



2019 BUDGET PRIORITIES

Strengthen New York State's Response to Substance Use Disorders and the Pandemic of Opioid Overdose and Addiction

Priority #1

New York State's prevention, treatment, and recovery programs require immediate investments to *strengthen the workforce infrastructure* necessary to address the heroin/opioid epidemic and other substance use disorders. The Center for Human Services Research found that prevention and treatment staff receive \$5,000 to \$7,500 less than comparable professionals in other settings.

- \$30 million is needed to strengthen compensation for prevention staff in schools and communities across NYS and to hire new staff to replace one third of the workforce that has been lost over two decades because of funding cuts
- \$40 million is needed to strengthen compensation for treatment staff and to add new treatment professionals to address the opioid crisis
- \$5 million is needed to support additional recovery program staff and New York Certification Board certification of 1,250 new recovery peers

This \$75 million initiative could be implemented over a two to three year period.

Priority #2

The *fiscal viability* of prevention and treatment programs has been threatened because local assistance funding has not kept pace with inflation over the last decade while the cost of business has risen sharply. Increasing costs related to employee health benefits, the purchase of electronic health records and electronic billing systems, and the need to hire new staff to work with multiple managed care and health plans have created fiscal problems because programs have not received support to cover these costs.

- **Implement the cost of living adjustment** that was agreed to by the legislature and promised to community-based organizations but repeatedly deferred in recent years. Tied to the consumer price index (2.9%), the 2019-20 increase should be approximately \$13.05 million for OASAS funded programs
- **Adjust all Medicaid rates** to reflect the actual cost of SUD services. This would greatly help to stabilize the fiscal status of programs. **Do not cut Medicaid proposed by the Governor. In the midst of an opioid crisis, SUD treatment should be carved out of this cut.**

Priority #3

ASAP supports separating discussion about the legalization of marijuana from the budget process so that adequate attention can be given to new scientific research and data from other states.

We urge that, if the legislature decides to legalize marijuana for adult use, a substantial percentage of tax revenue associated with legalized marijuana should be allocated to OASAS for prevention, treatment and recovery services to:

- Implement a statewide, science-based education campaign about risks associated with marijuana use, and
- Prevent underage use and treat people with marijuana use disorders

If an excise tax on opioids is successfully established, 100% of funds should be used to increase support to OASAS funded prevention, treatment, and recovery programs.

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Key Data Points

- Employee recruitment and retention is a significant problem in SUD programs across the state. Inadequate pay is cited as the most common reason why direct service staff leave the field. A survey conducted for ASAP by the University at Albany Center for Human Service Research in 2018 found that direct service salaries would need to increase by \$5,000 to \$7,500 in order to compete with comparable positions in other health sectors.
- Treatment program staff vacancies are causing waiting lists and delays in access to services. Nearly two thirds of survey respondents from inpatient and outpatient programs believe vacancies have become a larger problem due to the heroin/opioid epidemic.
- Treatment program staff vacancies are prohibiting individuals seeking treatment from accessing life-saving services. Beds are empty because there is inadequate staff, resulting in individuals suffering from addiction being put on waiting lists.
- Prevention programs across the State have lost more than one third of their staff over the past 15 years due to inadequate pay.
- Incentives available to other professions, such as student loan forgiveness, scholarships for training, education, certification, medical fellowships, and salary and hiring incentives are not available to recruit and retain SUD professionals.