

JOINT NEW YORK STATE SENATE FINANCE  
AND ASSEMBLY WAYS AND MEANS  
COMMITTEES  
BUDGET HEARING ON MENTAL HYGIENE

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Thank you for the opportunity to provide testimony today. My name is John Coppola, and I am the Executive Director of the New York Association of Alcoholism and Substance Abuse Providers (ASAP), a statewide association representing the full continuum of substance use disorders services across New York State: prevention, treatment, recovery, and harm reduction. Our organization represents more than 150 agencies in addition to statewide and regional coalitions of programs, affiliate members, and individual members. We are excited to be in the midst of a merger with The Coalition for Behavioral Health which will create a new membership organization that will have more than 250 addiction and mental health service provider members.

During each Joint New York State Senate Finance and Assembly Ways and Means Committees Budget Hearing on Mental Hygiene over the past decade, ASAP expressed great concern about the continuing upward trajectory of drug overdose deaths, the increase in alcohol-related deaths among women, and the unimaginable grief and suffering experienced by so many families across our state. During every one of those years, ASAP was disappointed that the proposed budget did not reflect the resources or the response that should be expected by the frontline workers and life-saving programs tasked with combating the problem. While Governor Hochul correctly pointed out in her budget address, earlier this month, that years of underfunding have hampered mental health and addiction service delivery, her budget proposal falls short of addressing the consequences of decades of under-funding, fails to adequately address a worsening addiction and overdose crisis, and does not even keep pace with the rate of inflation. Decades of flat budgets have failed to meet the challenges encountered by New York's addiction services providers. A flat budget is not the answer; especially in an environment where deaths related to alcohol and other drugs continue to escalate and disproportionately impact people of color and underserved communities.

According to the Office of the State Comptroller, drug overdose deaths increased sharply during the COVID-19 pandemic, largely related to opioids and fentanyl. ***New York saw a staggering 68% increase in opioid overdose deaths between 2019 and 2021, exceeding the national rate in both 2020 and 2021.*** OSC also reports that “fatalities and death rates grew across all racial and ethnic groups, increasing nearly five-fold for Black New Yorkers, quadrupling for Hispanic or Latino New Yorkers, and tripling for White New Yorkers.” Rates of overdose attributable to cocaine and psychostimulants have also increased dramatically, setting new records for drug overdose deaths nationally, according to CDC data.

In the context of skyrocketing drug overdose deaths, record rates of alcohol-related deaths among women, and a growing need for a comprehensive continuum of addiction services, years of systemic underfunding suggest indifference to the suffering of people related to addiction. A recent survey of addiction prevention, treatment, recovery, and harm reduction service providers found that 80% of respondents have seen an increase in demand for services over the past 12 months. Concurrently, 85% of survey respondents said staff vacancy rates are causing delays in providing vital services. 75% cite inadequate pay as the primary reason why direct service staff leave their programs. New York has not made the commitment necessary to address this alarming public health crisis.

To make progress and reverse the escalation of deaths attributable to opioids, alcohol, and a host of other drugs, the pattern of underfunding prevention, treatment, recovery, and harm reduction services must be broken. Only through a well-supported workforce and SUD service delivery system will we be able to provide the high-quality care and support that New Yorkers need and deserve. All people who need addiction services should have on-demand access to a comprehensive continuum of services in the communities where they live. Individuals seeking services should have the benefit of fully staffed programs and services that have the resources needed to successfully recruit and retain a workforce and reimbursement rates that meet the full cost of service delivery.

Governor Hochul's proposed 2.5% COLA does not come close to the support requested by ASAP and our partner advocates representing community-based addictions, mental health, health, and human service providers. We strongly advocate for the Senate and Assembly to negotiate an agreement with the Governor to include an 8.5% COLA in the 2023-2024 budget to help ensure that vital services are not compromised by the rising costs of providing services. Without support that keeps pace with inflation, the needs of people in communities across NYS will not be met and service providers will be receiving a de facto cut.

ASAP and our behavioral health advocacy partners across New York State strongly urge the Senate and Assembly to include in its one-house budget bills a \$500 million investment to help rebuild a sustainable BH workforce, address the needs of organizations and programs whose finances and infrastructure are fragile, strengthen existing services and develop new services to address unmet need, and ensure that services are viable and have a scope that meets community needs. Rates and program support must be adjusted to ensure that the full cost of providing quality services is covered. To help recruit and retain qualified individuals to the SUD field, we ask the Senate and Assembly to include in their one-house budgets tuition reimbursement, student loan forgiveness, and funding for stipends to support internships and field placements while students learn the skills needed to work in our field.

