

**Testimony of
Beverly Williams, Steward
Public Employees Federation,
AFL-CIO**

To The

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

August 9, 2019

My Name is Beverly Williams; I am a Social Worker and Union Steward at the Bronx Addiction Treatment Center. Our PEF members on the front lines of this crisis ask this Committee and other stakeholders to recognize the necessity of **increased funding for the continued development and increased accessibility of high-quality evidenced-based integrated treatment programs.** For those of you who are unfamiliar with the concept of integrated treatment, it is a treatment plan where both mental health and substance use treatment are provided by the same clinician or team. Integrated treatment programs are designed to meet the compound and overlapping treatment and recovery needs of individuals with co-occurring mental and substance abuse disorders. "The treatment emphasizes the importance of people setting their own recovery goals (such as education, employment, re-connecting with children and families) and underscores the key role of peers in the recovery process."ⁱ In other words, the treatment is guided by a long-term and comprehensive perspective.

The fact is integrated treatment programs are effective. Outcomes of this evidence-based approach include: significant decrease in substance use, if not abstinence; ability to obtain and maintain employment & housing; relationships with people who don't abuse drugs; improved mental health symptoms; and overall improved outlook on life. Alternatively, singularly focused treatment programs result in the increase of re-hospitalizations, homelessness, economic hardship, infectious diseases, higher treatment costs, and family burden.ⁱⁱ As you can see, if co-occurring disorders are not treated effectively, what seems like an individual difficulty rapidly becomes hazardous for families and communities at large.

Today clients are coming to state facilities sicker than in years past. We need more social workers, nurses and counselors to provide the type of services these clients need. Very often, secondary sources will not take patients with any record of a co-occurring illness. This means that the patient will be left in an inappropriate treatment waiting for placement. Frequently, insurance providers will only approve two weeks of treatment for these patients and they will be left to deal with their co-occurring disorder on their own.

Thank you again for the opportunity to testify, and I reiterate PEF's sincere appreciation of being invited to offer our thoughts on strategies improving community health and addressing the harmful consequences of opioid abuse in New York State. I understand that this is the first of several hearings and roundtables across the state, and PEF looks forward to hearing the testimony of other stakeholders, as well as providing additional testimony directly from public employees at the forefront of this crisis.

ⁱ Center for Practice Innovations. *FIT: Focus on Integrated Treatments*. Available at: <https://practiceinnovations.org/Initiatives/FIT-Focus-on-Integrated-Treatment> [Accessed 7 Aug. 2019].

