



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%.¹
- Need for staying current with the constantly evolving technology/science to ensure the maximum level of effectiveness in treating the chronic disease of addiction.

¹ 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.