

Good afternoon. Thank you all for holding this Joint Task Force on Opioids, Addiction and Overdose Prevention. Asking providers to help inform the conversation is a vital part of finding best strategies to combating the problem because simply, we know best.

My name is Michele McKeon. I am the Chief Operating Officer of Regional Economic Community Action Program (RECAP). RECAP is the state designated anti-poverty program, a not for profit started in 1965 as part of President Johnson's war on poverty. We serve seniors, children, veterans, victims of domestic violence, those living with HIV/AIDS, individuals and families who are living below the poverty line and people struggling with substance use disorder. In addition to our myriad of other programming, RECAP operates an OASAS-licensed full day rehabilitation program as well as a residential congregate care facility or halfway house.

There is no argument that we are in the throes of an epidemic. We see it in the statistics. In Orange County, we had over 100 overdose deaths last year. We are on pace to sadly exceed that number this year. This is despite all of the work being done in my county. We have a County Executive well informed, a county legislature that formed a committee, not unlike this one, to look at the problem, a District Attorney who speaks of rehabilitation and a Department of Social Services and Department of Mental Health Commissioner deeply committed to finding solutions. We have invited Dr. Corey Waller and the Camden Coalition to the County to Change our Eco-System, we have committed 100% to medication assisted treatment and embraced alternatives like Hope Not Handcuffs. Yet, despite everyone's efforts we are still struggling with the ravages of this disease.

I am thrilled with the attention being paid, the task forces and coalitions, the talk of rehabilitation and support and de-stigmatizing this disease. But I would be remiss not to note that substance use disorder has been tearing apart the fabric of communities for decades and it has taken many forms. In communities of color as drugs destroyed families and lives the panel discussions were about increasing criminal justice responses not treatment and recovery and unless we recognize that this took on an added importance only as the disease traveled into the suburbs of Goshen, Monroe, and Warwick did the conversation shift from punishment to rehabilitation; from addiction to substance use disorder. My hope, as we shift this paradigm and understand much more about this disease, this grace will not stop at the borders of the cities but will embrace everyone struggling. Even in communities that don't look like yours.

Today you will hear stories from my colleagues. Ones of success and of heart break. Of the day to day struggle of those living with the disease and those who love them and who are desperately trying to save their lives. They are stories of hope, loss, love, tragedy, despair and success. This disease leaves no one unscathed.

At our halfway house we have 24 of these stories every day, the faces and voices and people are different but their origin stories are more often than not identical. A childhood based in trauma. A family history of addiction. A life time, whether it be 18 years or 68 years, of pain, loss and grief. As a treatment facility our staff does everything they can to meet the needs of those who walk through our doors and stay and fight. We have a voluntary program. Our guests can leave at any time. But they stay and day by day work towards recovery. The path is bumpy and it is filled with pitfalls and setbacks but the common theme is the continued effort. Unless you have walked a path similar, you cannot understand the effort it takes to un-medicate yourself and deal with the horrors of what drove you to substance use in the first place. It is a complete act of bravery and it is terrifying. For you to take this

time and listen to these stories reminds those still struggling that they are not alone, that people care and there is hope.

I will leave it to my much smarter colleagues to discuss the specific statistics of addiction and brain chemistry and neuroreceptors. I'm a social worker, a macro social worker and my job is to look at systems. It's my job to say that even with all of the great and important work being done to combat this disease we can do better.

- Private, for profit companies- As a not for profit, we cannot compete with the pay scales of the private companies opening up in the area. Many of us have already lost key staff. We were assured when the newest program was opening in Wallkill that our staffs wouldn't be poached. That has not been the case. They are paying \$10-15k more than we can. We would ask you as you consider funding for substance use disorder that you include monies for administrative and salary increases. Staff at our New Life Manor work no less than 2 and sometimes three jobs at different agencies. That makes tired staff in all three places. When these for profit operations close the burden will once again fall onto the not for profits to fill the gap.
- We need well trained staff. Around the Hudson Valley the on-going refrain from all agencies is about the need for more training of staff, especially CASACs. CASAC's have a prominent role in all of our agencies and we believe more clinical training would be helpful. We would also ask you to look at the requirements of acceptance into a CASAC program. We had two clients at New Life Manor, still going through our program, apply for and be accepted to CASAC classes. Boundaries are especially important in this work and if you are still working through some of your own issues and new to recovery, it is problematic.
- Justice Center – it's a wonderful tool. But it can be used as a shield or a sword. This field is losing talented licensed staff because they are in fear of losing their license over bogus complaints.
- OASAS regulations – while important and necessary to make sure there is quality programs providing services, some of the regulations are almost impossible to achieve due to staffing shortages, the makeup of required staffing patterns especially when running a 24 hour/7 day a week program.
- Peers – those with lived experience are so important in this work. More training opportunities for peers to be embedded in programming would be helpful to all programs.
- Housing – we are in desperate need for housing. Recovery is more successful when people are stably housed. Safe, affordable housing is necessary in all sectors of human services. If we are to support long-term recovery and a reduction in usage, housing is one of the vital determinants of health. We face NIMBY, rejection and a lack of opportunities to build permanent housing. Cities are feeling overburdened and rural areas don't have the infrastructure support services available.

As I said before, there is a lot of great work being done by a lot of people to address substance use disorder. We've made progress but I would argue not enough. I think we also have to understand that even when the heroin epidemic fades, something else will take its place. We need to be ready. As a community we are great at reaction but we need to be much better at prevention. If we look at root cause analysis, let's take a long hard look at the why and the what. Why does someone pick up in the first place? What was the first intervention? If we can stop the first 'why' and make the first 'what' a strong trauma-based response, we may stem the tide of the next epidemic. Let's give it a shot. We have too much to lose if we don't and we're running out of time.

I thank you for your time today and am happy to be any help necessary going forward.

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