



TESTIMONY

Joint New York State Task Force on Opioids, Addiction, and Overdose

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Catholic Charities Care Coordination Services
Project Safe Point
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Submitted by:

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Thank you for the opportunity to be part of today's discussion and for your willingness to listen to the expertise, stories and needs we came today prepared to share with you. As I labored over how best to articulate my statement and worked through the list of priorities that I believe are important to share I realized that nothing is more important than to name the fact that our communities continue to suffer losses at unfathomable rates of overdose because we have not committed to fully investing in harm reduction and public health strategies that not only are proven to be effective in reducing overdose and other drug related harms but provide crucial entry points to health care, treatment and support.

As the local harm reduction provider we have the privilege to facilitate low threshold services like syringe exchange and overdose prevention trainings- these are simple, tangible but vital services that embrace a cohesive understanding of the complex issues at hand and center on applying harm reduction principles that focus on engagement and saving lives. The value of being able to "meet people where they are at" is immeasurable- because it not only respects the dignity of the people we serve but it ensures that at any given moment in the trajectory of an individual's journey with drug use we have the capacity to serve that individual- to bring them closer and support them in ways that minimize the risks and harms associated with their drug use. This is particularly vital when seeking to engage and support those individuals at greatest risk such as those with criminal justice involvement.

In 2016 Project Safe Point was designated the regional Drug User Health Hub (DUHH) within its Syringe Service Programs for the Capital Region. This designation provided the opportunity to expand our services in a way that looked to address the ever growing needs and vulnerabilities associated with drug use within the community we serve. We used this opportunity to get creative and leverage our relationships with Albany Police Department to develop a referral mechanism that prompted any APD officer called to an overdose to make a referral to Project Safe Point. Upon receipt of this referral we follow up with the individual to "check in" and offer harm reduction services. This simple referral mechanism has provided unique opportunities to not only engage overdose survivors into services but also their networks. In addition, with this designation we were able to broaden our work with people involved in the criminal justice system through innovative programming beyond the provision of naloxone kits upon discharge. This included joining in 2016 Albany City's innovative Law Enforcement Assisted Diversion (LEAD) initiative for which we serve as the harm reduction case management component. To date the LEAD program has had a total of 202 diversions of which 105 are actively case managed by my staff. Many of those we serve through LEAD have successfully engaged in treatment, are currently stably housed and have limited their law enforcement interactions.

In 2019 we partnered with the Albany County Correctional Facility to develop, implement and support the facility's medication as treatment (MAT) program. We viewed this opportunity for collaboration as a huge step towards reducing overdose deaths because evidence shows that, of people who use opioids, those involved in the criminal justice system have a 10-40% greater propensity to overdose after release than the general public. To date we have served a total of 200 individuals. Preliminary data shows that of those served in phase one of this initiative, only 3% returned to ACCF while 97% have remained in community. None of these individuals has died from an overdose. Undoubtedly, both of these programs' successes can be attributed to the harm reduction component that is integral to their design. Certainly, you'd think that with these

successful ‘results’ our focus as a service provider would be on how to continue to expand and/or replicate this model. Unfortunately, this is not the case because our efforts are focused on trying to sustain these services. Currently, the LEAD case management program will lose the majority of its funding in February 2020. To date the current funding structure for this program is comprised of the cobbling together of a variety of different resources, most of which are short term. Of greater concern is the fact that our funding to support the services provided for the jail initiative ended in September of this year. Despite this, we continue to provide the service at a loss to the agency, with the hopes to secure funding in the near future.

So I come here today to make a very simple ask- give us the resources we, and other programs like ours across the state need to keep doing this work. I’ve just outlined how crucial they are in both keeping people alive and safe but also in linking and assisting with the resources necessary to get better. At minimum, make the same investments in harm reduction as you have in treatment and recovery resources, because they are aligned. When we compare the budgets of OASAS with the New York State Department of Health AIDS Institute (Where the Office of Drug User Health is housed), the former has seen significant increases during this crisis, and the latter has faced cuts. Treatment is vitally important, but people are dying before they get there and are slipping through the cracks while they work to get better. We as harm reduction providers are both the entry point and safety net for people into those systems. We want to continue and expand these efforts, but we need your help to do so.

Thank you for your time.