Community-Centered Solutions for Opioid Settlement Funds:
Investing in Harm Reduction

NYSACHO 2026 Statewide Harm Reduction Symposium

November 18, 2026

Troy, NY

LAC LEGAL ACTION CENTER

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Meet Your Presenters

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Deputy Director of Health Policy

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Policy Associate

Agenda

- Introduction to Opioid Settlement Funds
- County Investments in Harm Reduction and Community Organizations
- Best Practices for County Decision-Making

What are Opioid Settlement Funds

The Opioid Settlement Funds are funds collected after lawsuits were filed against opioid manufacturers, distributors, and pharmacies for their role in creating the current overdose crisis.

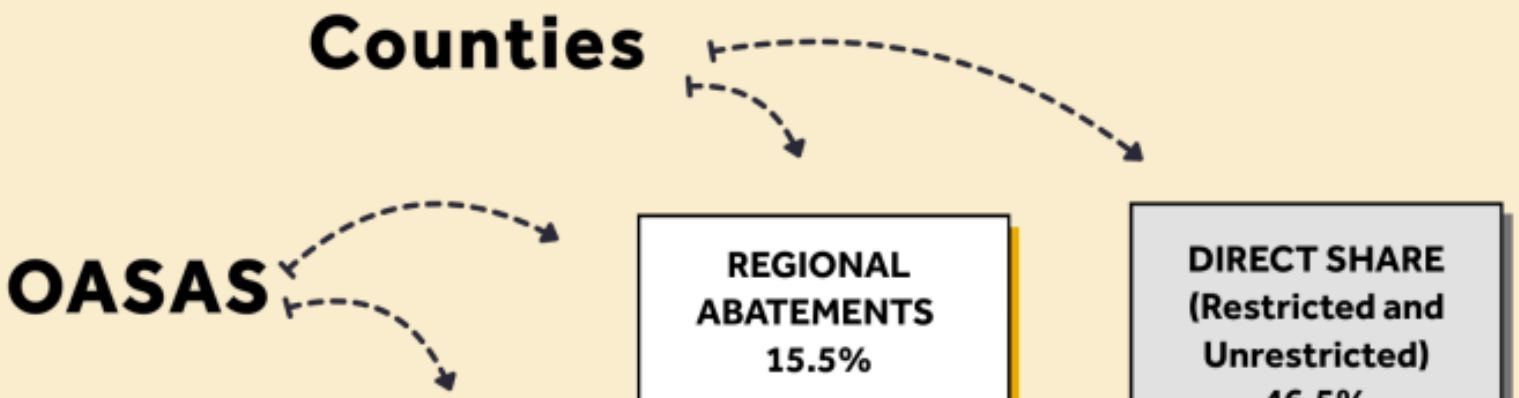
New York is on track to receive over $3 billion through 2040.

The money is being distributed through State agencies, counties, municipalities, and other subdivisions of the state.

The money is for people directly impacted by the failed war on drugs and must be used for a public health approach to overdose: evidence-based prevention, treatment, harm reduction and recovery

- .

THE FUNDING BREAKDOWN



STATE SHARE
38%

OASAS and the Opioid Settlement Fund Advisory Board (OSFAB) decide how these funds are spent.

REGIONAL ABATEMENTS
15.5%

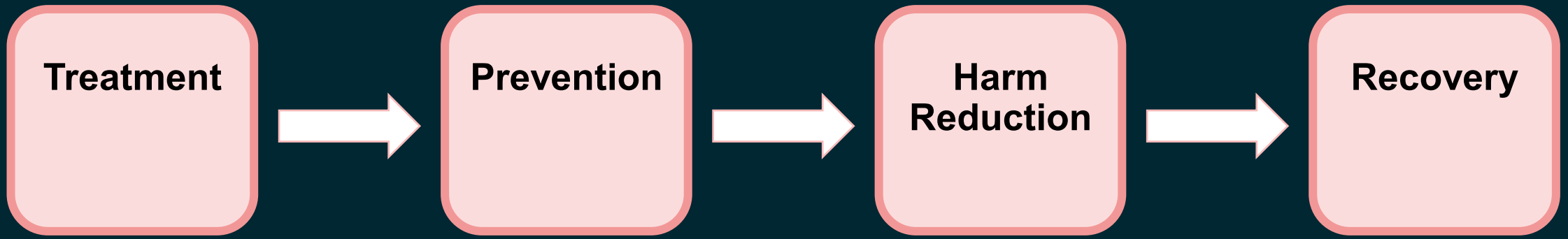
OASAS distributes these funds to county Local Government Units (usually county mental health or addiction departments), which must spend the funds in line with OSFAB's recommendations.

