board Recommendations specific strategies addressed in the proposal (See Attachment).

- Goals – describe the intent of the project and identify the goals to be achieved by the project.

- Evidenced Based Practice/Promising Practice – is this project adhering to an evidenced based practice/promising practice? If yes, please identify.

- Outcome Measures, Evaluation and Reporting Methodology – how will data be used to evaluate the success of the project? Identify at least 3 measures to be used for the project. How will outcome measure results be evaluated and reported. Quarterly reporting of outcomes/data to the Mental Health Department/Community Services Board will be required if funded.

- Budget – submit a full budget for the project. Identify the total amount of funding requested for the project.

- Sustainability plan for the program after funding ends, if applicable.

Please send all submissions and questions to Kristin Bissell via email at kbissell@wyomingcountyny.gov or drop off application to Kristin Bissell at the Mental Health Department, 460 N. Main St., Warsaw, NY 14569.

Schedule C – Approved Uses

I. TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.

2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, including but not limited to:

    a. Medication-Assisted Treatment (MAT);

    b. Abstinence-based treatment;

    c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;

    d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions; or

    e. Evidence-informed residential services programs, as noted below.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed or promising practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g.,

surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, including medical detox, referral to treatment, or connections to other services or supports.

8. Training for MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or undeserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD any co-occurring SUD/MH conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Scholarships for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field for continuing education and licensing fees.

13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD and provide technical assistance and professional support for clinicians who have obtained a DATA 2000 waiver.

14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, transportation, and connections to community-based services.

2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.

4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

6. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

8. Identifying successful recovery programs such as physician, pilot, and college recovery programs, and providing support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

9. Engaging non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.

10. Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.

11. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

12. Create or support culturally-appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

13. Create and/or support recovery high schools.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any cooccurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is most common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.

7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery

housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced on opioid overdose.

11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and supporting prevention, intervention, treatment, and recovery programs focused on young people.

12. Develop and support best practices on addressing OUD in the workplace.

13. Support assistance programs for health care providers with OUD.

14. Engage non-profits and faith community as a system to support outreach for treatment.

15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest and pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

   a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;

c. "Naloxone Plus" strategies, which work to ensure that individuals who have received Naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; or

e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, but only if they provide referrals to evidence-informed treatment, including MAT.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison, who have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or

other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Training for obstetricians and other healthcare personnel that work with pregnant women and their families regarding OUD treatment and any co-occurring SUD/MH conditions.

3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

4. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

5. Enhanced family supports and child care services for parents with OUD and any cooccurring SUD/MH conditions.

6. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

7. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.

8. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

II. PREVENTION

A. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

2. Academic counter-detailing to educate prescribers on appropriate opioids prescribing.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:

    a. Increase the number of prescribers using PDMPs;

    b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

    c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.

6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:

    a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

    b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of

Transportation's Emergency Medical Technician overdose database.

7. Increase electronic prescribing to prevent diversion or forgery.

8. Educating Dispensers on appropriate opioid dispensing.

B. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns based on evidence.

2. Public education relating to drug disposal.

3. Drug take-back disposal or destruction programs.

4. Fund community anti-drug coalitions that engage in drug prevention efforts.

5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

6. Engaging non-profits and faith community as a system to support prevention.

7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

C. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increasing availability and distribution of naloxone and other drugs that treat overdoses to first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, and other members of the general public.

2. Public health entities provide free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.

4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Support screening for fentanyl in routine clinical toxicology testing.

III. OTHER STRATEGIES

A. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

1. Law enforcement expenditures related to the opioid epidemic

2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

3. Provisions of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

B. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list including, but not limited to costs associated with local opioid task forces, community buprenorphine waiver trainings, and coordination and operation of community-based treatment prevention programing.

2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of

preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

C. TRAINING

In addition to the training referred to in items above A7, A8, A9, A12, A13, A14, A15, B7, B10, C3, C5, E2, E4, F1, F3, F8, G5, H3, H12, and I2, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or network programs and services regarding the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

D. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).

7. Research on expanded modalities such as prescription methadone that can expand access to MAT.

8. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.

9. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

10. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

E. POST-MORTEM

1. Toxicology tests for the range of synthetic opioids presently seen in overdose deaths as well as newly evolving synthetic opioids infiltrating the drug supply.

2. Toxicology method development and method validation for the range of synthetic opioids observed now and in the future, including the cost of installation, maintenance, repairs and training of capital equipment.

3. Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids.

4. Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths.

5. Comprehensive death investigations for individuals where a death is caused by or suspected to have been caused by an opioid or synthetic opioid overdose, whether intentional or accidental.

6. Indigent burial for unclaimed remains resulting from overdose deaths.

7. Navigation-to-care services for individuals with opioid use disorder who are encountered by the medical examiner's office as either family and/or social network members of decedents dying of opioid overdose.

8. Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities.

Opioid Settlement Fund Advisory Board

Annual Report

November 1, 2022

RECOMENDATIONS FOR FUNDING

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

See Appendix A for additional information.

1) Harm Reduction

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

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

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

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

See Appendix A for additional information.

2) Treatment Services

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

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

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

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

See Appendix A for additional information.

3) Investments Needed Across the Service Continuum

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

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

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

4) Priority Populations

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

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

See Appendix A for additional information

5) Housing

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

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

See Appendix A for additional information.

6) Recovery

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

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

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

See Appendix A for additional information.

7) Prevention

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

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

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

See Appendix A for additional information.

8) Transportation

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

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

See Appendix A for additional information.

9) Public Awareness Activities

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

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

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

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

See Appendix A for additional information.

10) Research

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

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

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

See Appendix A for additional information.

Funding Directed to Localities

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