

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

**WEDNESDAY, FEBRUARY 27, 2013**

**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 more than 200 agencies that provide a comprehensive continuum of services, as well as statewide and regional coalitions of programs, and a number of affiliate and individual members.

ASAP commends the Governor and members of the Senate and Assembly for providing the leadership necessary to address a formidable budget gap, while simultaneously attempting to ensure that important services are available in communities throughout New York State to promote health and a good quality of life. Our membership is committed to working with you to ensure the responsible stewardship of valuable resources and the provision of excellent quality services to those in need. Substance use disorders and problem gambling prevention, treatment, and recovery support services are an invaluable resource to state and local governments looking to address the needs of our communities in a budget environment that requires intelligent investment of scarce resources, along with improved coordination of services and a focus on measurable outcomes.

ASAP consistently testifies at these annual hearings that the deficit can be reduced by spending wisely on programs that achieve the aforementioned goals. Understanding that these are very difficult economic times and that New York State has a significant deficit, ASAP agrees with the Governor and legislators that assert that state resources should be used to support services that produce the desired end results at a reasonable cost.

#### ***New York's Prescription Drug Crisis Must Be Addressed***

New York sent a message to the rest of the country that dramatic steps must be taken to address the epidemic of prescription drug misuse with the passage of the I-STOP bill last year. ASAP's members applaud the Attorney General, NYS Senate, NYS Assembly, and the Governor for enacting this landmark legislation. It was only a **first step** though, and we ask that you continue your work with the Governor by taking the next step and strengthening substance use disorder prevention, treatment, and recovery services to address this crisis. We are pleased that the OASAS budget includes 50 new residential treatment beds, 25 for Western NY and 25 for Long Island. We thank Governor Cuomo and Commissioner Gonzalez-Sanchez for finding a way to add these beds in spite of the fact that the OASAS budget was not increased. It is our hope that these beds are the beginning of a new, much needed investment of resources to strengthen prevention, treatment, and recovery services. We ask that, with the leadership of the Alcohol and Substance Abuse Committee Chairs Assemblyman Cymbrowitz and Senator Boyle, the Assembly and Senate embark on a policy discussion that includes program and budget implications and leads to a new commitment to address the very real crisis, the loss of life and quality of life associated with addiction to prescription medications. Our prayers go out to the families across NYS that have lost sons and daughters, mothers and fathers, good neighbors and friends to overdose and other tragic consequences related to addiction to prescription medications and the related rise in addiction to heroin. This crisis needs action. Please take the steps to save lives and prevent further harm to individuals and families throughout NYS.

**ASAP recommends** a commitment of resources to provide support for programs to educate physicians, pharmacists and patients about prescription drug misuse; strengthen prevention services based in schools and communities; train physicians and other healthcare professionals in the appropriate screening of addiction and referral to treatment; and support the SUD services continuum of care by helping to ensure that every region of the state has adequate services to meet the needs of its community.

#### ***Reinvest Resources in Cost Effective Community-based Services***

As NYS continues to shift resources to more cost effective and appropriate service environments, ASAP asks that some of the savings be reinvested in community-based programs that have a proven ability to achieve desired services outcomes. As has been the case in recent years, the proposed budget reduces the number of beds in state run facilities (prisons, juvenile justice facilities, and psychiatric centers/addiction treatment centers) for budgetary and programmatic reasons. An intelligent and cost-effective use of resources previously used to operate state facilities would be a reinvestment in substance use disorder services to the extent that the

profiles of services consumers from closed facilities include the incidence of substance use disorders. Funds previously used for prison or juvenile justice beds should be, in part, re-invested in a comprehensive continuum of substance use disorder services and alternatives to incarceration programming. We also support reinvestment in community-based mental health services and non-clinical behavioral health recovery support services where appropriate.

**ASAP recommends** that the NYS Senate and Assembly pass legislation stipulating that savings from the closure of state operated facilities must be reinvested into community-based prevention, treatment, and recovery services to the extent that the populations previously targeted by the closed facilities had substance use disorders and needed serves.

***Fund Housing Initiatives that Have a Track Record of Success***

ASAP is pleased that the proposed budget includes new housing initiatives connected with Medicaid Redesign and initiatives targeting persons with a history of homelessness. We encourage the legislature and state agencies to insist that organizations and services sectors that have proven their ability to successfully deliver desired, measurable program outcomes receive preferential status for future funding. OASAS programs are producing housing outcomes that are tops across the country. Substance use disorders treatment programs have achieved highly successful outcomes by providing stable housing and support services for homeless single adults and families through participation in the *New York/New York III Homeless Initiatives* since 2007-08. There is now an opportunity for our providers to apply their evidence-based practices to the high cost, high frequency Medicaid consumers to be served through the *MRT Affordable Housing Initiative*. It is critical that housing funds will be available, on a competitive basis, to our services providers not only in NYC, but across the urban centers and rural communities of Upstate New York. We have unparalleled success with homeless families, homeless single adults, and with not only helping these individuals to gain permanent housing, but also meaningful jobs and continued education.

**ASAP Recommends** that the NYS Senate and Assembly ensure that funding for housing initiatives is made accessible to programs and service sectors like substance use disorders treatment programs that have proven their ability to successfully reduce homelessness and helped individuals to secure permanent housing, jobs, and, an improved quality of life.

***Invest in Problem Gambling Prevention, Treatment, and Recovery Services Before Expanding Gambling***

NYS is increasingly depending on more New Yorkers to lose money gambling to help close its budget gap. Simultaneously, New York State has reduced its commitment to help those who have a problem related to their gambling. Before New York State expands the availability of gambling any further, increasing the risk for problem gambling and its consequences, a statewide continuum of problem gambling services that includes a public awareness campaign, primary prevention, early intervention and treatment, recovery support, and other needed services must be put in place in every county.