DIRECT SHARE (Restricted and Unrestricted)
46.5%

This money is given directly to counties. According to the settlement agreements, counties must spend the **Restricted** share on approved uses, but can spend the **Unrestricted** share how they like.

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Approved Spending



Found in “Schedule C” of the NY Sharing Agreement
Available at:https://nationalopioidsettlement.com/

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Why Harm Reduction?

Public Health Approach

Community Driven

Saves Lives Now

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Best Practices for Decision Making

No Supplantation	**Look Elsewhere First**	**Prioritize frontline orgs over large institutions**
Spend for the most impact	**Spend to save lives now**	**Add accrued interest into the settlement fund pot**

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Be Inclusive

- Conduct community needs assessments with surveys and focus groups.
- Establish a county committee of directly impacted people with a range of experiences.
- Ensure meetings about settlement funds are advertised, open to the public and held at times people can attend.
- Issue clear and simple RFPs and support grassroots organizations with applications

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Be Transparent

- Provide detailed spending information on your website on a clearly accessible dashboard
- Conduct and share program evaluations.
- Publish information about applications that have not been accepted.

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Q&A



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Stay in touch!

www.lac.org

Questions?
Call us at 212-243-1313

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Thank you!

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BUILDING A STRONGER LIVINGSTON COUNTY

A Strategic Approach Opioid Settlement Funds

Livingston County Mental Health & Workforce Development

Jennifer Rodriguez and Mary Guldenschuh

November 17-18, 2026

LIVINGSTON COUNTY WORKFORCE DEVELOPMENT

LIVINGSTON COUNTY DEPARTMENT OF HEALTH 1821 NEW YORK STATE

Accredited Health Department PHAB Advancing Public Health Performance Public Health Accreditation Board

Purpose

Create a coordinated strategy that uses opioid settlement resources to strengthen the continuum of care while improving workforce participation, recovery, and long-term community health.



The Opportunity

New York State's opioid settlement resources provide Livingston County with an opportunity to invest in long-term solutions—not simply short-term programs.

The strategy should:

- Expand access to prevention, treatment, and recovery
- Strengthen the behavioral health workforce
- Connect individuals in recovery to employment and education
- Address transportation, housing, and other barriers to stability
- Build stronger partnerships across County departments and community organizations

A Countywide Approach

From treating opioid use disorder to supporting the whole person

Mental Health
- Treatment
- Crisis response
- Recovery supports

Workforce Development
- Employment
- Training
- Career pathways
- Employer engagement

Social Services
- Housing
- Transportation
- Benefits
- Family support

Public Health
- Prevention
- Harm reduction
- Education
- Overdose response

Education
- Prevention
- Early intervention
- Career development

Employers & Community Partners

Recovery-friendly workplaces and community reintegration

Recover

Employment

Recovery is also an economic opportunity. Create a formal bridge between treatment/recovery services and Workforce Development.



Possible Services:

- Career navigation
- Resume/ interview assistance
- Occupational training
- Transportation support
- Employer education
- Paid work experiences
- Apprenticeships
- Retention coaching

Remove the Barriers to Employment

For many individuals, the barrier isn't willingness to work.

It may be:

- Transportation
- Childcare
- Housing instability
- Criminal - justice involvement
- Gaps in employment history
- Lack of identification
- Limited education or credentials
- Mental health challenges
- Recovery appointments conflicting with work schedules

Invest in Lived Experience

People with lived experience should be partners in designing and delivering the strategy.

Potential Investments:

- Peer recovery positions
- Peer navigation
- Advisory roles
- Community outreach
- Recovery coaching
- Training and certification
- Employment pathways for people in recovery

This can simultaneously strengthen the service system and create meaningful employment opportunities.

Case Examples

1 Tuition was paid ($2,200) for two students to complete EMT training. EMT's are recognized as being at high risk for substance abuse and also on the front lines of fighting the opioid epidemic.

2 Client received workforce development funding for CDL training and obtained employment with Town Public Works Department.

- Before completing training client failed drug test and was at risk of losing job.
- Opioid funding was utilized to pay for treatment and monthly drug testing to retain employment.

