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The New York State Conference of Local Mental Hygiene Directors, Inc.

***Joint Legislative Budget Hearing on Mental Hygiene
2017-2018 Executive Budget Proposal***

February 13, 2018

Testimony Presented By:

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Executive Director*

Chairwoman Young, Chairwoman Weinstein, Assembly member Gunther, Senator Ortt, Assembly member Rosenthal, Senator Amedore and Committee Members, thank you for this opportunity to testify before you regarding the 2018-19 State Budget.

My name is Kelly Hansen and I am the Executive Director of the New York State Conference of Local Mental Hygiene Directors.

The Conference of Local Mental Hygiene Directors (CLMHD) was established pursuant to Article 41 of the Mental Hygiene Law, and our members are the Directors of Community Services (DCSs) for the 57 counties and the City of New York. The DCSs are appointed to lead the Local Governmental Unit (LGU) which is the part of local government with the statutory responsibility for the planning, development, implementation and oversight of services to individuals living in our communities affected by mental illness, substance use disorders and developmental disabilities.

While there are many items in the Governor's budget which warrant discussion, I plan to use my ten minutes to talk about the heroin and opioid epidemic and a proposal the Conference, the New York State Sheriff's Association and the New York State Association of Counties (NYSAC) are jointly putting forward to request \$12.8 million in annual funding to the Counties to develop substance use disorder (SUD) treatment and transition services in the jails.

Included with my testimony is a report developed by CLMHD in collaboration with the NYS Sheriff's Association entitled *Completing the Recovery Treatment Continuum: Jail Based Substance Use Disorder Services* which provides the evidence base for funding we are seeking.

It is my hope that by the end of this testimony you will be persuaded that now is the time for New York State to address the remaining gap in the addiction treatment continuum and that a relatively small, but functionally impactful investment in jail-based SUD treatment and transition services will save lives, reduce crime, produce cost savings, and help people suffering from addiction to move along the pathway to recovery.

The DCSs have a bird's eye view of the mental hygiene system in their counties and have extensive knowledge and expertise across all services and resources, including the criminal justice system. The County Directors of Community Services (DCS)/County Mental Health Commissioners have long recognized the growing number of individuals with a substance use disorder who are incarcerated in the local jail and they struggle with an absence of funding for treatment at the critical moments of jail incarceration and transition into the community upon re-entry.

CLMHD sought to quantify what we, and the Sheriffs, are experiencing which is that the local jails are housing thousands of individuals with SUD's and have little to no services available to effectively move them to a place of recovery upon re-entry.

CLMHD and the NYS Sheriff's Association worked with Policy Research Associates (PRA) to conduct an analysis and develop a evidence-bases, data-informed recommendation to develop a framework for state investment in jail-based SUD treatment and transition services.

NYS Efforts to Address the Heroin and Opioid Crisis

The state has had to fundamentally re-think it's responses to the heroin and opioid epidemic and the escalating number of overdose deaths. The Legislature and the Governor have provided significant support through new laws requiring insurance to cover services, allowing non-medical personnel to carry Naloxone, the development of comprehensive prevention programs and funding to develop prevention, treatment and recovery services in the community.

Building the Continuum of Care for Addiction Treatment

The 2017 State Budget allocated nearly \$200 million, which provided funding for the following SUD community-based programs:

- **20 Family Support Navigators** to assist New Yorkers and their families with navigating the insurance and OASAS treatment systems
- **20 On-Call Peer Programs** to assist individuals who are in need of SUD treatment with making the connection from hospital emergency rooms to the OASAS treatment system
- **15 Adolescent Club Houses** to provide safe, welcoming spaces for teens and young adults who are in recovery or are at-risk for SUD to develop social skills that promote long-term health, wellness, recovery, and a drug-free lifestyle
- **14 Recovery & Outreach Centers** to provide recovery supports in a comfortable environment to individuals and their families that are in, or seeking, recovery from SUDs;
- **10 Regional Addiction Resource Centers (Community Coalitions)** to assist people, families, and communities in accessing local resources for those facing addiction problems
- **10 24/7 Urgent Access Centers** to provide individuals with access to SUD services immediately.

NYS now has new services in the community that didn't exist three years ago. All of the services above are geared toward building a seamless continuum of care.

However, there remains a significant gap in the treatment continuum and that is inside the local jail.

The link between SUD and Criminal Justice

We know that people with a SUD frequently – and repeatedly - come into contact with the criminal justice system. The link between offending and SUDs is well established, bringing significant numbers of individuals with SUD into NYS jails.

Nationally, alcohol and drugs are implicated in roughly 80 percent of offenses, including domestic violence, DWIs, property offenses, drug offenses, and public order offenses. In our report, NYS jails indicated that approximately 68% of inmates in their jails with a SUD have been in their jails before.

