

Outline of oral testimony presented to the
NYS Senate Task Force on Opioids, Addiction and Overdose Prevention
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Thank you for hosting these important hearings and for inviting us to testify today. We truly appreciate your consistent prioritization of these critical issues.

The NYS Council for Community Behavioral Healthcare is a statewide membership association representing approximately 100 substance use disorder (SUD), addiction and recovery provider organizations as well as mental health providers across New York. Our members deliver care in a variety of community settings including general hospitals, local county Departments of Mental Hygiene, and freestanding non-profit community based agencies.

Perhaps the greatest challenge facing our field at the present time is the emergency-level **workforce shortages** occurring in all areas up and down our organizations. Couple that with the increasingly **inadequate rates** that impact the sustainability of these programs and services and we face significant access to and continuity of care for the children, youth, and adults who need these services.

- A 2018 survey of the community-based SUD and MH workforce found turnover rates between **35-40%** annually. As you might imagine, this turnover rate is unsustainable and contributes to fragmented care for those in greatest need of these services. It also contributes to burnout and high rates of secondary trauma that can impact our staff and increase their vulnerability to their own mental health and SUD problems.
- We acknowledge and understand the very significant budget deficits facing New York State. However we feel strongly that investments in our workforce to include rate reform and funds for innovative recruitment and retention activities must occur quickly if we are to extinguish the numerous public health epidemics facing our communities, beginning with the Opioid epidemic.

There are numerous ways this body can exercise its legislative powers to enhance the impact on this epidemic. Some of our recommendations do not require new money.

They include:

- Ensure that future **settlement funds** (including but not limited to funds from the state's current Opioid lawsuit) **is directed to OASAS** for expansion of prevention, treatment, and recovery services and the fiscal sustainability of the providers offering these services.
- Exercise your legislative powers to influence future decision-making regarding how new funds coming into the state (e.g. Healthcare Transformation Fund account where proceeds from Centene acquisition of Fidelis Care are accounted for) are disbursed and ensure **25%** of these funds are set aside for community based providers who serve on the front lines of this and related public health crises.
- Focus additional attention on research showing the numerous **developmental and other consequences** associated with **legalization of adult use marijuana** including the impact legalization would have on youth and adult mental health and substance use disorders.
- Please advocate for an increase in the requirements on health plans that do business in our sector. Require them to spend a greater portion of their profits on activities designed to reach out to and **identify earlier the beneficiaries who are at highest risk** of a substance use disorder.
- Fix **regulatory barriers** and scope of practice limitations that impede the availability of, and access to, trained and motivated MAT prescribers.
- Ensure **DSRIP 2.0** funds are distributed equitably and rapidly to community-based organizations (we recommend a 30% set aside of DSRIP 2.0 funds for community-based organizations).
- Focus additional attention on educational efforts designed to **build resilience and address early trauma** at the individual, family, and community levels.