Case Examples

3 Client in treatment was seeking employment but all vital records (birth certificate, SSN card, etc.) were locked in storage. Rent was paid to allow client to access documents needs to obtain employment.

4 Client in treatment and working was in mandated SA treatment. Cost after insurance was $1,000/month. Opioid funding was utilized to help cover the cost of treatment, enabling the client to continue working.

Case Examples

5 Client ordered to install interlock device on vehicle needed for work. Opioid funds approved to cover the $150/month cost.

6 Client in treatment had drivers license fee paid.

7 Temporary worker program reinstated.

- Used to hire unemployed workers, which are at-risk of SA.
- Used to recruit and develop new human service workers, who are at the front lines of the opioid fight.
- Used to triage customers at our front desk, who are often in treatment or recovery and can eligible for supports.

Measuring Success

Use outcome measures that demonstrate both health impact and workforce impact.

Behavioral Health

- Treatment engagement
- Treatment retention
- Recovery-support utilization
- Overdose prevention
- Emergency department utilization

Workforce

- Training enrollment
- Credentials earned
- Job placements
- Employment retention at 90/180/365 days
- Wage progression

Community

- Housing stability
- Reduced barriers to care
- Employer participation
- Peer workforce growth
- Participant satisfaction

A Multi-Year Investment Strategy

Rather than spending funds one year at a time:

Year 1 — Build

- Planning
- Partnership development
- Workforce assessment
- Pilot programs
- Data infrastructure

Years 2–3 — Scale

- Expand successful programs
- Increase employer participation
- Grow peer workforce
- Expand training and treatment connections

Years 4+ — Sustain

- Demonstrate outcomes
- Identify sustainable funding
- Institutionalize successful programs
- Continue community partnerships

The State's settlement framework involves payments extending over many years, making a long-term strategy particularly relevant.

A Multi-Year Investment Strategy

Funding Changes:

Federal Workforce Innovation and Opportunity Act (WIOA) funding had remained level funded since COVID, despite rising costs and record inflation.

Due to population loss in NYS, federal WIOA funds allocated to Livingston County have decreased substantially over the past two years.

For 2027, we are receiving a 23% reduction in federal aid which equates to a $91,000 reduction.

Guiding Principles

1. **People-centered** - Design services around the individual's needs.
2. **Evidence-informed** - Invest in approaches with demonstrated or emerging evidence.
3. **Workforce-focused** - Treat recovery and employment as connected outcomes.
4. **Collaborative** - Leverage existing County and community infrastructure.
5. **Equity-focused** - Direct resources toward populations and communities experiencing the greatest barriers.
6. **Sustainable** - Use settlement funds to build capacity rather than create programs that cannot continue.
7. **Measurable** - Define outcomes before making major investments.

Guiding Principles (cont.)

New York requires settlement recipients to use funds for approved purposes, and certain settlement-specific payments have their own certification requirements, so each proposed investment should be reviewed against the applicable settlement terms before implementation.

-New York State Attorney General

Thank you!

Questions ?

Broome County Opioid Settlement Funds

Marissa Knapp - Broome County Health Department
Director of Overdose Prevention



Broome County, NY

Broome County is located in the Southern Tier of New York

Population about 197,117

Both urban and rural communities

Background

In March of 2019, the New York Attorney General's Office filed an extensive lawsuit against pharmaceutical companies that manufacture and distribute opioids.

Starting in July of 2023 many companies have agreed to settlement terms and began distributing funds to New York State and Counties that signed onto the settlements.

Companies pay in two ways: 1.Direct Payments to localities and 2. Opioid Settlement Funds managed through the Office of Addiction and Substance Abuse Services (OASAS)

The Broome County Health Department is currently managing option 1- Direct Payments by the Overdose Prevention Program (part of the Health Department Administrative Division).

Broome County Health Department Overdose Prevention Program (OPP)

- Overdose Prevention Program (OPP) at the Broome County Health Department – we convene a group of multi sector partners who meet monthly.