Approximately one million New Yorkers have a gambling problem. New York State is the *only* state in our nation without dedicated funding from gambling revenues for problem gambling services. Last year, ASAP recommended restoration of problem gambling prevention cuts and that a fixed percent of revenues generated by new gambling opportunities should be set aside to support a comprehensive continuum of problem gambling services. Neither of these requests was adopted in the 2012-13 budget.

**ASAP recommends** that any expansion of gambling must be accompanied by a commitment of funds targeting problem gambling. NYS should create a special fund that uses one percent of the revenue generated from all new gambling opportunities that is dedicated exclusively to prevention, treatment, recovery support, and community education related to problem gambling. We further recommend development and implementation of a problem gambling comprehensive plan by OASAS that includes a comprehensive continuum of services guaranteeing access to services in every NYS county. We also encourage the legislature to pass a law requiring every gambling venue to offer consumers the option of voluntarily being placed on a list that precludes them from accessing gambling in that venue.

### ***Prevention Services Must be Strengthened***

Federal and state funding cuts have also severely impacted the SUD prevention system at a time when those services are needed most to aid communities struggling against the crises of prescription and synthetic drug use and an alarming increase in the use of heroin and related overdose. SUD prevention providers have the expertise and local relationships that promote the overall health and wellness for communities across the healthcare spectrum. The focus on health and wellness contained in the implementation of Federal healthcare reform, and statewide Medicaid redesign, should include resources for SUD prevention services.

**ASAP recommends** for an investment of state resources to significantly strengthen our vital prevention service network and give providers an opportunity to leverage other funds to continue to grow their services. We recommend regulatory support for Medicaid reimbursement for Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based practice, in prevention services settings.

### ***SUD Services Are Vital for the Success of Medicaid Re-design***

As New York State continues to implement the recommendations of the Medicaid Redesign team, ASAP recommends a care management structure for behavioral health services that ensures access to and coverage for a comprehensive continuum of substance use disorder services in all regions of the state. We urge that local/regional service provider panels be required to include all licensed OASAS treatment programs to ensure access to vital services. As behavioral health services shift to a managed care environment, these recommendations are critical to ensure that the substance use disorder services infrastructure does not collapse.

Two key goals of the MRT are the reduction of unnecessary hospitalizations/readmissions and the advancement of positive health services outcomes. An investment in community-based substance use disorders services along with a strong benefit package offered through the statewide health insurance exchange, are critical to achieve these goals.

**ASAP recommends** that all treatment programs licensed by OASAS and/or OMH, and in good standing, should be automatically included on managed care provider panels.

We are pleased that the Governor's proposed budget includes a stipulation that the APG rates recently established by the New York State Department of Health must be utilized by managed care entities that will be contracting with treatment service providers. We are concerned that APG rates may be allowed to sunset in 2015.

**ASAP recommends** that the Senate and Assembly work with DOH to ensure that managed care is itself managed to ensure that behavioral health services providers are compensated at a rate that is reflective of the cost of service provision and that helps to ensure that services providers remain fiscally viable. We also ask that standardized level of care/clinical tools and protocols, developed by OASAS with input from services providers, are required for use by those managing care and delivering care and for ongoing utilization review.

This approach will preserve patient access to diverse care options by including all OASAS/OMH providers on panels; give the state a real return on its investment in creating a reasonable APG pricing construct; and ensure that all Medicaid eligible patients are treated fairly and given appropriate access to care.

### ***Support a Permanent Exemption to Social Work Licensure Scope of Practice Issues***

The Governor's budget proposal rightly includes legislation to create a permanent exemption from the Social Work licensure scope of practice for the workforce of programs funded, operated by, regulated or approved by OASAS, OMH, OMRDD, DOH, SOFA, DOCS or OCFS. The exemption will effectively prevent community services providers from having to hire licensed social workers to take the place of competent, experienced health and human service workers, avoiding \$300 million in unnecessary spending, and creating considerable savings for taxpayers. This language will also avert the loss of thousands of jobs and prevent the closure of valuable community-based health and human service facilities. The Governor's Budget simply takes a temporary exemption that has been in place for years, with no adverse impacts, and makes it permanent.

**ASAP recommends** that the Senate and Assembly seize on this opportunity to save money and jobs while supporting the continuation of excellent quality services to New Yorkers, and make permanent the exemption from the scope of practice within social work licensure legislation.

***Work Force and Program Administration Concerns Threaten Our Service Delivery System***

The continued lack of a Cost of Living Adjustment (COLA) for chemical dependence and problem gambling services providers and other human services workers has compromised our ability to retain good staff and to ensure continuity of services. With a workforce crisis impacting chemical dependence and problem gambling treatment, prevention, and recovery programs, elimination of the COLA makes it even harder for programs to attract and retain staff. Compounding the lack of a COLA are the crippling increases in health benefit costs and other fringe benefits that necessitate our employees to have to pay more and more out of their own pockets for a shrinking menu of healthcare benefits.

**ASAP recommends** that the Senate and Assembly work with the Governor to ensure that a COLA is put into place in the very near future. We also recommend a public/private collaboration for the purchase of health insurance and other personnel benefits so that an economy of scale can help to lower the burden on our workforce and our agencies.

These are times of amazing economic challenge, rapid and profound change, and significant need for health and human services. ASAP member agencies welcome the opportunity to work with you to address these challenges. We thank you for your commitment to community service and pledge our continued effort to ensure that your communities receive the best possible substance use disorder and problem gambling prevention, treatment, and recovery services.

Thank you.

