



New York State Senate Joint Task Force on  
Heroin and Opioid Addiction

Testimony of  
Christy Parque, President and CEO  
The Coalition for Behavioral Health  
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Thank you, Senators Elaine Phillips, George Amedore, Fred Akshar and Chris Jacobs, for convening today's hearing on Heroin and Opioid Addiction. We also thank the senators for including \$214 million in the State FY18 Budget to prevent and expand substance use services to combat heroin and opioid use.

The Coalition for Behavioral Health, Inc. (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.

I am fortunate to have with me today John Venza LCSW-R, LMHC, Vice President, Outreach Development Corporation representing Outreach, one of our frontline member agencies. John and I hope to present both a policy and practice view of substance use disorders applicable to heroin and opioid addiction.

We are grateful for this opportunity to offer our thoughts on the heroin and opioid epidemic in New York State and how the legislature can continue to support the efforts of providers on the front line of the epidemic.

## **THE COALITION FOR BEHAVIORAL HEALTH**

The Coalition would like to begin by stating that addiction is a disease and should be treated as such, and as providers of care, our primary focus is prevention, treatment and recovery. We acknowledge and understand that prevention includes reducing the availability of substances, eliminating fraudulent and predatory services, and support the criminalization of secondary parties who prey on vulnerable people without commenting on specific initiatives.

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. It is also incumbent on insurers to support the treatment and recovery of addicted beneficiaries by facilitating authorizations, having reasonable copays, and employing equitable practices. 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.

But it is not only the neurobiology of the illness, but its similarity to familiar chronic illnesses, such as diabetes, asthma and hypertension that allows substance use disorders to be categorized as a disease and the realization that subjecting substance use disorder to a public health model is the key to effective treatment, reduction of relapse and successful ongoing recovery.

All of these disorders are chronic, subject to relapse and influenced by genetic, developmental, behavioral, social and environmental factors. They are characterized by

clinically significant impairments in health and social function, and in all of these disorders, affected individuals may have difficulty adhering with the prescribed treatment.<sup>1</sup> In the case of substance use disorder, the neurobiology of addiction may render the individual incapable of adherence and fully functional decision- making.

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.

But it is also important to recognize the medical public health model creates additional demands on behavioral health providers, especially as meeting and coordinating the multiple needs of individuals is thought to be best provided in integrated care settings. While some members view integration as an opportunity for new thinking, creation of new staff and to increase awareness of the field, they also have concrete concerns.

Historically, substance use disorder services have been scarce, incapable of meeting the demand and access had been impeded by lack of or inadequate coverage. The Affordable Care Act Medicaid expansion however, opened the treatment door for many people with substance use disorders, and while increasing access is essential to treatment, it did exacerbate the gap between availability and demand. This is very evident in The Coalition’s members concerns about workforce adequacy. A common theme amongst our providers is the difficulty in recruiting and training a workforce sufficient to meet current post Medicaid expansion demand, much less to meet the expectation from recent statistics showing staggering increases in deaths from heroin and opioids. The Coalition sincerely appreciates the \$13.75 million for the first quarter of 2018 and \$55 million annually thereafter workforce funding included in the NYS FY18 Budget. We look forward to the Senate building on that investment to ensure substance use disorder providers have the capacity to treat all their clients appropriately.

Delivery system integration in New York State’s Medicaid Redesign includes financial reform- the transitions to managed care and value based payment models. Yet, our members report being further disadvantaged by reimbursement delays and difficulties getting prior authorization for services, especially for residential treatment. For many clients, delays in authorization could result in missed opportunities to lead more productive lives. Behavioral health providers would be grateful for legislation ensuring managed care organizations support their work by adhering to state imposed timelines (S. 6219-A). Further, legislation supporting reporting of parity equivalents would ensure clients could select their managed care plan with a sense of security (S.1156-A).

## **OUTREACH DEVELOPMENT CORPORATION**

Outreach is a nonprofit organization committed to addressing substance abuse and the many issues that stem from it. Licensed and funded by the NYS Office of Alcoholism and Substance Abuse Services, Outreach has been providing behavioral healthcare services in the New York Metropolitan Area since 1980, specializing in residential and outpatient chemical dependence programs for adolescents and adults, intensive day treatment for women/women with children, and training of professionals for careers in behavioral health and addiction treatment.

Outreach's continuum of drug and alcohol treatment services are individualized to meet the increasingly complex needs of the client, as well as their family and significant others. Services extend beyond the typical scope of substance use disorder treatment to include mental health counseling for co-occurring disorders, crisis management, medication-assisted treatment, and specialized counseling groups for traditionally underserved populations. Outreach maintains a commitment to the use of evidence-based practices to inform the delivery of clinical care to all clients. With eight (8) primary sites as well as additional satellite locations in New York City and on Long Island, Outreach provides treatment, referral, and training services to over 3,500 individuals, families, and students, annually.

Our communities are living in a time in which we must systematically work together to arrest the epidemic growth of opioid addiction and subsequent fatalities from opioid overdoses. In order to accomplish this, funding must be secured to support prevention, core treatment, and recovery support services. We are not only looking at over 50,000 deaths nationally last year due to drug overdoses (over 30,000 of them resulting from opioids), but the rapid rate at which these are climbing year to year. I think we can agree we need no further justification for continued funds to support efforts across all fronts.

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. The direction of core treatment also needs to be considered strongly: individuals with the disease of addiction must be treated at the appropriate level of care for the appropriate length of time to develop the foundational skills to sustain long-term recovery. Funding and support must go on to support the substance abuse treatment workforce, which is facing challenges. The multifaceted challenges the disease of addiction presents requires properly developed staff at the appropriate levels of staff for providers to appropriately treat individuals.

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 and I respectfully urge continued funding for such services.

As we are witnessing in our communities in Long Island alone, this epidemic does not exist in a vacuum: it is prolific and not circumstantial, and as such, efforts must be concerted and supported by investments of much-needed resources.

### **COLLABORATING FOR CHANGE**

Both The Coalition for Behavioral Health and our member agency Outreach Development Corporation thank you for listening to our comments. We would be pleased to continue our dialogue. We offer our support to work collaboratively with the New York State Senate Joint Task Force on Heroin and Opioid Addiction on long and short term goals to treat addiction and ensure the availability and adequacy of the multiple factors and social determinants that contribute to addiction and make seeking or obtaining treatment easy and accessible.

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