



**New York State Assembly Committee on Alcoholism and Drug Abuse
Hearing: Availability of services for individuals with a substance use disorder in light of
the COVID-19 pandemic and beyond
November 17, 2021**

Good morning, Chair Steck and distinguished members of the Assembly. I'm Nadia Chait, the Director of Policy & Advocacy at the Coalition for Behavioral Health. The Coalition represents about 100 community mental health and substance use providers, who serve thousands of New Yorkers every day. Thank you for convening this important hearing.

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, such as not using drugs by yourself, 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.

These New Yorkers need substance use services, but unfortunately many New Yorkers cannot access care at this time, because there are not enough people working in the substance use arena. At a time when demand for care is at the highest levels we have seen, behavioral health providers are forced to open waitlists, reduce program capacity, and in some cases, close programs, due to an insufficient workforce.

Prior to the COVID-19 pandemic, New York already had a shortage of substance use staff. However, this shortage has grown substantially over the course of the pandemic. Many substance use professionals, after working for months to help New Yorkers through the pandemic and the racial reckoning that occurred, became burnt out and left the field for higher paying, easier jobs in retail and other sectors. The majority of the substance use workforce is women; the lack of support for parenting during the pandemic has been incredibly difficult for staff with children, and many have left the workforce as a result.

This exodus from the workforce is happening at a time when demand has never been higher, and the result is devastating for New Yorkers. We must take bold action now to increase access to care by building up the mental health workforce. The Office of Addiction Services and Supports

took an important first step in allocating federal block grant funds to workforce recruitment and retention, but this is woefully insufficient for the crisis at hand.

We need a \$500 million investment in our workforce. The primary reason that there are not enough people in the behavioral health workforce is because these jobs simply do not pay enough. Staff make minimum wage or slightly more in positions that are challenging and often require advanced degrees.

Increase Rates for Programs

To solve this, we must increase rates for licensed and unlicensed behavioral health services and programs, including clinics, care management, children's services and housing. Increased rates provide permanent funding, so that providers can increase staff salaries immediately. This must include maintaining the enhanced funding for children's HCBS and CFTSS, to stabilize the current system and to plan for further enhancements to grow capacity.

Make Enhanced FMAP Workforce Funding Increases Permanent

OMH and OASAS are spending \$47.9 million of the enhanced FMAP for HCBS services on workforce recruitment and retention. This funding must be made permanent. Staff need to know that they will be invested in, that their salary increases are not temporary, and that they will have continued access to expanded benefits. This is essential to recruitment and retention.

Build the Job Pipeline Through Loan Forgiveness and Tuition Reimbursement

The mental health workforce faces high education costs, which are untenable when coupled with the low salaries of the field. This keeps individuals from entering the field, and it also results in individuals leaving the field after three years for private practice or other higher-paying options. The current social worker loan forgiveness program has incredibly tight geographic restrictions that simply make no sense given the statewide workforce crisis. In addition, the amount funding is less than the average debt of a social worker. The program also excludes many other staff, including Licensed Mental Health Counselors (LMHCs) and Licensed Marriage and Family Therapists (LMFTs). Geographic restrictions should be removed, funding should be substantially increased, and LMSWs, LMHCs and LMFTs should all have access to this program. We also encourage the Assembly to explore including bachelor's degree in human services, social work and related fields, to help staff in lower-level positions stay in the field.

Tuition reimbursement will be essential to increase the number of individuals entering the mental health field, which is critical to meet the demand. Full scholarships should be available to individuals at SUNY and CUNY schools in relevant programs who commit to working in the public mental health and substance use field for five years following graduation. Funding for paid internships and for field supervision is also essential to building a pipeline into the field.

Invest in Diversity, Equity & Inclusion

Currently, the behavioral health workforce is not representative of the diversity of New Yorkers. While raising salaries and providing funding for education will help, targeted actions must be taken to diversify the workforce. This should include scholarships specifically for BIPOC, scholarships for individuals who speak languages other than English, a BIPOC Leadership Development Program, and training on racism and bias in the workplace.

Build Career Ladders for Adult and Youth Peers

Peers (people with lived experience and training) are a critical part of the behavioral health workforce. However, peers are often unable to move up in agencies or to access non-peer positions. We must make investments to develop career pathways for adult and youth peers that recognize the critical personal experience they bring to complement traditional clinical approaches.

In addition to the \$500 million investment, it is **critical that the State fully fund the 5.4% human services COLA**. These dollars will be used to stabilize providers that are facing a range of increased costs. They can support staff salaries, but in addition will be used to purchase laptops and cell phones for staff, to upgrade EHRs and other systems to improve workflows, and to help employers handle the increase in health insurance costs.

Thank you for the opportunity to testify today. We must take bold action to stabilize the mental health workforce and increase access to care.