- We are a team of 4- small but mighty and our favorite word is **YES!!**



Suspected Fatal and Non-Fatal Overdoses

	2026											
Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Suspected Fatal Overdoses	4	1	1	4	4	0	1	3	1	2*		
Suspected Non-Fatal Overdoses	11	12	12	11	13	19	30	22	20	17*		

	2025											
Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Suspected Fatal Overdoses	2	2	2	2	1	5	2	3	3	1	3	2
Suspected Non-Fatal Overdoses	9	17	4	14	24	16	12	21	6	8	12	15

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Suspected Fatal Overdoses	76	49	33	38	39	62	80	67	49	28
Suspected Non-Fatal Overdoses		469	307	418	377	436	468	359	223	158

Suspected Fatal: 21
Suspected Non-Fatal: 167

*Data provided by Public Safety



Responding to the Overdose Epidemic

The Broome Overdose Action Collaborative (BOAC) BOAC is a multi sector task force representing 100 different agencies and organizations. Together the collaborative works to identify barriers and develop solutions through partnerships to reduce overdoses in Broome County. This is accomplished by community education, reducing stigma, amplifying the voice of persons who use drugs, and promoting opportunities to work together to decrease overdoses. The group began meeting in January 2015 and the name has even evolved. The work of the group continues to be shaped by an examination of local data, an exploration of evidence-based practices, and consultation and ***recommendations from subject matter experts.***



Request for Proposals

In March of 2023, the Broome County Health Department released the first Request for Proposals(RFP) looking for projects from community-based organizations, non-for-profit agencies, municipalities, and businesses who are working to address overdoses and substance-use disorders in the community. Applicants were encouraged to look at population needs across the life span, prioritize underserved populations and offer a prominent mental health component. Organizations were able to apply for up to $150,000 but could address multiple approved uses and projects within their proposal.

Who – What-Where- When

- Legal section of news paper
- BidNet
- Press conference
- Press release
- Email to county and community listservs
- Posted on county website
- Posted on social media
- Verbal announcements & updates at meetings
- ……if I was in a room then I was talking about it!!




Jason Garnar
March 1, 2023 ·
Broome County is now accepting RFPs for opioid settlement funds. We were one of the first counties to sign on to a lawsuit to hold pharmaceutical companies accountable for their role in the overdose epidemic. This funding will allow for new, innovative ways for to address overdoses and save lives.
WBNG.COM
Broome County Health Department announces request for proposal for opioid settlement funding


12 NEWS FIRST ALERT WEATHER
Watch Live
News
Weather
Sports
Around the Tiers
Memorials
No Shave November
Contact Us
Broome County Health Department announces request for proposal for opioid settlement funding
BROOME CO
HEALTH DE
BROOM
HEALTH D
COUNTY
WSKG
12 NEWS
MARISSA KNAPP
OPIOID OVERDOSE PREVENTION COORDINATOR
5:01 | 41°

RFP Review Committee Assembled

- A diverse group of at least 5 people evaluated using a scoring rubric that applicants had as part of the RFP
- Applicants were evaluated on their project's description, the project goals' execution, their amount of funding, their need or priority addressing and population, their evaluation plan, and their programmatic sustainability
- A summary is created of RFPs and shared with Executives Office with high level information and details

Request for Proposal (RFP) Scoring Rubric

BCHD Round 3 of Opioid Settlement Fund Projects January 2026

Submitting Agency:	
Reviewer	Date of Review

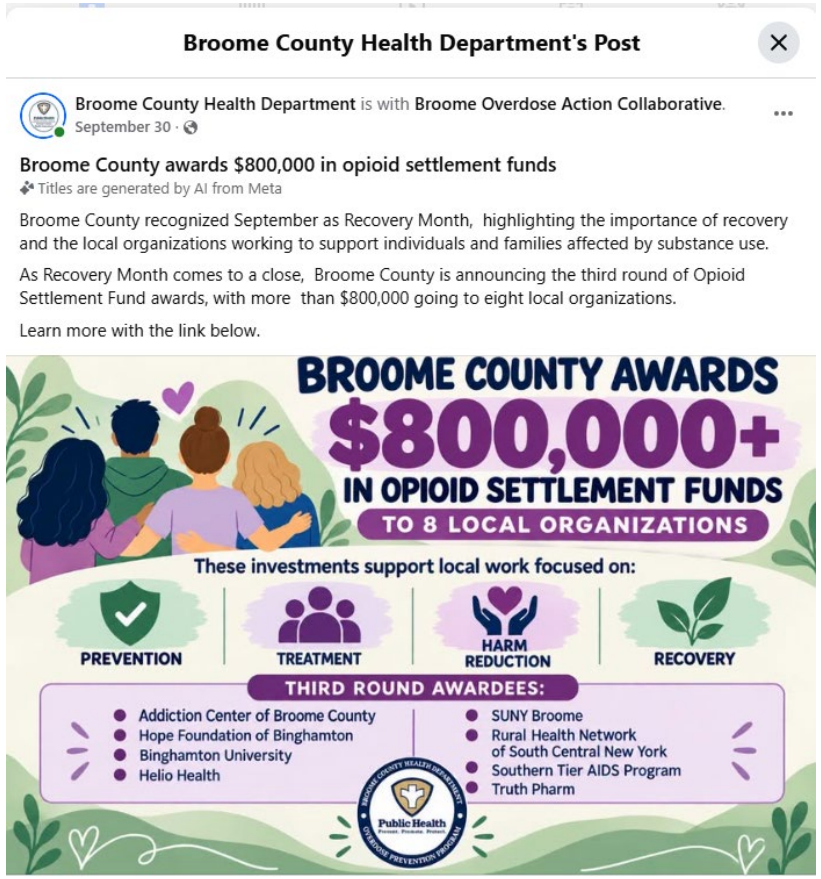
Instructions: Thoroughly review the indicated RFP then respond to the narrative components as outlined below by selecting either Clearly Addressed, Somewhat Addressed or Neglected to Address based on degree of completeness. An explanation for each selection should be clearly described for each under Reviewer Comments.

