

**NYS 2021-22 Joint Legislative Budget Hearing on Mental Hygiene  
Housing Works Testimony  
February 5, 2021**

Thank you for the opportunity to present written testimony to the Joint Budget Hearing on Mental Hygiene. My name is Charles King, and I am the Chief Executive Officer of Housing Works, a healing community of people living with and affected by HIV/AIDS. Founded in 1990, we now provide a range of integrated services for over 25,000 low-income New Yorkers annually, with a focus on the most vulnerable and underserved—those facing the challenges of homelessness, HIV/AIDS, mental health issues, substance use disorder, other chronic conditions, and incarceration. Our comprehensive prevention and care services range from housing, to medical and behavioral care, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial businesses that sustain our efforts.

Housing Works is part of the End AIDS NY 2020 Community Coalition (EtE Coalition), a group of over 90 health care centers, hospitals, and community-based organizations across the State. I was proud to serve as the Community Co-Chair of the State's ETE Task Force, and Housing Works is fully committed to realizing the goals of our historic New York State *Blueprint for Ending the Epidemic* (EtE) for all New Yorkers.

Housing Works is also a founding member, and I sit on the Board of Directors, of the New York State Harm Reduction Association (NYSHRA), a collective of prominent harm reduction organizations that have come together to leverage our voices of advocacy, public policy, and clinical expertise in order to introduce and promote harm reduction in New York State as a scientifically based treatment appropriate for substance use disorder, as well as a lifestyle approach to people who use substances. Housing Works and NYSHRA are on the front lines of the overdose epidemic, providing a wide array of direct harm reduction services including syringe exchange programs, medication assisted treatment (MAT), and naloxone distribution.

Housing Works operates the substance use treatment program licensed by the NYS Office of Addiction Services and Supports (OASAS) to use a harm reduction approach, and we are pleased that several other providers have adopted our policies and procedures to implement harm reduction in their own licensed programs. Our OASAS-licensed program includes short-term, goal-oriented treatment using evidence-based cognitive behavioral treatment models, as well as individual and group treatment strategies, and is fully integrated with all of our other programs, including services funded by the NYS Office of Mental Health (OMH), facilitating referrals to and from primary care, case management, and other behavioral health services. This approach enables our providers to meet clients where they are and support clients in developing truly personalized recovery plans, allowing us to work with the most hard-to-reach and underserved populations.

### **Creation of the Office of Addiction and Mental Health Services**

Housing Works, NYSHRA, and the EtE Coalition all strongly support the FY 2022 Executive Budget proposal to integrate OASAS and OMH to create a new State agency: the Office of Addiction and Mental Health Services (OAMHS). As stakeholders that will be impacted by the proposed merger, we believe that it is right and appropriate that OASAS and OMH should move forward as an integrated behavioral health entity. It is our strong hope, however, that the merger will

not only break down silos and streamline bureaucracy but also produce a united entity that is informed and guided by the more progressive OASAS approaches and policies. Our member agencies have a plethora of data indicating successful outcomes from harm reduction interventions. However, while this is a well-known fact on the OASAS substance use disorder side, we urge that the new OAMHS entity adopt, fully integrate, and sustainably fund harm reduction approaches to integrated behavioral health services.

For years, Housing Works has advocated for NYS to adopt treatment modalities for substance use disorder that are not rooted in abstinence, and we have applauded the increasingly progressive direction taken by OASAS in recent years. The agency has become a champion of harm-reduction approaches and patient-centered definitions of recovery, including adoption of regulations that allow for unprecedented expansion of treatment under a harm reduction modality. Through these regulations, service providers from clinicians to peers can offer appropriate care that is increasingly free of the harmful barriers contained in abstinence-only approaches. Equally important, the regulations require that all licensed treatment programs provide access to MAT, the gold standard of care for opioid use disorder. OASAS has also worked to facilitate co-location of substance use and health care services as well as the provision of mobile and other services without walls, and has significantly increased the number of Certified Peer Recovery Advocates who work in treatment settings to motivate individuals to seek treatment and help those individuals navigate the service delivery system.

OASAS has also been nimble in its response to the COVID-19 crisis, supporting outpatient treatment providers to rapidly shift to delivering services via telehealth, and Opioid Treatment Programs (OTPs) to increase take-home dosing and delivering medication to patients who are homebound or under quarantine. Prevention and recovery service providers have also utilized technology to reach vulnerable populations during the pandemic.

In contrast, OMH has often been the least cooperative partner in efforts to coordinate and co-locate services in order to integrate care and has taken a more restrictive approach to certifying peers, including denying eligibility for people with histories of criminal justice involvement and requiring a New York State High School Equivalency diploma (formerly GED).

