



ASAP 2017-2018 BUDGET RECOMMENDATIONS

The heroin and prescription drug addiction epidemic continues to worsen in communities across New York State. The number of families who have experienced a death because of overdose rose to record levels in 2016 and continues to rise. Addiction and overdoses related to heroin and prescription opioids are New York State's number one public health problem. It is unacceptable that New York treatment programs have waiting lists and that the State's substance abuse disorders (SUD) workforce has dwindled when it should be strengthened. **We must do more.**

People at risk or suffering from substance use disorders (SUD) need access to quality care and supports to become and remain well. **The addiction service field has nowhere near the infrastructure and capacity necessary to help the many New Yorkers struggling with SUD.** Prevention, treatment, and recovery support service providers face a serious shortage of workers caused, primarily, by poor wages and benefits. Without a renewed investment in the SUD service infrastructure, capacity for children, youth, and adults with substance use disorder will continue to erode. Action is needed to ensure that our communities have access to life-saving prevention, treatment and recovery supports.

There are two measures that can be taken immediately which require no additional funding in the budget. ASAP urges the following:

WORKFORCE SUPPORT

Use \$30 million from the Chemical Dependence Service Fund (Asset Forfeiture funding) to support a workforce initiative offering student loan forgiveness; scholarships/tuition reimbursement for training, education, and certification; and salary/hiring incentives to help attract and retain staff to address the heroin epidemic. (CPLR section 1349, and State Finance Law section 97-w establishes the Chemical Dependence Service Fund for use by OASAS. Frequently, these funds are swept and used for other purposes. There are currently unspent funds in this account that could be used to address critical SUD workforce needs.)

HEALTH INSURANCE AND EMPLOYEE BENEFITS

Make the state's health benefit package available to SUD service providers so that savings can be created and reinvested to address the heroin/prescription opioid crisis. SUD service providers have seen dramatic increases in the cost of their health insurance and other employee benefits. The crippling impact of these increases has increased the burden on employees (high deductibles)

Further, we recommend that the legislature:

PREVENTION

Add \$20 million to the SUD prevention workforce to ensure full staffing of all prevention programs by filling vacancies, adequately supporting retention efforts for existing staff, and adding new positions where demand for prevention exceeds local resources.

**New York Association of
Alcoholism and
Substance Abuse
Providers, Inc.**

11 North Pearl Street
Suite 801 Albany, New
York 12207

(P) (518) 426-3122

(F) (518) 426-1046

www.asapnys.org





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TREATMENT

Add \$5.25 million to the DOH budget to adjust APG reimbursement rates for treatment. Revenue from a 5% rate increase would provide the additional reimbursement necessary to cover the cost of salary and personnel adjustments to help retain staff needed to combat the heroin/prescription opioid epidemic.

RECOVERY

Provide \$3.5 million for start-up funding for 6 additional recovery centers and 4 club houses in underserved communities and communities of color.

Create two Family Resource Centers pilot projects using parent and family run organizations to provide information, referral, and support services to families impacted by overdose and addiction. The total cost for two pilots would be \$750,000.

Provide support to the New York Certification Board for training, testing, the application process, and employment supports for persons wanting to become Certified Addiction Recovery Coaches, Certified Recovery Peer Advocates, and Certified Recovery Peer Advocate Supervisors. The total cost for training, testing, certifying, and establishing employment preparation, employer-employee matching services, and employment support services for 1000 recovery peers would be \$450,000.

Support consumer/peer networks whose purpose is to create recovery supports for persons in medication assisted recovery. The total cost for consumer/peer networks will be \$500,000.

RECOVERY HOUSING

Provide pre-development funding to treatment and recovery programs to support increased participation in such housing initiatives as the Empire State Supported Housing Initiative. Add \$1 million to the OASAS budget for this purpose.

HEALTH CARE FACILITY TRANSFORMATION PROGRAM

Designate \$125million of the \$500 million proposed for the Health Care Facility Transformation Program for use by community-based organizations. This would require no additional funds in the budget and would simply provide a more reasonable sum for community-based organizations. As proposed, community-based organizations would receive no share of the proposed \$300 million increase to this program and would receive the same allocation as last year, \$30 million.

