

NEW YORK STATE ASSEMBLY

ANNUAL REPORT

2020



COMMITTEE ON
ALCOHOLISM AND DRUG ABUSE

CARL E. HEASTIE
SPEAKER

LINDA B. ROSENTHAL
CHAIR



LINDA B. ROSENTHAL
Assemblymember 67th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

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Committee on Alcoholism and Drug Abuse

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Legislative Women's Caucus
Subcommittee on Renewable Energy
Subcommittee on Tuition Assistance
Subcommittee on Women's Health
Examining Socio- Economic Response to
People with Substance Use Disorder

December 15, 2020

Honorable Carl E. Heastie
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, NY 12248

Dear Speaker Heastie:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit the Committee's 2020 Annual Report. During my tenure as Chair, I have engaged with the addiction prevention, treatment and recovery communities by convening meetings with stakeholders and holding hearings on various topics relevant to the committee. Additionally, I have attended and participated in numerous events that were held to highlight key initiatives and address challenges for addiction prevention, treatment and recovery providers. Despite the COVID-19 pandemic, I have maintained close and meaningful connections with the community and have continued to work to address their growing needs during these unprecedented times. The need for a robust investment in addiction prevention, treatment and recovery has never been greater, as the COVID-19 pandemic has disproportionately affected our providers and the individuals dealing with problem gambling or a substance use disorder.

Individuals struggling with problem gambling or a substance use disorder have faced unique challenges during the COVID-19 pandemic, including the risk of relapse due to increased stress caused by isolation, job loss and the subsequent difficulty accessing services. These difficulties have led to stark increases in overdose rates nationwide. Providers have also faced difficult challenges, including ensuring adequate supplies of PPE to protect their staff and clients, establishing safety protocols to allow for the continuation of treatment and the threat of staffing shortages and insolvency due to budget deficits as a result of the State withholding 20% of allocated funding.

Throughout the pandemic, the work of our providers has increased given the increase in overdoses and mental health issues, and providers expect that the need for supportive services will continue to grow in the coming months.

The State Fiscal Year (SFY) 2020-2021 Enacted Budget continued funding support for heroin and opiate abuse prevention, treatment and recovery services and provided a slight increase in additional funding for the overall agency budget. Specifically, the enacted budget maintained funding for medication-assisted treatment programs in county jail facilities and continued funding for the Behavioral Health Ombudsman. However, as in past years, the level of funding is not commensurate with the great needs facing our communities.

In the upcoming Legislative session, the Committee will continue to examine, develop and consider policies designed to help every New Yorker impacted by problem gambling or a substance use disorder. I look forward to

working with you and my Assembly colleagues to ensure that effective prevention, treatment and recovery services are accessible to all individuals and families who have been affected by substance use disorder and problem gambling.

Thank you for your continued commitment to fighting the opioid crisis throughout the state.

Sincerely,

A handwritten signature in cursive script that reads "Linda Rosenthal". The signature is written in black ink on a white background.

Linda B. Rosenthal
Chair
Assembly Committee on Alcoholism and Drug Abuse

**2020 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Linda B. Rosenthal
Chair**

Committee Members

Majority

Carmen E. Arroyo
Maritza Davila
Michael G. DenDekker
Nathalia Fernandez
Judy Griffin
John McDonald III
Dan Quart
Karies Reyes
Al Stirpe

Minority

Joe DeStefano – Ranking Member

Mark Johns

Melissa Miller

Michael Reilly

Committee Staff

Nicholas Guile – Committee Clerk

Program and Counsel Staff

Jennifer Sacco – Assistant Secretary for Program and Policy
Marys Christie – Legislative Analyst

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I. INTRODUCTION

The Assembly Committee on Alcoholism and Drug Abuse develops and considers legislation impacting programs that provide prevention, treatment, and recovery services for individuals and families in New York State.

The Committee has oversight of the New York State Office of Addiction Services and Supports (OASAS) to ensure that its policies and initiatives will improve and expand access to prevention, treatment and recovery services statewide.