Rating	Description
Clearly Addressed	Item included within the proposal and included all details as directed in the RFP
Somewhat Addressed	Item included within the proposal however, some details are missing as directed in the RFP
Neglected to Address	Item not addressed as directed in the RFP

Requirement	Weight	Clearly Addressed	Somewhat Addressed	Neglected to Address	Reviewer Comments
Organization name, overview, and relevant experience	20%				
Project Description: services, activities, opportunities, purpose and goals	50%				
Priority population/need met	5%				
Evaluation	10%				
Sustainability Plan	5%				
Budget	10%				

Scoring & Next Steps

- RFPs and rubrics distributed to review committee in hard copies
- Individual scoring of each proposal by each review committee member
- Review committee meeting to compare scores and discuss
  - Unanimous dismissals
  - Questions
- Request more information from applicants still in the running
- Review committee meeting with additional information if needed
  - Recommendations for recipients and amounts created
- Review committee recommendations presented at a meeting with the county executive
- County executive sends final decisions of amounts to be offered
- If accepted, legislative resolution packets are put together to be sent to the county legislature for approval
- If approved, contracts are created by the county law office and sent to recipients



What we have awarded to date:

First RFP- 7 awards in the Fall of 2023 (6/7 contracts extended contract)

Second RFP released- 3 new awards in March of 2024 (3/3 extended contract)

Third RFP released- 8 awardees including 2 new agencies/organizations. Contracts began Fall 2026

A total of 12 different agencies have been awarded nearly 3.5 million since August of 2023

Projects include:	Housing	Treatment & Recovery
Education & Professional Development	Transportation	Special populations- pregnant & parenting individuals
Family support	Peers	Prevention

What are funded partners asked to do:

- Attend the BOAC meetings
- Monthly check ins
- Monthly claims
- Present at least 1x during their funding period to partners
- Acknowledge funds on any promotional materials, media, events, etc.
- Create a success story to be disseminated at completion
- Provide an end of project report

BCHD OSF Recipients for 2026

July 31, 2025, was the conclusion of year two of Opioid Settlement Funds. Three organizations completed their projects by this date, United Health Services (UHS), Guthrie-Lourdes Youth Services (GLYS), and Mothers & Babies Perinatal Network (MBPN). Three organizations from the first round applied to continue into a third year, Addiction Center of Broome County (ACBC), Rural Health Network of South-Central New York (RHNSCNY), and Truth Pharm.

UHS funded ACT training, materials, and licensing for Certified Recovery Peer Advocates (CRPAs); GLYS provided staffing for expanded Student Assistance Programs (SAP) and Alcohol, Tobacco, and Other Drug (ATOD) presentations for students at Union-Endicott and Harpursville. MBPN purchased a vehicle to support parents as well as promoting the implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) early intervention in healthcare facilities. These projects began in 2023 with and continued through 2025 with no-cost extensions.

In the first year, ACBC used the funds to hire a Family Nurse Practitioner to provide low threshold clinic and in-community Medication for Addiction Treatment (MAT). Their ability to secure other funding streams for this effort allowed them to pivot and use funds to improve their facility at 15 Charles St, Binghamton in year two and in year three the funds will be used towards converting the freight elevator to a passenger elevator to make their space accessible to all.

