

**NEW YORK STATE SENATE FINANCE
AND
ASSEMBLY WAYS AND MEANS COMMITTEES
MENTAL HYGIENE BUDGET HEARING**

TUESDAY, FEBRUARY 13, 2018

**TESTIMONY BY:
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Good morning. My name is John Coppola. I am the Executive Director of the New York Association of Alcoholism and Substance Abuse Providers, Inc. (ASAP), the statewide association that represents the interests of substance use disorder and problem gambling prevention, treatment, and recovery support services providers from throughout New York State. Included in our membership are close to 200 agencies that provide a comprehensive continuum of services, fifteen statewide and regional coalitions of programs, and a number of affiliate and individual members.

Last year when ASAP testified at the Mental Hygiene Budget Hearing, we expressed great concern about the growing epidemic of prescription opioid and heroin addiction and the upward trajectory of overdose deaths. We predicted that 2017 would see a record number of overdose deaths, after having made the same prediction when we testified in 2016, 2015 and prior. We do not use the word epidemic anymore to describe this public health crisis, it is more appropriately characterized as a pandemic and we are distressed to, again, predict that this pandemic will set a new record for deaths in 2018.

Last year when we were here, we urged the Governor, the Senate and the Assembly to significantly increase resources for substance use disorders prevention, treatment, and recovery support services stating that, “Families across New York State are devastated by the losses they are experiencing related to the deaths of loved ones caused by a prescription opioid or heroin overdose.” We urged the Senate and Assembly to add more funds to the proposed 2017-18 New York State budget, stating that “**Dramatic action is needed**”. Unfortunately, the Governor’s 2017-18 budget proposal did not contain the resources necessary to address this crisis, and the Senate and Assembly added only a little under \$3 million to supplement the Governor’s proposal. The magnitude of our response to this public health crisis must at least match the magnitude of the crisis itself. To say that the response has been insufficient is an understatement.

If we look at the OASAS Aid to Localities budget over the course of recent years and ask ourselves if the trajectory and magnitude of this funding reflects the trajectory and magnitude of the opioid pandemic, it is very clear that the answer is NO. It does not. While it was widely believed, and frequently referenced during and after the budget process last year, that in excess of \$213 million was specifically allocated to address the pandemic, in fact, that was not the case. The local assistance portion of the OASAS budget, last year, was only 1% higher than the year before and that included \$26M in new money **from Washington**. OASAS and the field have received little more than an inflationary increase (an average of approximately 2.5% annually since 2013) to support prevention, treatment and recovery services in communities across New York State. This is no way to address a pandemic.

Enacted Appropriations - All Funds					
	2013-14	2014-15	2015-16	2016-17	2017-18
Aid to Localities	457,696,000	460,896,000	474,716,000	501,490,000	507,548,000
State Operations	117,866,000	115,279,000	115,279,000	119,504,000	121,162,000
Capital	97,606,000	6,000,000	9,500,000	33,000,000	78,000,000

13-14 to 14-15: \$3.2 million increase or .7% (7/10 of 1%) - **1,604 Opioid Overdose Deaths**
14-15 to 15-16: \$13.82 million increase or 3% - **1,710 Opioid Overdose Deaths**
15-16 to 16-17: \$26.777 million increase or 6% increase - **2,185 Opioid Overdose Deaths**
16-17 to 17-18: \$6.058 million increase or 1.2% - 3,253 Opioid Overdose Deaths

From 2013-14 to 2017-18 there has been ONLY a \$49.852 million increase or 11% to address this emerging and all-encompassing pandemic. From 2013-14 until this fiscal year the average annual increase in aid to localities was 2.725%. **THIS IS NOT ADEQUATE.** During the same time, overdose deaths increased 103%. **THIS IS TRAGIC.**

The pandemic of overdose and addiction related to prescription opioids, heroin, and fentanyl continues to escalate in New York State and across the country. In spite of all that is currently being done, including a number of new pilot initiatives, deaths attributable to heroin and prescription opioids went up again in 2017. There is no evidence to suggest that the upward trajectory of overdose deaths will recede in 2018. The proposed budget does not include resources that match the magnitude of this public health emergency. We need your help. The work that the Senate and Assembly do on this budget will send a message to individuals, families, and communities struggling to address this pandemic of death and addiction that we are finally going to respond to this emergency in a manner that will make a difference or that we have a tolerance for more death, more addiction, more suffering and will not rise to the occasion.

President Trump and Congress have been criticized for declaring a Public Health Emergency and then not coming through with the resources necessary to address it. New York State can set an example for what should be done across our country by funding prevention, treatment, recovery support, and harm reduction services at a level sufficient to address the magnitude of this pandemic. Experts predict that overdose deaths will continue to increase annually unless something dramatic is done to increase access to prevention, treatment, recovery, and harm reduction services.