OASAS oversees a service system that includes more than 1,600 prevention, treatment and recovery programs. These programs deliver services to approximately 680,000 individuals each year. OASAS also operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to roughly 8,000 persons each year and oversees a comprehensive education and prevention program located in 160 school and community-based providers throughout the state.

The Office provides education and training to professionals working with clients and administers a professional credentialing process for addiction professionals, including certified alcoholism and substance abuse counselors, prevention professionals and specialists, and problem gambling counselors.

In October 2020, a proposal was put forward to create "a new single integrated behavioral health agency," which would lead to the closure of OASAS and the New York State Office of Mental Health (OMH). Four joint listening sessions were held to gather feedback from affected populations and service providers. For years, funding to OASAS has been inadequate to meet the scope and scale of the State's addiction crisis. While I welcome any change that improves and expands education, treatment and recovery services to people living with substance use disorder statewide, I am concerned that with the creation of a new agency, addiction services could be pushed further into the background. Thousands of New Yorkers living with a substance use disorder, particularly in the midst of the COVID-19 pandemic, have needs that the State has failed to address. A new agency must treat the OASAS population as a full partner in its mission and not as a subcommittee with diminished importance.

II. STATE BUDGET HIGHLIGHTS

The Committee carefully considered funding priorities and how to effectively allocate resources. Some of the highlights from the SFY 2020-21 Enacted Budget include:

A. Heroin and Opioid Abuse Prevention, Treatment, and Recovery Services Funding

With the continuing surge in the heroin and opioid epidemic, the SFY 2020-21 Budget provides **\$247.5 million** to the Office of Addiction Services and Supports (OASAS), to support Opioid Abuse Prevention and Treatment Services.

In addition to the continued support, the Legislature provided an increase of **\$3.5 million** in funding over the Executive proposal, which was allocated in recognition of the need for more support and services to expand upon necessary and effective substance use prevention, treatment and recovery services across the state. For SFY 2020-21, total OASAS funding is **\$824.6 million**.

This funding will support a variety of programs and initiatives, including:

- **State-Operated Services (\$28 million):** This funding supports individuals with heroin/opiate use disorders that seek treatment in the state-operated ATC programs.
- **Naloxone Kits and Training (\$11.4 million):** This funding supports the purchase of naloxone kits at the State's Opioid Overdose Prevention Programs.
- **Jail-Based Substance Use Disorder Treatment (\$3.75 million):** This funding continues support for substance use disorder treatment services in county jails, for a total of \$3.75 million.
- **Mental Health Ombudsman Program (\$1.5 million):** This continued funding supports an independent substance use disorder and mental health ombudsman program.

◇ Additionally, the Behavioral Health Compliance Fund, which will collect penalties from insurers who violate Federal and State behavioral health parity laws, would contribute up to **\$1.5 million** to support the Substance Use and Mental Health Ombudsman Program, for total funding of **\$3 million**.

B. Substance Abuse Prevention and Intervention Specialists (SAPIS)

A SAPIS worker provides violence and drug prevention and intervention services, including individual, group, family and crisis counseling; classroom presentations; peer programming; social skills groups; and where necessary, referrals to professional services.

The SFY 2020-21 Enacted Budget provided **\$16.9 million** for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention that are delivered by SAPIS workers.

C. Worker Wage Increases

In the 2019-2020 enacted budget, the Legislature provided statutory authority and funding for salary increases for direct support professionals, direct care workers, and clinical staff employed by the Office of Mental Health (OMH), the Office of Addiction Supports and Services (OASAS), and the Office for People with Developmental Disabilities (OPWDD). Additional funding was allocated in the SFY 2020-2021 Enacted budget to ensure increased wages were provided by the required effective dates. Direct care and direct support staff received a 2.0 percent increase on January 1, 2020 and direct care workers, direct support professionals, and clinical staff received another 2.0 percent increase on April 1, 2020, for a total of \$106.6 million. OASAS providers are estimated to receive \$9.6 million in SFY 2020-21.

