



**Addressing New York State's Number One Public Health Crisis:  
The Epidemic of Overdose and Addiction  
Budget Recommendations**

Governor Cuomo, the NYS Senate, and the NYS Assembly have taken some important steps to address the epidemic of death and addiction associated with prescription opioids and heroin, the alarming problems related to synthetic cannabinoids, and ongoing concerns about other public health problems linked to alcohol and other drugs. Media campaigns initiated by the Governor, new medication assisted treatment clinics in several upstate communities, and additional funding from the Senate and Assembly for prevention in NYC schools and to strengthen community awareness efforts are all much appreciated. These advances are just a small part of what is necessary to address New York's number one health issue, the crisis of addiction and overdose in communities across every region of our State.

**Workforce and Business Infrastructure**

Increased demand for services during the prescription opiate and heroin epidemic and increased costs for business infrastructure such as electronic health records and billing software are putting a substantial strain on under-staffed and under-funded prevention, treatment, and recovery support programs. The substance use disorders services workforce is in peril because of low wages, high rates of employee turnover, and difficulty recruiting qualified people to fill vacancies. Resources are needed to enhance salaries and to support professional development opportunities for employees.

To address these major concerns, the New York Association of Alcoholism and Substance Abuse Providers, Inc. (ASAP) recommends:

- Continued support of annual salary and benefits cost of living adjustments for substance use disorders services providers
- Transfer of funding for workforce retraining from the Department of Health to OASAS to launch a professional development tuition assistance program so essential staff can obtain their CASAC credential and their associates, bachelors and masters degrees
- Funding for OASAS to support service providers' MIS infrastructure needs such as hardware and software, personnel and licensing fees, and other expenses related to support and maintenance of electronic health records. Community-based organizations should have access to the same resources made available to hospitals for personnel and infrastructure support

***Transfer \$5 million from DOH to the OASAS budget for workforce retraining and specifically include SUD service providers as eligible entities for any business infrastructure funding pool.***

There is a need for stronger support for existing services and expansion of prevention, treatment, and recovery support services to meet the demand for services in the midst of a public health crisis caused by the epidemic of overdose and addiction related to prescription opiates and heroin. To address these needs, ASAP recommends the following:

### **Prevention**

There are approximately 300 fewer school and community-based prevention professionals in NYS today than there were in 2009. Suburban and rural communities are experiencing the same staffing inadequacies. A substantial investment is needed to meet the demand for more prevention services to target New York's public health crisis related to prescription opioids, heroin, synthetic cannabinoids, underage drinking, and other alcohol and other drug related health issues at all stages of life and in all demographic groups.

- Provide school and community prevention programs with resources and regulatory flexibility to address requests from families, schools, and communities looking for information and guidance on how best to address the current crisis
- Strengthen and expand school and community prevention services by providing resources to meet local community needs
- Continue the Combat Heroin/Prescription Drug Misuse Campaign and the Media Campaign Focused on K2 and include new resources to respond to specific local community needs that arise from the increased awareness created by these media campaigns

***Add \$20 million to the OASAS budget to add 300 prevention professionals to strengthen school and community prevention. Funding could come from DOH savings from transition to automated prescribing.***

### **Treatment**

There are long waiting lists for medication assisted treatment in every major population center in upstate New York. Adolescents and young adults are hard pressed to find residential treatment when they need it in some areas of the state. The elimination of waiting lists and expanded access to treatment appropriate for specific populations (older adults, adolescents, young adults, veterans, women with children, etc.) must become a priority. It is also critical that we provide regulatory flexibility to residential and medication assisted treatment programs so that waiting lists can be eliminated and treatment made available on-demand.

- Create treatment pilots for veterans, adolescents/young adults, LGBT community, seniors, women/children, rural communities, criminal justice to increase access to treatment
- Expedite completion of projects that will expand treatment capacity
- Provide 24 hour crisis services and hospital-based intervention and referral to community-based treatment for persons with substance use disorders. Ensure connectedness to community-based treatment for persons with substance use disorders who do not need hospitalization
- Better address the needs of persons with co-occurring substance use and mental health disorders by expediting and simplifying a joint-licensing process
- Increase the availability of detox services in community settings
- Ensure local and regional access to a full continuum of outpatient, inpatient rehabilitation, short and long-term residential, medication assisted and other treatment modalities as needed

- Strengthen and expand housing programs for people in recovery and their families (OASAS Shelter Plus Care Case Management/Supportive Services, Homelessness Prevention/Eviction Prevention. permanent supportive housing)
- Provide needed technical assistance to treatment programs as they transition to managed care and implement other reforms

***Add \$30 million to the OASAS budget to eliminate waiting lists, fund pilot projects, strengthen housing services, increase access to a full continuum of treatment services, and fund needed technical assistance***

## **Recovery**

Support services for persons at all stages of recovery from addiction are hard to find in New York State.

Recovery support resources and services should be available in every New York State county.

- Provide initial start-up funding for every county in New York State that currently does not have a Recovery Center
- Provide support for family and alumni groups associated with treatment programs to promote positive health for family members and reduce relapse
- Support implementation of peer services and strengthen the peer services workforce through support for the training, testing, and certification of Recovery Peer Advocates and Recovery Coaches in each region of New York State and creation of an online resource for placement of certified Recovery Peer Advocates in OASAS licensed outpatient programs
- Create a continuing education curriculum to re-certify Recovery Peer Advocates and a Recovery Peer Advocate and Recovery Coach Supervisor credential

***Add \$20 million to the OASAS budget to provide recovery centers in every county, support family and alumni groups associated with treatment programs, and strengthen recovery peer certification and services***

Funding for all of the above recommendations could come from the asset forfeiture Substance Abuse Services Fund, funding from the DOH budget (workforce retraining transfer to OASAS and savings from the transition from manual to automated prescribing), and savings created when persons are diverted from costly hospital and criminal justice services.

## **Additional Recommendations**

- Ensure that the \$195M Health Care Facility Transformation capital funding is available to all types of service providers and allocate a minimum distribution to community healthcare providers including substance use disorders service providers.
- Create an “Essential Provider Pool” specifically for community healthcare providers that mirrors the \$355M Essential Provider Pool open to hospitals in last year’s budget. This pool would be for working capital to support transformation initiatives in an array of service settings including substance use disorders services.
- Pass a 2016-17 budget that includes the Governor’s proposal to extend the exemption from social work scope of practice restrictions in OASAS licensed programs for an additional five years. ASAP supports a permanent exemption from these restrictive scope of service provisions or statutory changes that spare substance use disorders service providers from the workforce crisis that would ensue if the exemptions were to sunset.
- The state budget should include a subsidy for all service providers that would be impacted by a minimum wage increase so that the cost of the increase could be covered.