One area of particular concern is the lack of coordination between the OMH system and HIV prevention and health care. Unaddressed behavioral health needs negatively affect access to HIV prevention and care, and there is a significant need for integrated, affordable, high-quality and culturally sensitive medical and behavioral health care in New York.<sup>1</sup> People living with or at heightened vulnerability to HIV are more likely than the U.S. population as a whole to have mental health challenges, and these mental health issues can have a significant impact on an individual's ability to access and benefit from HIV prevention and care services—delaying diagnosis and linkage to HIV care, and/or resulting in interruption of treatment as people with HIV move in and out of mental health service settings.<sup>2</sup> A 2019 NYC DOHMH analysis found that, when compared to the overall group of people with HIV in NYC, 1,326 individuals with serious mental illness and diagnosed HIV identified through a data match were less likely to be receiving HIV care (82% vs. 93% overall), less likely to be prescribed antiretroviral therapy (79% vs. 90% overall), and far less

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<sup>1</sup> Remien RH, et al. Mental health and HIV/AIDS: The need for an integrated response. *AIDS*, 2019; 33(9):1411-1420.

<sup>2</sup> See: Feldman MB, et al. Utilization of Ryan White-funded mental health services and mental health functioning among people living with HIV in New York City, *Journal of HIV/AIDS & Social Services*, 2018; 17(3): 195-207.

likely to be virally suppressed (68% vs. 83% overall.<sup>3</sup> For many reasons—including restrictive policies and funding streams—identifying and treating behavioral health needs among people affected by HIV have not been prioritized and/or have been difficult to implement at the required scale. Likewise, while mental health care settings can be a venue for reaching people most impacted by HIV, such settings often lack the staff or training to provide HIV testing, access to PrEP and a space to discuss sexual health.

Indeed, in addition to breaking down silos between substance use and mental health care through the new single behavioral health entity, it will be essential to further break down silos between the new OAMHS and the NYS Department of Health. Housing Works, the EtE Coalition, and NYSHRA strongly urge the Legislature to support the Governor’s direction to OMH, OASAS and DOH to establish a single, integrated license for outpatient mental health, addiction, and physical health services. Such system level strategies are needed to implement models for care integration, training, protocols, best practices, and evidence-based screening tools, in addition to developing a behavioral health workforce culturally responsive to and representative of populations disproportionately impacted by HIV and other chronic health conditions.

When it comes to areas like outpatient and community residential care, peer and recovery support services, vocational services, and housing, among other services, there are tremendous opportunities to move system integration forward to better serve those in need. But to be successful in improving lives, harm reduction must become an integral, adequately resourced part of the continuum of care. The COVID-19 pandemic exacerbated the barriers to harm reduction services, and in particular sterile syringe access. The Governor’s withhold of 20% of contract amounts since June 2020 for State funded programs including syringe exchange providers and their supplier created a statewide syringe shortage forcing people to share and/or reuse their syringes which increases the risk of infection. As the result, NYS has seen an increase of hepatitis C infections, HIV clusters, and skyrocketing overdose deaths. We are glad to see that the Governor proposes to reduce the withhold to 5%, and to restore the lost 15% of funding retroactively. However, restoration of these funds cannot undo the harm to programs and their clients during the months that funds were withheld, and no cut to harm reduction funding going forward is justifiable in the face of an unprecedented surge in overdose deaths.

### **Addressing a heightened opioid crisis**

Impacts from COVID-19, such as physical distancing and wide-ranging unemployment, have led to isolation, stress, and despair among many people, including people who use drugs and people engaged in sex work. These factors, which increase the risk of overdose, infectious disease, and other poor health outcomes, have been compounded by COVID-related barriers to accessing and implementing harm reduction strategies. It is not surprising that a December 2020 Health Advisory was issued by the CDC<sup>4</sup> to alert public health departments, healthcare professionals, harm reduction organizations and other first responders of a substantial increase and concerning acceleration in overdose deaths across the United States, including provisional data indicating a 21% increase in overdose deaths for NYS as a whole for the 12 months ending June 2020, and a 23% increase in NYC.

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<sup>3</sup> Khosa P. *Persons with Serious Mental Illness Referred to Select Bureau of Mental Health Services and Matched to the NYC HIV Registry*. NYC HD, Bureau of HIV, 2019.

<sup>4</sup> <https://emergency.cdc.gov/han/2020/han00438.asp>

In light of these disturbing trends, I take the opportunity here to briefly address several other critical issues on which Housing Works and our allies urge the Legislature to act quickly.