D. State Aid Withheld

The COVID-19 pandemic has had a significant fiscal impact on New York State. According to estimates by the Division of Budget, the state anticipates a loss of \$63 billion in expected revenue and tax receipts through SFY 2024. Due to this projected deficit, the state has withheld 20% of allocated funding to providers and state funded contracts to ensure New York continues to have “cash on hand” to deal with any additional unforeseen costs created by the pandemic. Without this essential funding, many providers have indicated that this deficit may be too significant for them to overcome, requiring them to close their doors leaving many individuals without necessary services.

III. COVID-19 FEDERAL FUNDING

As a result of the economic impact of the COVID-19 pandemic, the federal government provided limited emergency funding to states to respond. The federal aid for the Office of Addiction Services and Supports (OASAS) has been provided under the Coronavirus Aid, Relief and Economic Security (CARES) Act.

The following grants have been awarded to New York State by the Substance Abuse and Mental Health Services Administration (SAMHSA):

- **Emergency Grants to Address Mental Health and Substance Use Disorder during COVID (\$2 million):** Funding is for crisis intervention services, and mental and substance use disorder treatment and recovery supports for adults and children impacted by COVID-19.
 - ◇ The Office of Mental Health (OMH) and the Office for Addiction Services and Supports (OASAS) were awarded federal funding to address mental health and substance use disorder during the COVID-19 pandemic. OMH and OASAS will partner with two organizations, Coordinated Behavioral Health Care (CBHC) and Coordinated Behavioral Health Services (CBHS), to provide services to vulnerable individuals for a 16-month period.
 - ◇ Grant funding will be used to develop and provide evidence-based and crisis mental health services, improve telehealth infrastructure, and inform health care workers and residents of available mental health and substance use disorder treatment services.

- **Certified Community Behavior Health Clinic (CCBHC) Expansion Grant Program (\$54.6 million):** Funding is to increase access to and improve the quality of community mental health and substance use disorder treatment services.
 - ◇ Under the Coronavirus Aid, Relief and Economic Security (CARES) Act, additional funding was provided to expand the CCBHC Expansion Grant Program.
 - ◇ CCBHCs provide a comprehensive and integrative set of services that create access, stabilize individuals in crisis, and provide the needed treatment and recovery support services for those with serious and complex mental and substance use disorders.
 - ◇ The CCBHC Expansion Grant Program will provide access to services, including 24/7 crisis intervention services for individuals with serious mental illness (SMI) or substance use disorders (SUDs), including opioid use disorders; children and adolescents with serious emotional disturbances (SED); and individuals with co-occurring mental and SUDs.

IV. SIGNIFICANT LEGISLATION

The Committee is dedicated to supporting legislation that will help ensure the highest quality of care for persons with substance use and problem gambling issues. In the 2020 legislative session, the Committee developed and advanced important pieces of legislation which included:

1. **Self-Exclusion Removal Request** A.589-A (Rosenthal, L.)/S.8811 (Biaggi); Reported to the Ways and Means Committee

This legislation would require the commissioner of the Office of Addiction Service and Supports (OASAS) to develop and disseminate educational materials regarding compulsive gambling to individuals who have placed themselves on a voluntary exclusion list. This bill would require the OASAS commissioner, in consultation with the New York State Gaming Commission, to create a Self-Exclusion Request for Removal form to be completed in the event that a person who has voluntarily placed themselves on a self-exclusion list wishes to be removed from such list. The self-excluded person must acknowledge that they understand the dangers of problem gambling and are aware of treatment opportunities. This bill would require the New York State Gaming Commission to compile and maintain a master list of all individuals who have been placed on a self-exclusion list. Lastly, this bill would require the New York State Gaming Commission to promulgate various rules and regulations for individuals who place themselves on a self-exclusion list.