There are two critically important points to this discussion:

- 1. Like it or not, the jail setting has become part of the continuum of care for addiction treatment and needs to be funded as such.**
- 2. We are missing a unique and time-limited opportunity to offer treatment when the person is clean and sober and is likely to have insight into their addiction.**

Sobriety often brings insight and the period of jail incarceration offers a uniquely impactful opportunity to initiate the process of recovery, break the cycle of offending, and clear the pathway to successful community reintegration for those challenged by addiction.

Absence of Resources to Fund Treatment and Transition Services

According to our needs assessment, while jail incarceration provides a unique opportunity to offer treatment supports during periods when people are clean and sober, just over half (51%) of New York State localities report that they have no funding for SUD treatment services in their jails.

Eighty (80) percent of needs assessment respondents indicated that while jails conduct screening and assessment upon booking, they largely lack capacity to provide treatment services.

Fifty-three (53) percent of jails do not have the capacity to directly transition addicted inmates to community treatment programs upon re-entry. A warm hand off is needed for those who are leaving the correctional setting and re-entering the community to minimize the possibility of recidivism and overdosing. A New England Journal of Medicine (NEJM) study found that for the first two weeks after their release from a corrections setting, former inmates with an opioid use disorder were 12.7 times more likely than other individuals to die of an overdose.

For those jails that do have some treatment services, those services are far outpaced by the escalating need for them.

Model Programs:

The benefits of providing effective SUD services in the jail setting have proven significant where they occur. A handful of localities in New York State have supported a level of service through local funding and are reaping significant benefits. For example, in Albany County the jail-based Sheriff's Heroin Addiction Recovery Program (SHARP) has seen a twenty-eight (28) percent reduction in recidivism among program participants

Program Components: Separate dormitory-style housing unit; individual and group counseling; substance use education; and transitional planning. Prior to their release, participants receive a Naltrexone injection if they choose and then may be transported to community-based treatment services. Access to health insurance (including Medicaid) is key to avoiding uninterrupted access to services to ensure participants can continue to receive this monthly injection and other addiction treatment and support services after release.

Impact: According to the Albany County Sheriff's Office, participants have a twelve (12) percent recidivism rate as compared with a forty (40) percent recidivism rate of their counterparts with a SUD, but did not participate in the SHARP program. This is a 28% reduction in recidivism. Seventy-five (75) percent of the men released from the SHARP program remained in treatment.

Take moment to think about what a 28% decrease in recidivism translates into with respect to real life. Reduced crimes against people, personal property, DWI and reduced human burden that affects people with an addiction and their families.

NYS Division of Criminal Justice Services Cost-Benefit Data

The State's own work on cost-effective criminal justice policy revealed that SUD treatment services in jails in NYS are tremendously cost effective, saving significant money and substantially reducing crime victimization. Through its Pew-MacArthur *Results First* initiative project which used over 1,000 NYS-specific data points, **the NYS Division of Criminal Justice Services (DCJS) found that SUD treatment services in New York State jails ultimately save taxpayers \$2,170 and victims \$676 per person for a total impact of \$2,846 saved for each person who participated in the program.**

The *Results First* data indicates that reduced recidivism would save taxpayers \$2,170 for each person in the program through reduced costs in state and local incarceration, community supervision, court and prosecution costs and police and law enforcement costs.

Reduced recidivism would save victims \$676 for each person in the program in tangible costs of medical expenses, mental health care, damage to personal property and lost earnings due to injury or harm.

Budget Request

The CLMHD is requesting an annual state aid funding allocation of \$12.8M from OASAS to the Local Governmental Units (LGUs) for SUD treatment and transition services in NYS jails. The CLMHD is recommending that the State support an annual allocation of \$156,000 to each of the 41 counties with small jails (Average Daily Population under 250) and an allocation of \$400,000 to each of the 16 counties with large jails (not to include New York City), with an ADP of 250 and above.

What would the money be used for?

The funding would be used to support a range of treatments and transition/reentry services and would be developed based on county need and existing resources.

- CASACs,
- Social Workers
- Peer services
- Case Managers
- Recovery Coaches
- Psychiatric Nurse Practitioners
- Psychiatrists with an Addiction Medicine specialty
- Increase capacity for:
 - group counseling
 - improved clinical assessments
- Medication Assisted Treatment
- Additional training for social work staff in Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) which are 2 therapeutic technics found to be effective in treating addiction
- Relapse prevention
- Transition planning

NYS is well positioned to take a pivotal step in filling this enormous gap in the SUD treatment continuum. With a modest investment of state funding to support an allocation to counties for jail-based SUD treatment and transition services, NYS can fundamentally advance public safety and provide new opportunities for recovery, and lessen the human burden of addiction on New Yorkers.

I hope that this overview has provided you with the strong evidence that these services reduce crime, save money, and save lives and will move you toward support for investing state dollars necessary to close this significant gap in treatment.

Thank you for your time and I welcome your questions and comments.