*Decriminalize syringe possession and remove the Expanded Syringe Access Program (ESAP) limit*

For nearly thirty years, New York State has recognized that providing access to sterile syringes is an effective public health intervention for preventing and reducing the spread of HIV and hepatitis C infections, as well as abscesses and endocarditis. To encourage accessibility to sterile syringes, the state has created and expanded syringe exchange programs and established the Expanded Syringe Access Program (ESAP). However, in direct contradiction to this effort, New York still has a draconian law that puts people at risk of being arrested for simply possessing syringes and that limits the number of syringes people can purchase at a pharmacy to ten. It is more critical than ever that people are able to carry syringes without fear of arrest and be able to access a limitless supply of sterile syringes at pharmacies. Lifting these restrictions will also support engagement with syringe exchange programs that provide a vital link to other medical, behavioral, and social services.

*Decriminalize lifesaving buprenorphine*

Likewise, remove this essential MAT medication from this list of substances it is illegal to have in one's possession.

*Ensure access to medication assisted treatment (MAT)*

MAT is the accepted standard of care for opioid use disorder (OUD), in order to save lives and reduce our State's overdose rates. The effectiveness of MAT in combating OUD has been well documented and is recognized by experts as the gold standard for treating OUD. MAT has been shown to decrease opioid use, opioid-related overdose deaths, drug-related criminal activity, and infectious disease transmission.

- *Provide MAT in all prisons and jails.* Urge the Governor and Attorney General to immediately implement MAT consistently in all New York state prisons and county jails. Community Supervision (DOCCS) is the single largest treatment provider in the State, but generally fails to provide substance use disorder treatment. County jails routinely detain people who experience substance use disorder, but rarely offer any form of treatment. People who are incarcerated and are opioid dependent are forced to inhumanely withdraw without appropriate medical care. Following detox, they are offered limited, if any, treatment or recovery services. It is time for the correctional system to provide healthcare commensurate with modern medical standards and of a quality acceptable within prudent professional standards.
- *MAT access without prior authorization.* Remove substantial barriers to receiving life-saving medication to treat substance use disorder by removing prior authorizations for all formularies of MAT under Medicaid, including, without limitation, buprenorphine, methadone and naltrexone. Ensure that New Yorkers can access the medications they need to treat substance use disorder without unnecessary administrative delays.

*Authorize and implement Overdose Prevention Centers (OPCs), also known as safe consumption services*

A proposed pilot project would authorize five existing community-based Syringe Exchange Programs (four in New York City and one in Ithaca) to expand their services to include supervised consumption services—hygienic spaces in which persons can safely inject their pre-obtained drugs with sterile equipment while also gaining access, onsite or by referral, to routine health, mental

health, drug treatment and other social services. The two-year Overdose Prevention Center (OPC) pilot would be regulated and supervised by the NYS Department of Health AIDS Institute, and rigorously evaluated by researchers from New York University to examine the following outcomes: reduced injection of drugs in public settings; reduced overdose-related deaths; increased HIV and Hep C testing; increased prescription of PrEP; increased treatment adherence for people who are HIV-positive; increased treatment to cure for people with Hep C; and increased use of MAT and other forms of treatment for substance use disorder. Overdose Prevention Centers operate effectively in over 60 cities worldwide, have been shown to be effective in reducing drug-related overdose deaths and increasing access to health care and substance use treatment, and are endorsed by many local and national medical and public health organizations, including the American Medical Association and the American Public Health Association. Housing Works and the calls on the Governor to exercise his authority under the Public Health Law to authorize the pilot, or to support legislation to do so, and to include \$3 million in the Executive Budget to fund the effort.

## **Conclusion**

In the harm reduction field, we talk of the continuum of prevention, harm reduction drug treatment, and recovery services. Currently all providers of services within the substance use disorder continuum are adopting harm reduction principles (i.e. “person-centered approaches) in engaging problematic drug use. Housing Works knows from the experience, struggle, and wisdom of its members that treatment rooted in harm reduction offers the best possibility for compassionate care. It is a movement for social justice that respects the rights of people with behavioral health issues and strives to overcome the barriers faced by communities most impacted by poverty, marginalization, stigma, and other social determinants. We support the promise of a new behavioral health entity and urge leadership to take the lessons learned from harm reduction policy, practice, and research to advance the transformative potential of self-directed individual change.

Sincerely,

Charles King, CEO  
Housing Works, Inc.  
57 Willoughby Street, 2nd Floor,  
Brooklyn, NY 12201  
347.473.7401 / [king@housingworks.org](mailto:king@housingworks.org)