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Testimony to the New York State Joint Senate Task Force on Opioids, Addiction and Overdose Prevention
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Good morning, Co-Chairs Rivera, Harckham, and Carlucci, other distinguished members of the Senate, and guests. Thank you for convening this Public Hearing regarding opioids, addiction, and overdose prevention.

I'm Nadia Chait, the Associate Director of Policy & Advocacy at The Coalition for Behavioral Health. The Coalition represents more than 100 community providers who collectively serve over 500,000 New Yorkers every year. We provide training to more than one thousand behavioral health workers annually. One-third of our members provide OASAS-licensed substance use prevention and treatment services, and many of our members engage in harm reduction. All of our members see every day the consequences of the opioid and substance use epidemic.

We say behavioral health, rather than separating substance use and mental health because we know these issues are not separate: 48% of individuals with a substance use disorder also have a mental illness.[i] Efforts to address the substance use epidemic must take an integrated approach that ensures mental health is addressed along with substance use.

Actions to address the current opioid and substance use epidemic cannot wait. There were over 3,000 overdose deaths in New York State in 2018, along with 8,000 emergency department visits and 3,000 hospitalizations for opioid overdoses.[ii] This data doesn't include individuals who overdosed and were then revived with naloxone or other treatment without engaging with the healthcare system, which would likely add thousands more. We also want to emphasize that while opioids have driven the headlines and are a primary part of the current substance use epidemic, this crisis is across many substances. Recent data for New York City shows that overdose deaths involving cocaine have increased every year since 2014.[iii] More than 4,000 deaths in New York each year are attributable to excessive alcohol use, primarily as a result of binge drinking.[iv]

We need to take aggressive action now to prevent overdoses and get New Yorkers the treatment they need to live healthy and happy lives. There are several actions we encourage the Senate to consider.

Increase Access to Treatment
More than one million New Yorkers, including fifty-two thousand teenagers, need treatment for a substance use disorder but are not receiving it.[v] Our members report several barriers to

expanding services. First, rates for substance use services are too low, and many providers struggle to break even on these services. Second, a workforce crisis, driven in large part by low salaries, leaves many providers unable to expand services because they are not able to hire additional staff. Third, the lack of regulatory support for integrated care means that many mental health providers, who serve individuals with co-occurring substance use disorders, are not able to take on the administrative burden of opening OASAS-licensed substance use programs. Additionally, opposition to treatment programs prevents some members from being able to open new sites.

Opioid Tax Revenue for Substance Use Services
To address these barriers and increase access to treatment for the New Yorkers who need it, we recommend that all revenue from the opioid tax be used solely to expand OASAS-licensed programs, rather than to supplant existing funding or go into the general fund.

Opioid Settlement Funding for Substance Use Prevention & Treatment
The Coalition encourages the Legislature to take a proactive role in ensuring that any funds from potential opioid settlements are used to expand services. It would be truly unfortunate if this source of funding, which could be billions of dollars, was not targeted to ending the substance use epidemic. This funding should be used to increase reimbursement rates to substance use providers, to invest in the workforce by raising salaries and through loan forgiveness, and to fund mental health so that underlying conditions which may have led to substance use are treated. This funding could also be used to provide training and incentives to providers on how to integrate care and on any new, evidence-based treatments that should be part of common practice.

Remove Barriers to Integrated Care
The Coalition strongly encourages the removal of regulatory barriers to integrated care. Currently, many providers do not have the administrative resources to handle the dual regulatory burden of being licensed by both OASAS and OMH. These regulations do not improve patient care, and in fact likely harm individuals by making it more difficult to access integrated mental health and substance use services. At a minimum, we encourage the Taskforce to explore whether the current DSRIP integrated care waiver could be expanded to all providers. The waiver allows organizations participating in a DSRIP-project to have up to 49% of activities outside of their licensed area. This could be a powerful option for integrating care if it was expanded to all providers.

Support Providers Opening New Treatment Programs
We need strong, public support when providers want to open new treatment locations. Too often, community members who do not know the efficacy of substance use treatment and are misinformed about individuals seeking treatment control the conversation. Proposed legislation in recent years has mimicked these concerns, seeking to prohibit treatment facilities near parks, schools, and houses of worship. These actions harm public health and efforts to end the overdose epidemic.

Individuals seeking treatment for substance use disorder, and the providers who want to serve them, deserve to be treated in the same way as any person with a health issue seeking care.

Treatment should be easily accessible in their own community. The Coalition encourages the Senate to take a strong stance in support of new treatment programs, and to oppose any efforts that make it harder to place these sites in the community.

Overdose Prevention Centers

The Coalition strongly supports a harm reduction approach, which works to improve the quality of life, health and wellbeing of individuals as the primary criteria for success, rather than the immediate cessation of substance use. Our training division conducts regular trainings on how clinicians can incorporate harm reduction into their practice, and our Regional Addiction Resource Center hosts naloxone trainings so individuals can reverse overdoses.

