

# Joint Legislative Public Hearing on 2022 Executive Budget Proposal: Topic Mental Hygiene

Thank you for convening this hearing. Patients who are addicted are dealing with two catastrophic situations at once: a deadly overdose epidemic and the COVID pandemic. It is too much.

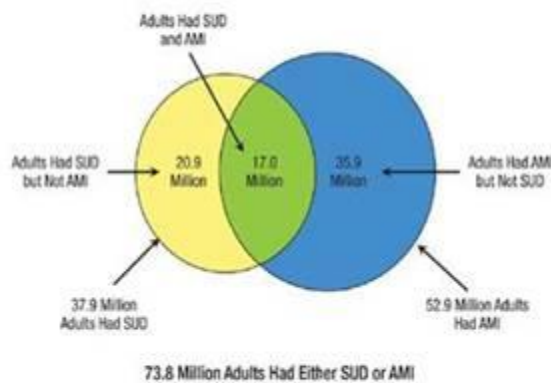
- Opioid prescribing is down, addiction is not. Overdose deaths are now fueled by illicitly manufactured fentanyl, methamphetamine, cocaine and heroin. It's more than just opiates.
- Over 70,000 deaths in this country in one year from overdoses is only a small fraction of the number of people who are still alive but also addicted. 2.5 million Americans are addicted and in need of treatment.
- These patients benefit from a high-frequency, high-touch approach to treatment. These are the people who will fall through the safety net if our programs are not supported.

January 31, 2022

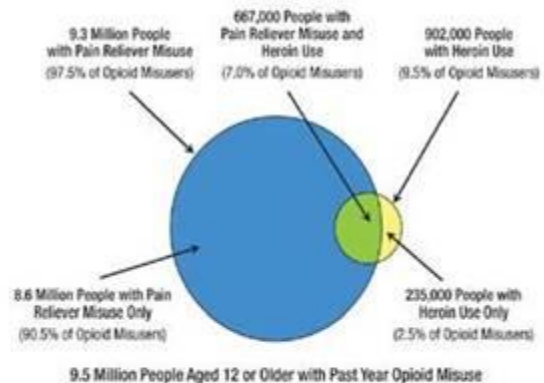
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## Epidemiology of the OUD Epidemic: US

### Mental Illness and SUD



### Opioid Misuse



### # 1 – We need reimbursement reform:

- Our behavioral healthcare system was overloaded before the pandemic due to the opioid epidemic. We need systemic reform to support our infrastructure and provide the treatment our community members need.
- We are saving lives every day and our reimbursement rates do not cover the cost of care.
- Without a well-funded addiction service delivery system, the fiscal burdens of untreated SUD will shift elsewhere, at a greater cost to the state.
- Many providers of mental health and addiction treatment services receive NO state funding.

- One-time COLA increases and bonuses are welcomed but will not do enough to support treatment organizations.

**# 2 – Our BH workforce is in crisis and their circumstances are not improving:**

- Our workforce is just as isolated as our patients, and their work is becoming more difficult by the day.
- People are lining up to become patients after experiencing the hardships of this pandemic. We have experienced an almost 60% increase in demand from new patients due to:
  - ♦ PTSD suffered by front-line health care workers
  - ♦ Grieving family members whose loved ones died alone in hospitals
  - ♦ Depression caused by extreme periods of isolation and loneliness
  - ♦ Anxiety caused by extreme stress, and
  - ♦ Substance abuse caused by unemployment
- Our clinicians want to help everyone – but patients need increasing amounts of support to help them access basic services.
- Addiction is a medical disease that is managed mostly by societal factors such as housing, and inadequate access to healthcare, education and jobs. The disparities in access to basic necessities (health, food and housing) are criminal.
- BH providers need to be reimbursed for the social supports they provide to our patients.
- 80% of the patients we treat our high risk. That means 4 of every 5 patients our counselors see every day are at risk of overdose or death. 4 of every 5 patients a day need life-saving levels of care. Our staff is in an impossible situation.
- We cannot attract and retain a diverse workforce when we can afford to pay them so little and we make them work so hard.

**We support the following provisions of the Executive Budget with the following considerations:**

1. HMH Article VII, Executive, Part D - proposal to provide Healthcare Workforce bonuses to Health and Mental Hygiene employees
  - The commissioner should include all employees of OASAS and OMH facilities. Every worker in our facilities worked throughout the pandemic and were essential to our operations.
  - All unfunded not for profits need to be included.
2. HMH, Article VII, Part P – Establishing a Competitive Bid Process for procurement of Managed Care Organizations participating in the Medicaid managed care carve-in of various special needs populations
  - Western New York should be looked at as a model to how MCOs can work successfully with providers. Value Network IPA has successfully procured competitive contracts for providers in WNY
  - A single state wide procurement will not work in WNY. If the procurement process goes forward, we need a WNY experienced and invested MCO that has demonstrated progressive relationships with behavioral health treatment providers.
3. HMH, Article VII, KK - Expedites development of OASAS Capital Projects
  - OASAS Capital projects need to be expedited. We have too many projects waiting to be approved.
  - OASAS and OMH need to invest in the capital and infrastructure needs- including IT- of all funded and unfunded providers.

Thank you for the opportunity to provide this testimony.