RHNSCNY has delivered the Stanford University-developed "Chronic Pain Self-Management Program" (CPSMP) and the National Council for Mental Wellbeing's "Adult Mental Health First Aid" (MHFA) and included the "Science of Addiction" and Narcan training. During year two, they began offering additional trainings of Talk Saves Lives, It's Real, and "Question, Persuade, Refer" which reached more audiences due to shorter trainings available. They will continue to offer these trainings through July of 2026 with their award.

Truth Pharm's award has supported three separate programs: The Wings Project, Family Support Services, and Direct Client Services. The Wings Project supported families after the immediate loss of a family member due to substance use related causes. This program addresses the mental health needs of families in crisis and includes meetings with a Grief Support Coach with lived experience, assistance with writing an obituary, help applying for burial funds, help arranging a funeral, setting up meal trains, and identifying additional support services in the community.

In the new year, based on need, these grief support coaches will be available on demand, at monthly community meetings, and as part of Family Support Services. Family Support Services will continue to support to loved ones who are impacted by substance use, through education, family support groups, and family support coaches. One program offered utilizes the 10-week educational program, "Clearing the Confusion", which covers non-confrontational communication, navigating systems of care, healthy boundaries, and self-care. Direct Client Services provides harm reduction-based health and wellness navigation services to individuals struggling with substance use and assists them with connecting to resources to meet their basic needs and care for mental, physical, and behavioral health.

February 1, 2024, was the start of round two of BCHD OSF awards for Family & Children's Counseling Services (FCCS), Helio Health, and Southern Tier Aids Program (STAP). STAP's program includes a subcontract with the Broome County Sheriff's Office/jail. All three of these programs applied and were awarded a second year of funding and have expressed interest in continuing their work into a third year.

FCCS has incorporated their low-threshold Buprenorphine program in the Main Street clinic, hiring a Certified Recovery Peer Advocate, and purchasing a vehicle for the mobile outreach team. They have met community needs by stationing a peer at the library and have recently installed a harm reduction vending machine at their Main Street location.

Helio Health's program includes hiring a full time Peer Support Specialist, who engages in client engagement and support (especially among patients contemplating leaving against medical advice), provides patient discharge support, and connects with community partners, addresses community connection concerns, and other related duties.

STAP has expanded reentry and discharge planning services for the incarcerated population of Broome County through hiring a full-time Reentry Care Coordinator. The Reentry Care Coordinator works closely alongside the Broome County Sheriff Office's Discharge Planner to create viable transitional plans and assist in implementing those plans. In addition, they facilitate the PATH program using interactive journaling in the Broome County Jail.

Success Story Template for Opioid Settlement Funded Partners

1. SUCCESS STORY TITLE:

Paving the Path to Certification

2. PROBLEM/ISSUE OVERVIEW:

Broadly, a peer support worker is a non-clinical worker who is trained and employed to use their personal lived experience with a particular health condition to support others living with the same health condition on their treatment journey. In 2015, the NYS Office of Alcoholism and Substance Abuse Services (OASAS) announced new statewide certification and educational criteria to qualify peer support workers who work with those with a substance use diagnosis—known as Certified Recovery Peer Advocates (CRPA) (www.nyachnyc.org/case-studies/crpa). In order to become a peer, one must hold a high school diploma or have their GED, complete 50 hours of required training in advocacy, mentoring and education, recovery wellness support, ethical responsibility and Medication Supported Recovery (MSR, complete at least 500 hours of related volunteer or work experience, complete at least 25 hours of supervision by qualified supervisory staff, and pass the International Certification and Reciprocity Consortium (IC-RC) exam.

The certification process is long, arduous, and cost-prohibitive to many people. The fees associated with the certification are astronomical. The required training costs $600 - $800 and sometimes does not include the required element that addresses medication assisted treatment which is an extra fee to individuals. Additionally, the fee to register for a provisional CRPA (which also registers you to take the exam), is $186, and then the upgrade fee to go from CRPA-P to CRPA is another $52.00. Essentially, it costs over $1000.00 to become a CRPA, and then the CRPA renewal fee is $100 every 3 years.

UHS has employed Peers for many years. Individuals could be hired without prior certification, however it was required to obtain certification within 1 year of employment. Due to the costs associated with training and certification, this was problematic for our Peer workforce, and not something that was covered within the UHS budget. Additionally, delaying certification also lead to a delay in career development and advancement for our peer workforce.