We believe overdose prevention centers can be a key component of harm reduction, and strongly support legislation to create these centers. Our providers know that some individuals are not ready to enter formal treatment, and that relapse is a common part of the road to recovery. Overdose prevention centers ensure that individuals will have access to a safe space and the services they need to stay alive.

The Coalition supports access to treatment for all. Overdose prevention centers can be a first step of treatment and can save lives. Evidence from around the world makes it clear that overdose prevention centers do not increase drug use or deaths.[vi] Instead, these facilities reduce overdoses and increase access to health services. They also may improve community safety, as research shows they are associated with less outdoor drug use. Additionally, overdose prevention centers promote safer injection practices, by ensuring that individuals have safe injection supplies, include clean syringes, and that syringes are disposed of safely. This reduces the risk to other individuals, including those who clean public bathrooms and parks, because we know that without overdose prevention centers, individuals may have no choice but to inject in a public space.

Overdose prevention centers must be part of the response to this crisis.

Address the Workforce Crisis

The behavioral health sector is facing a workforce crisis, with thirty-four percent turnover and fourteen percent vacancy across the state.[vii] These numbers are even worse in New York City and on Long Island, where turnover is over forty percent and vacancy is twenty percent. Individuals in treatment struggle when a clinician they have developed a trusting relationship with leaves. Individuals are harmed when they are unable to access treatment because a provider shortage has resulted in a waitlist.

We will not be able to solve the substance use epidemic without a substantial investment in this workforce. Right now, we have a member who wants to expand the use of MAT in their programs but is unable to do so because they cannot hire a prescriber. This issue is repeated throughout the state, from the lowest level staff to the highest. We recommend a substantial investment in the sector to raise salaries, and also encourage the Taskforce to explore the potential for loan forgiveness to assist individuals who want to stay in this field but cannot afford to do so. We also encourage the exploration of incentives to increase the pipeline of individuals

entering these professions, as we know the shortage occurs because not enough individuals are entering the field, as well as because many individuals leave the field early in their career.

The Coalition encourages the Taskforce to explore additional ways to expand the behavioral health workforce, including career ladders for lower level staff to move up into higher and better-paying positions. More training and support for supervisors could have a substantial and positive impact on frontline staff. Efforts to reduce the regulatory burdens on providers would also have a real impact, as many clinicians report substantial frustration and burnout as a result of spending hours on paperwork, instead of working with people.

Delivery System Reform Incentive Program (DSRIP)

Substance use providers must be a central part of health system transformation efforts to achieve success in reducing overdose. Unfortunately, the State's current DSRIP 2.0 proposal leaves out behavioral health providers. While behavioral health services are frequently mentioned, the central role of behavioral health providers in these services is almost entirely left out. Individuals with substance use disorder need treatment from qualified substance use professionals. While we of course support efforts to ensure that emergency departments and primary care can help these individuals, we know that the specialized training and programs of substance use providers is essential to help individuals achieve recovery.

The Coalition encourages the Taskforce to ensure that the DSRIP waiver include a prominent role for behavioral health providers. Specifically, we recommend that: the State must outline a pathway to ensure shared savings attribution to behavioral health providers; Value Driving Entities should be required to include a community behavioral health provider; and workforce funds should be used for loan forgiveness and training for the behavioral health workforce.

Thank you for providing me the opportunity to testify today.

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[i] Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* US Department of Health and Human Services. August 2019. Page 45-46. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf. Calculation of the number of individuals with any mental illness and substance use disorder (9.2 million) divided by the number of individuals with a substance use disorder (19.3).

[ii] New York City Department of Health and Mental Hygiene. *Health Department Announces Drug Overdose Deaths Decreased in 2018 for the First Time in Eight Years Following Historic Investments.* August 26, 2019. https://www1.nyc.gov/site/doh/about/press/pr2019/drug-overdose-deaths-decreased-in-2018-for-first-time-in-eight-years.page. New York State Department of Health. *New York State – County Opioid Quarterly Report Published July, 2019.* https://www.health.ny.gov/statistics/opioid/. Note for NYS: preliminary data that does not fully capture the burden of opioid abuse and dependence. Number may rise.

[iii] New York City Department of Health and Mental Hygiene. *Epi Data Brief: Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2018.* August 2019. https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief116.pdf.

[iv] Centers for Disease Control and Prevention. *Prevention Status Reports: New York.* US Department of Health and Human Services; 2016. Accessed November 13, 2019.

[v] Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: 2016-2017 NSDUH State-Specific Tables. US Department of Health and Human Services. https://www.samhsa.gov/data/report/2016-2017-nsduh-state-specific-tables.

[vi] Poteir, Laprevote, Dubois-Arber, Cottencin and Rolland. *Supervised injection services: What has been demonstrated? A systematic literature review.* Drug and Alcohol Dependence. August 2014.

[vii] Mental Health Association of New York State: Survey Results from Behavioral Health Agencies Highlight High Turnover Rates and Vacancy Rates Across New York State. January 2019. https://m.hanys.org/mh-update-1-9-19-survey-results-from-behavioral-health-agencies-highlight-high-turnover-rates-and-vacancy-rates-across-new-york-state/