Workforce Crisis

A 2016 Center for Human Service Research survey, commissioned by ASAP, found that turnover is a significant problem in SUD programs and is related to inadequate pay (60%) and benefits (21%). Treatment program staff vacancies are increasingly the reason individuals needing treatment are not able to access services. Beds are empty because there is no staff person to provide treatment, resulting in persons with addiction having to be placed on waiting lists. Prevention programs across NYS have lost more than a third of their staff because of shrinking funding levels and difficulty recruiting new staff because of inadequate pay. In NYC public schools, for example, there were 500 prevention specialists in 2009 and only 280 in 2017 providing critical prevention services to at-risk youth; a loss of 44% of their prevention workforce.

Incentives available to other professions, such as student loan forgiveness; scholarships for training, education, and certification; and salary/hiring incentives could help to attract and retain staff, are not available to SUD professionals who are needed to address the heroin epidemic.

ASAP recommends a significant increase in the OASAS budget to strengthen our response to this pandemic by committing resources to address this workforce crisis:

Strengthen Prevention Services by Strengthening the Prevention Workforce

To bring the prevention workforce back to its 2009 level and to address increased demand for prevention services created by the opioid pandemic, 500 prevention professionals should be added to New York's school and community-based prevention programs to address unmet need and increased demand for prevention service. Specifically, add:

- 250 prevention professionals to be deployed in NYC public and parochial schools and 50 in public and parochial schools outside of NYC in high need schools particularly those that currently have NO prevention personnel
- 150 prevention professionals to be deployed to community-based prevention programs outside of NYC with emphasis on services in high-need communities and 50 prevention professionals to be deployed to community-based prevention programs in high-need NYC neighborhoods

Cost for 300 prevention professionals in NYC ($\$75,000 \times 300 = \22.5 million) and 200 prevention professionals outside NYC ($\$60,000 \times 200 = \12 million) is approximately \$34.5 million. This distribution reflects regional workforce needs and service configurations.

Strengthen Treatment by Strengthening the Treatment Workforce

Support adding 600 FTE treatment professionals to New York's continuum of treatment services to address the heroin/prescription opioid pandemic and the demands for treatment for persons addicted to alcohol and other drugs. Specifically:

- 150 treatment professionals to be deployed in NYC outpatient programs and 150 treatment professionals in outpatient programs outside of NYC to provide clinic based services and offsite outreach to homeless shelters, criminal justice facilities, hospitals and other setting where persons with addiction can be screened and referred for treatment
- 150 treatment professionals to be deployed in NYC inpatient and residential treatment programs and 150 treatment professionals to be deployed in inpatient and residential treatment programs outside of NYC to improve access to treatment, reduce the need for overtime, and to enable enhanced services

Cost for 300 treatment professionals in NYC ($\$75,000 \times 300 = \22.5 million) and 300 treatment professionals outside NYC ($\$60,000 \times 300 = 18$ million) is \$40.5 million

Professionals doing prevention services and harm reduction in our communities are fighting a forest fire with a garden hose. The task for a depleted treatment workforce is no less daunting as demand for treatment increases.

Strengthen Recovery Services by Supporting the Recovery Services Workforce

Many counties in NYS do not have a recovery center to provide recovery supports to recovering persons and their families. ASAP recommends that start-up funds be added to the budget so that 10 more of these counties can create recovery centers.

Cost for 10 recovery centers: $10 \times \$350,000 = \3.5 million

Certified Recovery Peer Advocates and Certified Addiction Recovery Coaches are increasingly in demand as New York adopts a recovery oriented system of care. ASAP recommends a peer

workforce initiative to help train and certify 250 new peer advocates and create infrastructure to support their entry into the SUD workforce.

Cost for training, certification test, and fees for 250 candidates (250 x \$1000 = \$250,000) and support for the New York Certification Board to develop infrastructure to support addiction recovery peers (\$250,000) = \$500,000

Address Substance Use Services Workforce Recruitment and Retention Issues

Provide \$21 million to support SUD workforce incentives such as student loan forgiveness; scholarships for training, education, and certification; medical fellowships and internships, and salary/hiring incentives that would help to attract and retain staff

To the extent possible, ASAP encourages use of funds from the asset forfeiture Substance Abuse Services Fund to support these incentives.

Strengthen Employee Benefits for the SUD Field

SUD service providers have seen dramatic increases in the cost of their health insurance and other employee benefits. The crippling impact of these increases has increased the burden on employees (high deductibles, increased share of premiums), resulting in staff leaving the field for better compensation opportunities.

ASAP recommends making the state workforce's health benefit package available to SUD service providers so that savings can be created and reinvested to address the heroin/prescription opioid crisis.

