



Oversight - Opioid Overdoses Among NYC's Homeless
Population

Committee on Mental Health Disabilities and Addiction
The Honorable Diana Ayala, Chair

Committee on General Welfare
The Honorable Stephen T. Levin, Chair

Testimony of
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The Coalition for Behavioral Health
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My name is Christy Parque, and I am the CEO of the Coalition for Behavioral Health (The Coalition). Thank you, Council Member Diana Ayala and Council Member Stephen T. Levin, for convening today's Hearing specifically to discuss opioid overdoses among NYC's homeless population and to also discuss heroin and opioid addiction and the City's response to these problems. Although addiction is a long-standing concern, recent reports on the increasing deaths from overdoses or health care consequences, especially, among our most vulnerable New Yorkers including the homeless warrant increased attention.

The Coalition is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 450,000 consumers and employ well over 35,000 workers. Our members serve the entire continuum of behavioral health care in every neighborhood of New York City, and communities across Long Island, Westchester, Rockland and Orange counties. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote

recovery. The Coalition also trains over 4000 human services providers annually on cutting edge and proven clinical and best business practices through generous support from the New York City Council, New York City Department of Health and Mental Hygiene (DOHMH), New York State Office of Mental Health OMH), and in conjunction with foundations and leaders from the behavioral health sector.

We are grateful for this opportunity to offer our thoughts on the heroin and opioid epidemic in New York City and how the New York City Council in tandem with the New York City Department of Health and Mental Hygiene can continue to support the efforts of providers on the front line of the epidemic.

COMBATTING THE EPIDEMIC IN NEW YORK CITY

We are fortunate to have the leadership of Mayor Bill de Blasio and First Lady Chirlane McCray championing the call to action. Recent, staggering reports on the numbers of New Yorkers dying from overdoses among the general population and among our vulnerable subpopulations including young people and people who are homeless, are of grave concern. Healing NYC: Preventing Overdoses, Saving Lives, a report from the de Blasio administration, presents a thorough plan to combat this scourge. It comes at an opportune time as the federal government has proposed cuts to Medicare and Medicaid that would reduce funding of at least \$30 B over 10 years, 23% of the national loss if the cuts are enacted.

These cuts threaten the viability of our health care system and particularly that of Health + Hospitals, a leading institution serving those suffering from addiction disorders

Making Health + Hospitals a system of excellence for addressing the opioid epidemic is one of nine strategies promoted in the Healing NYC report.

The Coalition is aware of the several bills that are being considered by the NYC Council. While we will not go into detail on the individual bills, we do want to recognize and commend the NYC Council for all its efforts to focus on educating and steering primary resources to help individuals in crisis and for promoting de-stigmatizing those who use substances. We also congratulate the NYC Council for not including any punitive enforcement initiatives.

PRINCIPLES FOR EFFECTIVE PREVENTION, TREATMENT AND RECOVERY

The Coalition would like to take this opportunity to iterate our guiding principles for effectively combating the opioid epidemic, based on the experiences of on the ground member organizations. We know what works – it is contingent on NYC to provide sufficient facilities and programs to ensure every individual with the disease of addiction

can be treated at the appropriate level of care for the appropriate length of time to develop the foundational skills to sustain long-term recovery.

PREVENTION

It is now known that substance use disorders do not occur immediately but over time, making it “both possible and highly advisable to identify emerging substance use disorders, and use ...interventions to stop the addiction process before it becomes more chronic, complex and difficult to treat.” It becomes clear that adopting a chronic care management approach to treatment of substance use disorders, but using behavioral health oriented interventions, medications, social supports, clinical monitoring and recovery support services, will lead to better outcomes and prevent more relapses. It should be noted that behavioral health providers have long relied on a robust menu of cross sectional services to address the multiple needs of individuals with behavioral health illness.

Prevention efforts need to be contemporary and creative in our schools and communities, as we see ages of onset drop while the drugs used are becoming increasingly more aggressive.

