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I am Dr. Dean Scher, CEO of Catholic Charities of Orange, Sullivan, and Ulster. Thank you for the opportunity to testify today and your continued attention to this critical issue.

Catholic Charities is one of the largest providers of substance abuse treatment and prevention programs in the Hudson Valley. In 2018, we provided treatment services to more than 5,500 individuals across the continuum of care (including detox, outpatient, community-based, telehealth, and residential services) covering a geographic area from highly rural to urban. We trained 1,500 people in the use of Narcan. We provided 14,000 individuals (primarily at-risk youth and family members spanning ten school districts) with evidenced-based prevention services.

Major strides have been made in allocating resources and implementing legislation to address the opioid crisis. Despite these efforts, opioid-related deaths continued to increase significantly in 2017. Allocated resources have not been commensurate to the need.

Approximately 25% of the more than two million deaths in the United States each year are attributable to substance use (World Health Organization). The annual healthcare costs are estimated to be \$230 billion. Abuse of alcohol, tobacco, and illicit drugs costs more than \$740 billion annually in losses related to crime, work productivity, and health care (National Institutes on Drug Abuse).

Addiction is a chronic, often progressive, disease. Yet only 8% of our conventional medical schools (American Osteopathic Academy of Addiction Medicine) have required curriculum on addiction. More worrisome are the potential risks surrounding the elimination of Buprenorphine waivers. Medical professionals, with little or no formal training in the disease of addiction, are now authorized prescribers of addiction medication. This sets the stage for a second round of overprescribing; this time of suboxone. A long-term goal is to ensure that our nation's medical schools have required curriculum in addiction. Short-term we must ensure that existing prescribers have training in addiction medicine. Medication alone is not the answer – supportive therapy is an essential adjunct to medication.

The investment of resources by the State and Federal government for **community-based treatment**, including the use of telehealth and peer advocates, are effective in engaging persons in need who are not accessing traditional treatment settings, frequently the most disenfranchised. These services, while effective, are *not* fiscally sustainable. Reimbursement rates for community-based services fall far short of their cost. Increased funding for community-based services will ensure their sustainability and ultimately reduce costs associated with health care, social welfare, and criminal

justice. Community-based services target individuals who have the most complex needs. They require the most support and tend to absorb the most resources related to high utilization of emergency rooms and avoidable hospital admissions.

On-demand services improve treatment outcomes through rapid engagement. These services require that physicians, and other clinical staff, have the necessary availability to respond promptly to those in need of immediate help. This requires that staffing levels are funded to allow for an on-demand response.

Workforce shortages are a primary factor driving a lack of access to treatment (stigma being another), *not* the lack of available treatment programs. Staff recruitment and retention of qualified clinical professionals has reached a crisis level. These challenges are even more pronounced in the rural and impoverished communities like Sullivan County. A significant increase in the OASAS budget to ensure that salaries for our clinical staff can compete is imperative. Our staff are responsible for people's lives, yet their salaries are on par with fast food workers. Millions of dollars have been invested in this crisis, none have gone to support existing program infrastructure or desperately needed salary increases.

Catholic Charities fully supports the recommendations put forth by the NYS Association of Substance Abuse Providers:

- Increase direct service salaries to compete with comparable positions in other health sectors.
- Adjust all Medicaid rates to reflect the actual cost of services. There has been no significant increase in the Medicaid rate since 2011.
- Implement the cost of living adjustment that was agreed to by the legislature, and assure COLA's every year to keep the field competitive.

Lastly, I would be remiss if I did not mention the critical role of the criminal justice system. Drug treatment courts and probation are effective tools in reducing incarceration and supporting improved treatment outcomes. Resources for drug treatment courts have been drastically reduced in recent years, and probation officers have been overwhelmed by unmanageable caseloads making it impossible to coordinate services with substance abuse treatment providers. These are critical partners providing crucial guardrails in the fight against addiction and require adequate funding.

Thank you.