3. PROGRAM/ACTIVITY DESCRIPTION:

This funding allowed us to pre-purchase six core training packages from the Addiction Center of Broome County, as well as supplemental trainings and certification costs.

4. PROGRAM/ACTIVITY OUTCOMES:

We were able to send 3 individuals for the core training at the Addiction Center of Broome County, and have 3 slots available for future hires.

In addition, we were able to pay for

- 3 fees associated with MAT required course
- 3 registrations that cover the CRPA-P and the exam fee;
- 1 upgrade from CRPA-P to CRPA fee.

5. STORY ABSTRACT:

The costs associated with peer certification create a barrier to certification for many individuals. This funding allowed us to assist our peer workforce in taking steps towards certification, and allowed one of our peers to become fully certified!

6. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY:

- ☐ Testimonials
- ☐ Quote from Partner/Participant
- ☐ Sample of Materials Produced
- ☐ Press Release
- ☐ Promotional Materials
- ☐ Photo(s) of Project
- ☐ Video/Audio Clip
- ☐ Other (Explain: _____)

7. CONTACT INFORMATION:

Name: Cara Fraser LCSW-R, MPA
Title: Administrative Director of Behavioral Health / Senior Director of Social Work
Organization: United Health Services
Phone: 607-762-2152
E-mail: cara.fraser@nyuhs.org

RURAL HEALTH NETWORK
Serving South Central New York

2023-2025 Broome County Opioid Settlement Funds Final Report

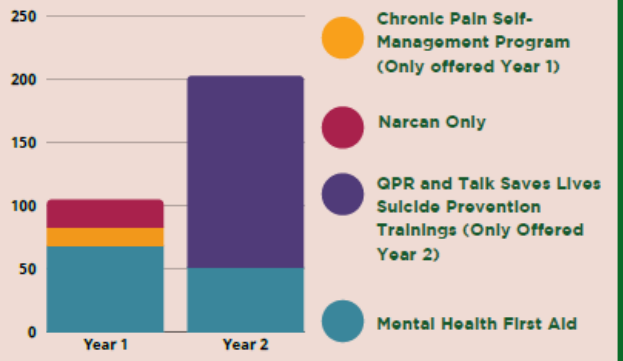
PROJECT PROCESS

Rural Health Network created and implemented a unique program pathway, whereby participants engaging in mental health and health trainings/workshops were automatically given access to Narcan and Science of Addiction training delivered by Truth Pharm

- Mental Health First Aid
- QPR Suicide Prevention Training
- Chronic Pain Self-Management Program
- Talk Saves Lives ™

→ Narcan and Science of Addiction Training

TOTAL PARTICIPANTS ACROSS 20 WORKSHOPS



176
People trained in Narcan and Science of Addiction

286
Received mental health training

13+ ORGANIZATIONS REACHED

Trainings offered in collaboration with groups across Broome County, including 1 church, veteran services agencies, 2 Higher Education Institutions, 7 workplaces, 1 disability advocacy group, and 1 museum

95.6% of Mental Health First Aid respondents **improved or maintained high confidence** in one or more of the following areas:

- **have a supportive conversation** with anyone about mental health or substance use challenges
- **ask** anyone directly **whether they are considering killing themselves**
- **respond to a substance use crisis** including an overdose and know what to do to keep an individual safe

86.3% of Mental Health First Aid respondents **improved or maintained high knowledge levels** of how to recognize the signs and symptoms of a mental health or substance use challenge

MENTAL HEALTH FIRST AID PARTICIPANT FEEDBACK:

> *...**Informative and relevant** to the needs of our local community*

> *Every part of new information that was given, is **helpful**. No matter how small or large it is.*

> *...the course was **very well done**. I especially enjoyed the in depth scenarios we discussed in groups.*

97.8% of Mental Health First Aid respondents agreed:

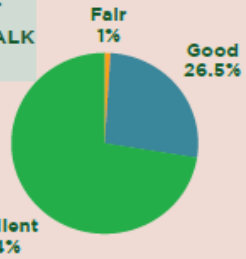
"This course was helpful and informative"
or
"This course has better prepared me for the work I do professionally"

QPR AND TALK SAVES LIVES PARTICIPANT FEEDBACK:

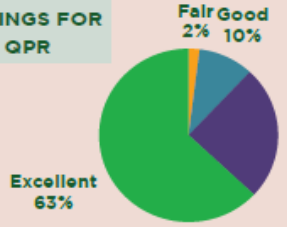
> *A lot of great info. Left feeling a lot **more comfortable talking about suicide.***