We strongly support the work of the Opioid Settlement Advisory Board and encourage the Legislature to include the Board's recommendations in its one-house budget bills. Broadly, we urge you to pass budget measures that ensure adherence to anti-racism principles and strategies that address justice, equity, diversity, and inclusion.

### **Support the Workforce**

- The cost of basic benefits like reimbursement for childcare, health and dental premiums, employee wellness services, tuition assistance, student loan repayment etc. should be covered by program funding and reimbursement rates.
- Inequities in the addictions, mental health, health, and human service sector workforce should be targeted with funds to eliminate those inequities.

## **Strengthen Fiscal Viability and Service Infrastructure**

- Establish a permanent fiscal stabilization fund to provide emergency assistance to programs experiencing cash flow or deficit issues when revenue fails to cover the full cost of service delivery.
- Strengthen access to telehealth equipment, connectivity, and technology that create force multipliers for staff (laptops, smart TVs, data plans to support telehealth engagement, etc.) and enhance services.
- Strengthen existing and create new technology infrastructure for data collection, analytics, reporting tools, creation of dashboards to allow programs/networks to access data to inform decision-making.
- Provide resources to strengthen use of clinical technology tools.
- Ensure that all programs have needed PPE and tools to address health risks among staff and clients.

## **Increase Access to Integrated Care**

- People with multiple addiction, mental health, health, and social service challenges deserve access to no-wrong-door, consumer-centered, integrated services. Support for creation of such services should be prioritized in addictions and mental health service settings as New York develops regulatory and reimbursement frameworks in the context of the new Medicaid Waiver.
- Expand services in Underserved Communities:
- Provide funding for new services in underserved communities that address specific underserved populations and specific services that are lacking.
- Support creation of a leadership institute addressing BIPOC leadership development in addictions and mental health service settings.

## **Addiction Services Recommendations**

- Strengthen Existing Programs to Address Gaps in Services:
- Incorporate anti-racism principles into the continuum of services statewide using training and technical assistance.
- Ensure access to a continuum of services for LGBTQ+, women, people involved with the criminal legal system, aging persons, and persons living in underserved communities.
- Increase access to harm reduction services.
- Build telehealth infrastructure in digital deserts and deploy more clinicians and community health workers to visit New Yorkers in their homes, so historically disadvantaged communities have equal opportunities to access care.
- Ensure that programs have the resources to improve access to naloxone.
- Strengthen/expand recovery services to ensure access in every NYS County.
- Strengthen addiction peer services in treatment, recovery, and harm reduction settings and fully fund certification of the peer workforce in OASAS settings.

- Expand prevention services targeting individuals, families, and communities and purchase training, licensing, and manuals to assist in addressing emerging needs populations.
- Fund evidence-based environmental prevention strategies and community coalitions to link prevention resources at the local level and expand prevention's reach to vulnerable populations.
- Dramatically expand gambling prevention, treatment, recovery services using funds from the tax windfall generated by the dramatic expansion of state-sanctioned gambling opportunities.
- Expand housing for people in recovery.
- Funds from the Opioid Settlement Fund; taxes on cannabis, opioids, and alcohol; and profits made by NYS because of gambling expansion can be used to fund our Addiction Services Recommendations.
- Repeal the 340B – Medicaid Pharmacy Benefit Carve Out. People receiving services in OASAS licensed treatment programs have long benefited from the relationships addiction service providers have with Federally Qualified Treatment Centers (FQHCs) because that relationship provides their access to primary care and/or specialty care (i.e. vision, dental, and psychiatric service). 340B enables people receiving treatment in residential substance use treatment settings to get the medical care they need in a seamless fashion, with minimal disruption to their participation in the therapeutic activities of the residential program. FQHCs help ensure that people served by SUD programs have access to addiction medication and medications to treat and prevent HIV, and to treat hepatitis C. FQHCs are a de-facto medical home for many people served by OASAS licensed facilities, particularly when those people who have transitioned from residential services and are engaged in outpatient treatment for their substance use disorder. FQHCs provide vital safety-net services to people seeking recovery without regard to their ability to pay.

We ask the Senate and Assembly to monitor and protect any opioid settlement funds from being used to supplant state funds or to be swept into the State's General Fund and used for purposes unrelated to the opioid and addiction crisis. We also implore you to ensure that the Opioid Stewardship fund; taxes from alcohol, marijuana, and gambling; and other such revenue is used to fund the recommendations we are making, recommendations being made by the Opioid Settlement Advisory Committee, and other purposes that will further the work of prevention, treatment, recovery, and harm reduction programs across New York State.

Thank you for consideration of ASAP's recommendations and thank you for the work you are doing here today and in all of your work serving the people of New York State.