



Assembly Committee on Alcoholism & Drug Abuse  
Oversight Hearing: The impacts of COVID-19 on individuals struggling with a substance use disorder and the availability of supportive services

September 15, 2020

Chair Rosenthal and Distinguished Members of the Assembly, thank you for the opportunity to testify today. I'm Maryam Zoma Kiefer, the Associate Director of Policy & Advocacy at The Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 600,000 New Yorkers annually.

The COVID-19 pandemic, combined with social unrest around social and racial inequities, present significant challenges for individuals with behavioral health issues. Our providers work in the communities that were hardest hit by the COVID pandemic. These communities saw the most deaths and illness because of the social and racial inequities that pervade our state and country. Individuals in these communities largely live in housing that is more crowded, had jobs that required them to be in person, and did not have access to the financial resources and benefits that allowed wealthier New Yorkers to avoid some of the pandemic's risks. Behavioral health staff are from the same communities as our clients and are struggling under the dual weight of COVID and social and racial inequities.

The drug overdose epidemic did not end when COVID started spreading. COVID and social and racial inequities have led to new difficulties and struggles for clients with substance use issues. At the same time, the State is failing to support the critical work of the behavioral health providers who serve them and is instead threatening devastating funding cuts.

Our members have reported that the pandemic and social and racial inequities are leading to relapses in substance use, often after decades of sobriety, and is exacerbating many of the mental health conditions that their clients also have. Providers are seeing increases in anxiety and depression among clients who did not previously have these diagnoses. However, the isolation of the pandemic, the financial stress from unemployment, and the fear of a deadly threat that cannot be seen are resulting in new cases. This is leading clients to return to or increase their substance use.

Fortunately, many individuals are reaching out for help and treatment. In a survey we conducted of our members, over three-quarters of our providers reported seeing an increase in demand for their services. The increase in demand was the greatest for clients who were already known to the agency, showing the importance of the behavioral health sector in helping individuals engage

in care, and being at the ready for our clients when they are experiencing worsening or new symptoms.

We greatly appreciate the speed with which the State, particularly the Office of Addiction Services and Support and the Office of Mental Health, provided substantial regulatory flexibility that allowed providers to maintain services to these individuals when in-person services ceased to be a safe option. This flexibility allowed providers to innovate quickly and meet this challenge. Providers purchased phones with data plans for clients, used peer and outreach staff to teach clients how to engage in telehealth, and worked with clients over the phone to support those without internet access or technological literacy. Much of this resulted in significant increased equipment costs for providers.

Providers also implemented new safety protocols at in-person programs with incredible speed to keep clients and staff safe. Some of our providers operate recovery homes and other residential programs that cannot close. These providers worked incredibly hard to start new sanitizing protocols and distribute PPE. Individuals with serious mental illness and substance use disorder who live in these residences are likely to have significant co-occurring physical health issues, and their life expectancy historically has been shorter than the general population. These individuals are at a high-risk of developing severe cases of COVID. Shortages of PPE at the height of the pandemic, when behavioral health organizations were often inexplicably excluded from distributions for healthcare providers, did not help to protect clients and staff. As the virus has abated in New York, providers have been able to increase their stock of PPE and have changed their physical spaces to make them safer. Providers invested in telehealth services and developed new resources to provide the best care via telehealth. At The Coalition, we have trained hundreds of behavioral health staff on best practices and techniques for telehealth, from welcoming clients into a virtual waiting room to conducting group therapy via video.

Unfortunately, providers will not be able to continue offering all these services in the face of 20 percent cuts to state aid funding. Providers tell us they have stopped filling staffing vacancies, and if these cuts are permanent, they will need to close some programs and reduce the number of individuals served in others. These cuts could not come at a worse time for New Yorkers. According to the CDC, 13 percent of Americans started or increased substance use to cope with pandemic-related stress or emotions. These numbers are higher among Black and Hispanic Americans, whose communities experienced more illness and death from COVID. Eighteen percent of Black Americans and 22 percent of Hispanic Americans reported starting or increasing their substance use. And this may be just the tip of the iceberg: studies done after the Great Recession found that for every one percentage point increase in the unemployment rate, there is a 1.6 percent increase in the suicide rate and a 3.6 percent increase in the opioid overdose rate. These deaths are preventable if these New Yorkers have access to support and treatment, instead of funding cuts that will leave them alone when they are most vulnerable.

We strongly encourage the Legislature to explore other options to close New York's budget gap. If these cuts go forward, they will fall disproportionately on the communities that have been hit the hardest by both COVID and social and racial inequities. At a time when the focus must be on eliminating social and racial inequities, these cuts will instead amplify them. These cuts would reduce services to children who have seen their whole worlds upended, with school through a

screen, deaths and sickness in the family, and isolation from their friends. Many children have lost access to in-school services, making community-based care particularly crucial at this time. These cuts will also harm behavioral health staff who are overwhelmingly women and minorities and from the same communities as our clients. These essential workers showed up for New York in the height of the pandemic; their thank you should not be a pink slip.

These cuts should not happen. Every New Yorker should share in the burden of helping our State through this crisis. The State should consider revenue raisers instead of cuts to close the budget gap. We cannot accept catastrophic cuts to behavioral health services when demand is rising. We can and must find other solutions, and we believe that revenue raisers should be part of the discussion to close the budget gap.

Beyond the budget gap, there are several other measures the Legislature can act on to benefit behavioral health providers and the clients we serve. COVID brought many changes to our agencies, particularly through the widespread adoption of telehealth. A focus on these issues will ensure their success going forward. The Legislature has already acted to ensure that telephonic service would be covered going forward, which we deeply appreciate.

We are pleased to see bills that would ensure telehealth services are reimbursed at the same rate as telephonic services, and we hope these bills move forward quickly. We also encourage the Legislature to make sure that peers, individuals with lived experiences, are included in telehealth. A bill (S.8609A/A.10665A) to include OASAS-certified peers in telehealth has already passed the Senate; we encourage the Assembly to act quickly on this issue. Peer services are a critical part of treatment and recovery, and individuals should have access to these services in the same way they have access to a social worker or psychiatrist. We encourage the Legislature to pass legislation to permit overdose prevention centers and ensure that the full array of harm reduction services are available for New Yorkers at this time.

The flexibility to provide care in the best modality for the client should not be constrained by inadequate reimbursement to providers, or lack of coverage for certain provider types. We have seen show rates of over 90 percent for telehealth, a substantial increase. While some of these clients will return to in-person services when it is safe to do so, many prefer telehealth. By eliminating transportation, the need to secure childcare, and the need for time off from work for travel, telehealth reduces the barriers to accessing care.

Thank you for the opportunity to testify today.