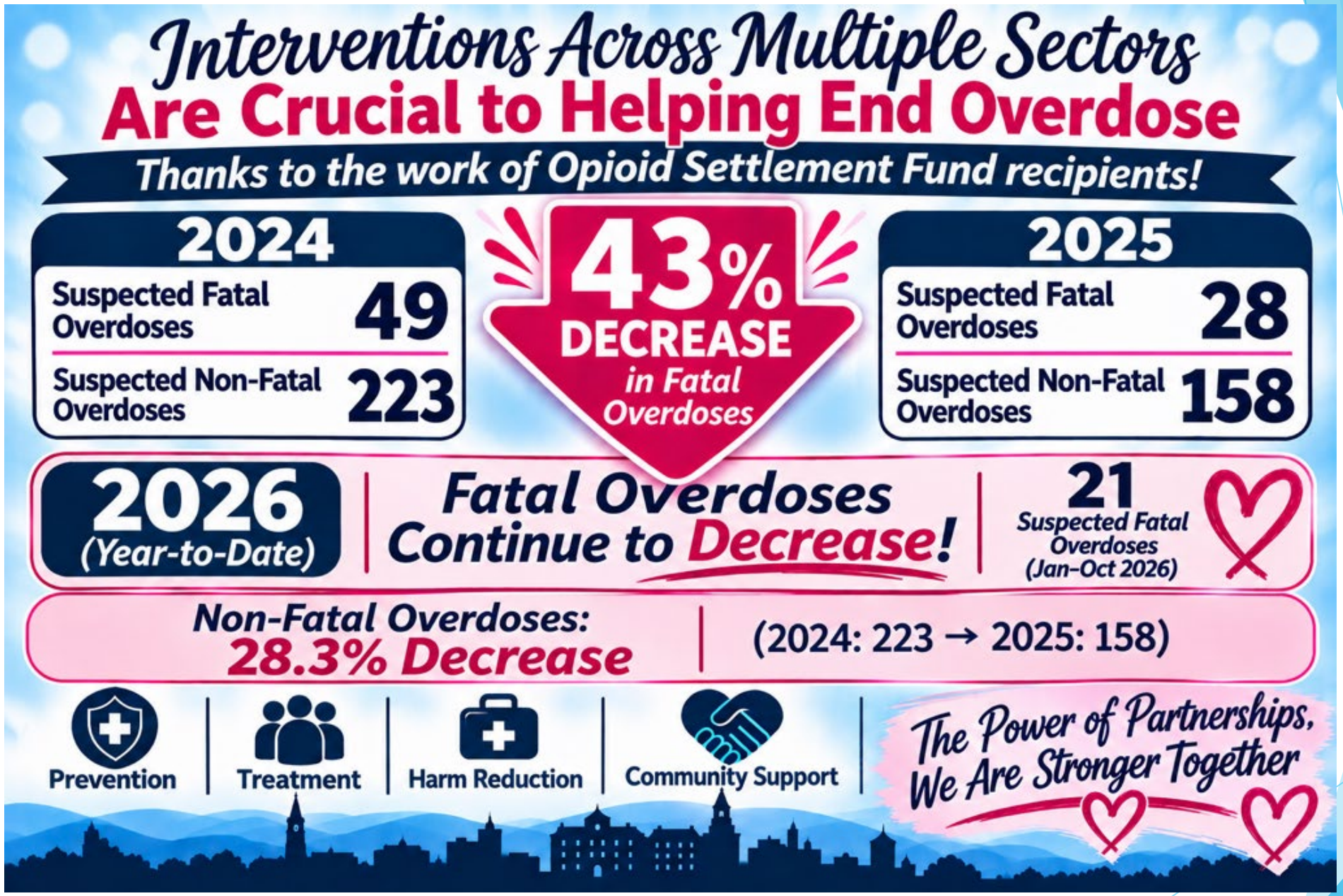
> *The training was **excellent**, information was **clear** and **easy to understand**.*

PARTICIPANT RATINGS FOR TALK SAVES LIVES



PARTICIPANT RATINGS FOR QPR





https://www.binghamtonhomepage.com/video/local-officials-combat-opioid-epidemic/11444282



Marissa Knapp: 607-778-2812

Marissa.Knapp@broomecountyny.gov or
Overdoseprevention@broomecountyny.gov

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has”