TREATMENT

Addiction is a disease and should be treated as such. It was not always the case that substance use disorder was considered an illness. Despite the failure of a criminal-justice based model to realize any meaningful objectives or slow the growth of substance use, it wasn't until neurobiology was able to document the effect of substances on the brain that it became apparent that substance use disorders caused neuro-adaptions that compromise brain function and drive transition from controlled, occasional substance use to chronic misuse, changes that may endure long after an individual stops using substances.

The “Just Say No” campaign of the Reagan era exemplified the attitude that addiction was both aberrant and the volitional choice of the individual. But perceptions are slow to dissolve, and notions of “aberrant behavior” and addiction as a social issue persist. One of our member agencies recognized this persistence in law enforcement calling it “a hold over, (we) need to educate and (have them) understand. They are more sensitive than in the past, but (they) need more education.” The Coalition believes promoting public education and awareness raising to de-stigmatize substance use disorders is essential to ensure adequate and meaningful treatment and recovery support services remain viable and available.

It is also possible that another holdover from the abstinence era is the slow uptake on medication-assisted treatment. Medication-assisted treatment has been shown to be

effective to decrease reactivity to drug- conditioned cues and decrease craving. Yet, despite its potential for recovery medication-assisted treatment is underutilized whether due to resistance from uninformed providers or consumers, or issues related to insurance coverage and policies. The Coalition recommends public awareness campaigns as well as education of medical practitioners and insurers so that more individuals can benefit from medication-assisted treatment.

RECOVERY

Fortunately, we have seen the emergence of recovery support services in the forms of peer mentors, recovery coaches, clubhouses and recovery centers. These are critical elements to securing sustained abstinence and recovery for individuals post-treatment and those seeking access to treatment.

HOMELESSNESS AND SUBSTANCE USE

Substance use disorders cannot be separated from other mental health issues. 46% of individuals in New York State with behavioral health disorders live with both substance use disorders and mental illness¹. It is estimated that 20-25% of homeless people in the US suffer from some form of mental illness². Unfortunately, there are not enough behavioral health providers to serve them. In NYC generally, there are 82 full time equivalent behavioral health professional in designated shortage areas although only 30% of the total NYC population resides in designated shortage areas. Estimates are that 118 more full time equivalent behavioral health professionals are needed to meet the demand.³ Recruiting those professionals to work in shelters is a sincere challenge. Yet, there are resources available for homeless people.

The demonstration of Certified Community Behavioral Health Clinics includes 5 clinics in New York City that are required to include in their service plan the full range of behavioral health services, and in particular, those associated with substance use disorders. It shows great promise and must include a federally qualified health centers to ensure a comprehensive and holistic array of services.

There is also a specific program of federally qualified health centers serving homeless people. The federal Health Care for the Homeless Program (homeless health centers) was premised on the confluence of poor health and behavioral health within the homeless community. The enacting legislation required, unlike community health centers in general, that providers specifically identified and funded as Health Care for the Homeless programs include behavioral health care in their array of services. Given what is known about the neurological genesis of addiction, and the high rate of co-morbidity of substance use disorders and mental illness, it follows that many individuals with dual disorders would be at risk for financial and housing instability.

Homeless health centers, as all the health center programs, were established to ensure access to comprehensive, high quality health care for people with challenges to accessing care. The solution for homeless people was to provide services on their terms. New York City homeless health centers developed a system of intensive outreach, shelter based clinics and mobile clinics to make it easier for people living rough and sheltered individuals and families to access care. To its credit, the de Blasio administration has recognized the positive effect of these clinics. Yet, there are still many homeless sites that lack on-site clinics and many do not have the funding to offer a full array of mental health screenings, prevention, treatment and other behavioral health services.

CONCLUSION

I would like to thank the NYC Council for allowing us this opportunity. We look forward to working with the NYC Council to help drive down the incidences of opioid overdose. The Coalition would also welcome a convening for all relevant parties to discuss solutions to the behavioral health service shortages in the homeless services system.

Christy Parque
President and CEO

¹ Office of Mental Health. The Current State of Behavioral Health- Opportunities for Integration and Certified Community Behavioral Health Clinics. 2017.

² National Council for the Homeless, July 2009.

³ Heun-Johnson, et. Al. The Cost of Mental Illness: New York Facts and Figures,. 2018.