

## JOINT NYS SENATE TASK FORCE ON OPIOIDS, ADDICTION & OVERDOSE PREVENTION

### ORAL TESTIMONY BY MARY SILBERSTEIN - 10/15/19

Hello – I am Mary Silberstein, Division Director of Integrated Counseling & Recovery Services at CN Guidance & Counseling Services an agency located in Hicksville, New York.

- Launched in 1972, our non-profit agency is the only Certified Community Behavioral Health Clinic (CCBHC) on Long Island. For over 45 years, we have been inspiring and catalyzing recovery for people living with mental health and substance use conditions. We serve today approximately 7,000 people who are economically disadvantaged, uninsured, under-insured, and disabled (including developmental disabilities) or otherwise marginalized in our Long Island community.
- Amidst the opioid crisis our agency's volume of opioid use disorder (OUD) admissions has skyrocketed:
  - In 2018, our outpatient clinic admitted 168 individuals with this diagnosis
  - In 2019, we project admitting at least 200 individuals with OUD (almost a 20% increase over last year).
  - Our outpatient OUD admissions comprise between 1/3 and 1/2 of our total admissions.
- To address these issues and meet increased demand for our services, we have started a number of innovative programs – ranging from walk in hours to outpatient detox/medication assisted treatment.

I want to focus on two of these today that enable our agency to go beyond our four walls and expand our ability to reach and treat people with opioid use disorder where they are in the community.

- Through a partnership that works with Northwell Health System teams, *PROJECT CONNECT* saves lives by intervening on the spot when crisis strikes: through action-plans for treatment, referrals, and appointments for patients who have overdosed and been treated at EDs in Suffolk and Nassau counties.
  - The results speak for themselves as since its April 2018 inception, this program has seen up to 300 people with a very successful 53% engagement in treatment percentage— compared to the national average of 10%. In addition, a significant portion of referred patients receive 30/60/90/120 day follow-ups as continued support is needed.
- Started late last year, our *Mobile Recovery Unit* is a telemedicine-equipped, customized R.V. with three clinical offices, which is funded by a Opioid State Targeted Response Grant through the Centers of Treatment Innovations. This Unit – comprised of a nurse, caseworker, clinicians, and peer advocate specialists provides treatment for substance use disorders across high needs areas of Nassau County. On board telemedicine monitors, enable our mobile team to connect patients directly with psychiatrists at our headquarters.

- This program has also garnered a lot of media attention across our region and nationally and was featured on the *Today Show*.



- These and other programs have had a significant impact on getting people into treatment and enabled them to stay out of the hospital:
  - Our record shows:
    - (a) Our person-centered approach/partnerships adeptly attract people, including opioid users, with high compassion and efficacy-levels above statewide averages;
    - (b) We are good at ushering struggling NYers into treatment—avg. 3.5 days from first contact to intake—as 65% of L.I. agencies have lags of 1 week to months;
    - (c) 30 days after intake, 80% who were enrolled after a HOSPITAL crisis remain engaged in our services, compared to 56% engaged across NY; and
    - (d) 87% of clients surveyed recommend CNG.
- We need to continue to put resources toward innovative programs such as these, focusing on opioid and substance use and co-occurring disorder issues. Just because less people may be dying, they are still overdosing multiple times. We have had clients who have overdosed and been NARCAN saved over 11 times!

I thank you for the opportunity to speak to you today.

Mary Silberstein, LCSW, CASAC2

[msilberstein@centralnassau.org](mailto:msilberstein@centralnassau.org)



Tuesday October 15, 2019  
Testimony: Joint Senate Task Force on Opioids, Addiction  
& Overdose Prevention

Good morning, Co-Chairs Rivera, Harckham, and Carlucci, Senator Martinez, other distinguished members of the Senate, and guests. Thank you for convening this Public Hearing regarding opioids, addiction, and overdose prevention.

My name is John Venza, and I am the Vice President of Adolescent and Residential Services at Outreach, a behavioral health care provider that serves over 3,000 individuals and families a year who struggle with addiction throughout the Greater New York area. We also have an established history of developing programs for traditionally underserved populations in our field, chief among them, youth and young people. I also serve as the Co-Chair for Suffolk County Communities of Solution, which was established to provide education and information, including access to treatment services, to our community at large.

In my testimony today, on behalf of Outreach and the treatment provider community, I will be highlighting three important steps that need to be taken to not only reduce the number of overdoses and deaths, but fundamentally support the sustained recovery of New Yorkers who want to stop using drugs.

### 1. Workforce:

Developing and delivering the highest quality evidence-based behavioral health services can only be facilitated by a healthy workforce of professional and highly qualified staff. Investing in strategies to recruit and retain professionals, with ongoing focus on quality improvement, is the direction the Substance Use Disorder treatment field must take to address the epidemic of overdoses and deaths caused by problematic substance use.

**A critical piece to accomplishing this goal is attracting, developing, and maintaining a “highly skilled” workforce.** This represents a very important undertaking because it addresses the need for the field's:

- Increasing demands for “qualified staff” in an environment where the pool of talent is shrinking. As I speak, our field continues to deal a workforce shortage and crisis. The State’s behavioral health field experiences an annual turnover rate of 34% statewide. On Long Island, this rate is 41%.<sup>1</sup>
- Need for staying current with the constantly evolving technology/science to ensure the maximum level of effectiveness in treating the chronic disease of addiction.

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<sup>1</sup> Mental Health Association Update - 1/9/19 - Survey Results from Behavioral Health Agencies Highlight High Turnover Rates and Vacancy Rates Across New York State. <https://mhanys.org/mh-update-1-9-19-survey-results-from-behavioral-health-agencies-highlight-high-turnover-rates-and-vacancy-rates-across-new-york-state/>

**Providers require the adequate resources to strengthen their infrastructures so they may facilitate:**

- Clinical training to enhance the skill level of the staff treating individuals.
- Management and supervisory training incorporating all the functionalities required to be an effective manager and how to develop and retain their workforce

## **2. Medication (with The Appropriate Level Of) Assisted Treatment**

Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (SAMSHA).

While the science behind MAT has greatly assisted in our response to the epidemic numbers of overdoses and deaths, we must ensure that the benefit from the science is supported by a comprehensive plan which includes;

- The appropriate level of treatment
- The use of recovery supports
- Self Help
- Contingency Management Planning
- Family Engagement

MAT medications save lives and have contributed to the decline of opioid overdose deaths in the last year, but a wraparound of these elements will maximize the effectiveness of a solid MAT approach, and facilitate long term, sustainable recovery.

## **3. Sustaining a Continuum of Care that includes Residential Treatment**

Residential treatment provides care 24 hours a day, generally in non-hospital settings. A truly person-centered approach to SUD treatment realizes that some individuals require both rehabilitation as well as habilitation in a safe environment.

Not everyone can be treated in an outpatient setting and not everyone should be treated residentially. The appropriate level of care for the appropriate length of time is critical and residential treatment programs are a critical part of the treatment continuum for many, especially the chronically relapsing opioid user.

Length of time should not be driven by insurance payers, but by clinical need which includes all the key life domains of an individual. Medical necessities cannot be the only criteria for time allowed at this level of care as it is often the associated unmet psycho-social needs that will result in relapse.

Thank you for the opportunity to engage in these discussions. Outreach is ready to continue to assist in these important efforts.