



**Testimony to the New York State Joint Senate Task Force on  
Opioids, Addiction and Overdose Prevention  
10/18/21**

Good morning, Co-Chairs Rivera, Brouk, and Harckham, other distinguished members of the Senate, and guests. Thank you for convening this public hearing on the impact of COVID-19 on overdose deaths.

I'm Nadia Chait, the Director of Policy & Advocacy at The Coalition for Behavioral Health. The Coalition represents about 100 community providers who collectively serve over 600,000 New Yorkers every year. We train over three thousand behavioral health workers annually. Our members see every day the consequences of the opioid and substance use epidemic.

Tragically, overdose deaths rose by at least 39% in New York from 2019 to 2020. This is not just a statistic – that number represents hundreds of New Yorkers who died from an epidemic that takes more and more lives each year. This number is also an undercount, due to incomplete data. It is critical that we take aggressive action now to save lives.

When the world shut down, many individuals with substance use disorders were isolated, alone and scared. Harm reduction measures, like not using alone, became more complicated. It was more difficult to access testing strips and safe injection supplies. While treatment programs stayed open and continued taking new admissions, many individuals were afraid of the risk of infection from in-person treatment. Detox and inpatient psychiatric beds were transitioned to serve COVID beds. The impact of all of these factors, combined with the incredible stress of the pandemic and the prevalence of fentanyl in our drug supply, has led to the horrifying overdose numbers we see today.

Leaders of this taskforce have taken important action to help this crisis, including ensuring opioid settlement funds will be spent on prevention, treatment and recovery; decriminalizing the possession of syringes; establishing Medication Assisted Treatment (MAT) programs in prisons and jails; and ensuring individuals have widespread access to naloxone. We are pleased that Governor Hochul recently signed several of these bills into law.

However, it is clear that the current crisis and increase in deaths will require additional action. We cannot overstate the urgency when New Yorkers are dying every day. There are several actions we encourage the Senate to consider:

**Increase Access to Treatment**

More than one million New Yorkers, including fifty-two thousand teenagers, need treatment for a substance use disorder but are not receiving it.<sup>1</sup> One of the key reasons for this is that we simply do not have sufficient treatment capacity. When individuals reach out for services, they

are often forced to wait, or told that a program has paused intakes. This problem has grown significantly during COVID, as demand for services increased while staff left the field due to burnout, lack of childcare, and higher salaries in other sectors.

Immediate action must be taken to stabilize the behavioral health workforce. The State is currently using federal dollars from an increase in the Substance Abuse Prevention & Treatment and Community Mental Health Services block grants and the enhanced FMAP for HCBS services to provide an influx of funds to the workforce. However, these are temporary, one-time funds. The State must provide ongoing funding in these areas in the state budget this year.

An additional workforce investment, however, is essential. Decades of underfunding have resulted in far too many New Yorkers lacking access to care. We must invest now by increasing rates on services and creating tuition assistance and loan forgiveness programs to recruit and retain staff. Without more staff, we simply cannot expand access to care and serve New Yorkers in the way they deserve.

It is also critical that we maintain our existing workforce. This must include amending the scope of practice so that licensed mental health counselors (LMHCs) can maximize their training. We also encourage the Senate to look at ways for to help the sector offer more competitive benefits, such as support for retirement programs.

#### **Stabilize Provider Finances with 5.4% CPI-U COLA**

It is critical that the State budget this year include the statutory cost-of-living adjustment, which is tied to the CPI-U of 5.4%. For nine of the past eleven years, the State has decided that behavioral health providers are not subjected to the cost increases that we all see every day, and has removed the statutory COLA from the state spending plan. Unfortunately, substance use and mental health providers live in the real world where costs have increased significantly over the last decade, and particularly over the last eighteen months.

Providers need this funding to invest in basic program operations. With energy costs up 25%, and liability insurance up 11%, these dollars are sorely needed. A decade ago, our providers did not need to worry about cryptocurrency hackers, but now they must pay for cybersecurity insurance, which has increased in cost by about 30% over the last year. Laptops and tablets, which are now essential to provide to all clinicians and clients, have increased significantly in cost due to supply chain issues and increased demand.

These are just a few of the costs that providers are dealing with. The failure to fund the COLA has cost providers hundreds of millions of dollars, and has hampered many New Yorkers access to care – without this funding, providers have been left with just weeks of cash on hand and little ability to take on new programs or expand existing programs. It is critical that the State fully fund the COLA this year.

#### **Create Overdose Prevention Centers**

The Coalition strongly supports a harm reduction approach, which works to improve the quality of life, health and wellbeing of individuals as the primary criteria for success, rather than the immediate cessation of substance use. Our training division conducts regular trainings on how

clinicians can incorporate harm reduction into their practice, and our Regional Addiction Resource Center hosts naloxone trainings so individuals can reverse overdoses.

We believe overdose prevention centers should be a key component of harm reduction, and strongly support legislation to create these centers. Overdose prevention centers ensure that individuals will have access to a safe space and the services they need to stay alive.

Evidence from around the world makes it clear that overdose prevention centers do not increase drug use or deaths.<sup>ii</sup> Instead, these facilities reduce overdoses and increase access to health services. They also may improve community safety, as research shows they are associated with less outdoor drug use. Additionally, overdose prevention centers promote safer injection practices, by ensuring that individuals have safe injection supplies, include clean syringes, and that syringes are disposed of safely. This reduces the risk to other individuals, including those who clean public bathrooms and parks, because we know that without overdose prevention centers, individuals may have no choice but to inject in a public space. Overdose prevention centers must be part of the response to this crisis.

New York has taken certain key actions to fight the overdose epidemic, including expanding access to medication assisted treatment and protecting the opioid settlement funds. With a significant workforce investment, we can build on these actions to serve New Yorkers in need. Stabilizing providers with a COLA will ensure access to services in our communities. Legalizing overdose prevention centers will provide the safe space New Yorkers need. These actions will save lives.

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<sup>i</sup> Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: 2016-2017 NSDUH State-Specific Tables. US Department of Health and Human Services. <https://www.samhsa.gov/data/report/2016-2017-nsduh-state-specific-tables>.

<sup>ii</sup> Poteir, Laprevote, Dubois-Arber, Cottencin and Rolland. *Supervised injection services: What has been demonstrated? A systematic literature review*. Drug and Alcohol Dependence. August 2014.