Budget Recommendation Critical to Business Sustainability and Stability

To ensure viability of service providers during this pandemic, ASAP recommends:

- Increasing Medicaid rates for SUD treatment to reflect actual cost of treatment services. ASAP proposes a Cost-based Rate Workgroup comprised of service providers and OASAS staff to develop a payment methodology that provides for full reimbursement of costs associated with providing services. The result would be a rate structure that allows for stabilizing treatment programs and their workforce. This effort would also help to address workforce needs in programs that do not receive OASAS funding.

Strengthen the Continuum of Services Addressing Substance Use Disorders

- One thing the Senate and Assembly could do to make sure our workforce crisis does not get significantly worse, at a time it can least afford the loss of thousands of jobs, is to make the exemption from social work scope of practice restrictions in OASAS licensed programs permanent.

For more than a decade, SUD treatment programs have been protected from a seriously flawed social work licensing statute by a permanent exemption for credentialed addiction counselors (CASACs) and a temporary exemption for other professionals working in our programs. As a social worker with an MSW degree who worked in the treatment field for many years, I can testify that my MSW coursework did little to train me to work in the field. It was an internship in the field followed by on-the-job training and supervision in a highly regulated environment that made it safe for me to practice addiction treatment. NASW's campaign to assimilate the work of a broad swath of health and human service

practice into their scope of practice was a bad idea that has been acknowledged every time the Governor and legislature has seen fit to extend the exemptions. If we want a permanent fix to the flawed licensing bill, make the exemptions permanent. By doing this you will send a message that you support the dedicated workers providing addiction treatment in programs across New York State and the dedicated staff at OASAS who ensure that persons seeking and receiving treatment will receive high quality services from the programs they certify and regulate.

- Provide adequate funding to ensure that every NYS county has access to a comprehensive continuum of prevention, treatment, recovery, and harm reduction services
- Ensure that every region of the state has access to treatment on demand
- Increase funding for recovery housing and support efforts to ensure that all recovery housing meets standards set by OASAS, treatment providers, and the recovery community

New York State has to strengthen its prevention, treatment, and recovery service workforce and infrastructure if we are to make progress in reducing the death and addiction plaguing every county in our state. Media campaigns initiated by the Governor, new medication assisted treatment clinics in upstate communities, new recovery centers, and other new initiatives are appreciated, however we must support core services in existing programs that are suffering from a lack of staff and resources.

Additional prevention, treatment, and recovery support resources are needed to address not just the prescription opioid and heroin crisis, but also such profound issues as underage drinking; substance use disorders experienced by pregnant women and their newborn children; and the special needs of veterans, young adults, adolescents, the LGBTQ community and others. Support is also needed to strengthen harm reduction services vital to reversing the upward trajectory of overdose deaths, HIV/AIDS, Hep C, and other drug use related health issues.

Additional Recommendations

- We encourage the Senate and Assembly to continue its support of enhancements contained in the Governor's budget proposal to the salaries of 100, 200, and 300 level employees working in OASAS programs and those supported by other state agencies working in other health and human service settings. ASAP, working with our mental health, health, and human service peers, asks for your support of our workforce so that we have a chance of recruiting and retaining a strong workforce.
- Ensure that managed care companies and health plans include a full continuum of prevention, treatment, and recovery service providers on their networks and provide reimbursement rates that cover the cost of providing services.
- Ensure access to funding for OASAS service providers to support their MIS infrastructure needs, personnel, licensing fees, and other expenses related to support and maintenance of electronic health records. Community-based organizations should have access to the same resources made available to hospitals for personnel and infrastructure support
- Provide funding to support business and services delivery transformation such as development of management services organizations, independent practice associations

Problem Gambling Prevention, Treatment, and Recovery Services

As New York continues to open new casino gambling venues, it must create a statewide continuum of problem gambling services that includes public education, primary prevention, early intervention and treatment, recovery support, and other needed services.

Approximately one million New Yorkers currently have a gambling problem. To address problem gambling and the need for a comprehensive continuum of services, ASAP recommends:

- Funding adequate to provide problem gambling prevention, community education, treatment, and recovery services in every county.

In each of the past three years, when ASAP testified before the Senate Finance and Assembly Ways and Means Committees, we urged the Senate and the Assembly to take action to address New York's prescription drug and heroin addiction and overdose epidemic. We were concerned that the Governor's proposed budget did not adequately respond to the crisis. We are back this year with the same request. Please give us the resources needed to address New York State's number one public health problem, the pandemic of death and addiction related to heroin and prescription opioids.

Thank you for your commitment to public service and for all the work you do on New York State's budget and other important legislative matters. ASAP is committed to working with you to ensure that the communities you represent receive the best possible substance use disorder and problem gambling prevention, treatment, and recovery services.

Thank you.