2. **Emergency Contact for Patients** A.9536 (McDonald)/ S.4741-B (Harckham); Signed; Chapter 270

This legislation requires OASAS certified treatment programs to notify patients of their right to name an emergency contact who can assist in their treatment and recovery. This bill also requires OASAS to develop guidelines for communicating with emergency contacts.

3. **Disaster Preparedness Commission** A.10509 (Rosenthal)/ S.8363 (Harckham): Signed; Chapter 116

This legislation included the commissioner of OASAS as a member of the Disaster Preparedness Commission (DPC) to ensure substance use disorder providers are accurately represented during any disaster management planning. This entity's purpose is to prepare disaster plans for New York State, direct State disaster operations in conjunction with local government operations, and coordinate federal, State and private recovery efforts.

V. LEGISLATIVE HEARINGS

A. The impacts of COVID-19 on individuals struggling with a substance use disorder and the availability of supportive services.

September 15, 2020, Online Video Public Hearing

Substance use disorder (SUD) continues to be a persistent problem for New York State and across the country. Despite support for crucial substance use disorder services, there has been a continued increase in opioid overdose deaths throughout the state. The SUD population, like other vulnerable populations, has been disproportionately affected by the COVID-19 pandemic.

On September 15, 2020, the Assembly Alcoholism and Drug Abuse Committee and Health Committee convened a hearing to examine the impacts that the COVID-19 pandemic has had on individuals struggling with substance use disorder and their ability to access effective services, along with the compounding effects of isolation. The committees sought ways to mitigate the effects of the pandemic on struggling New Yorkers. In addition, the committees heard from groups about the need to ease regulatory requirements provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of Addictions Services and Supports (OASAS) and the Department of Health (DOH). In the interest of public health and safety, the hearing was conducted virtually using web-based video conferencing.

OASAS acknowledged that it serves a highly vulnerable population with increased rates of medical and psychiatric comorbidities and other social risk factors. Despite reports to the contrary, OASAS maintained that providers remained open during the early days of the pandemic by modifying service delivery to individuals struggling with a substance use disorder. OASAS indicated that it facilitated meetings and webinars with providers and associates regarding DOH's infection control protocol, as well as taking steps to assess PPE needs, maximize space to accommodate social distancing and isolation needs, shift outpatient programs to virtual treatment, repurpose inpatient and residential beds, and continue medication administration and dispensing in the Opioid Treatment Programs (OTP) system.

Numerous panelists praised emergency federal regulatory measures that have increased access to buprenorphine, waived restrictions on methadone allowing people to take more medication home and decreased crowding at OTPs. However, they noted that there is uneven implementation across programs, with homeless clients less likely to benefit from these measures.

Many panelists presented testimony on the benefits of expanding Medication Assisted Treatment (MAT) delivery systems and telehealth services. Witnesses also stressed that the funding and providers capable of utilizing this technology were insufficient to address the growing need caused by the pandemic. A number of witnesses testified that the 20% withholding of state aid to substance use disorder and mental health treatment providers has been detrimental to the already underfunded workforce and is not sustainable, given the growing needs of the populations providers serve.

The New York State Department of Health Commissioner was invited to participate in the hearing because of the Department's legal duty to maintain and report on county opioid overdose data. Unfortunately, the Commissioner or a representative did not attend, nor did the Department provide written testimony to the committees.

APPENDIX A

2020 SUMMARY OF ACTION ON BILLS REFERRED TO THE ALCOHOLISM AND DRUG ABUSE COMMITTEE

TOTAL NUMBER OF COMMITTEE MEETINGS HELD 2

	<u>ASSEMBLY</u> <u>BILLS</u>	<u>SENATE</u> <u>BILLS</u>	<u>TOTAL</u> <u>BILLS</u>
BILLS REPORTED FAVORABLE TO:			
Codes	1	0	1
Judiciary	0	0	0
Ways and Means	0	0	0
Rules	2	0	2
Floor	0	0	0
TOTAL	3	0	3
COMMITTEE ACTION			
Held For Consideration	2	0	2
Defeated	0	0	0
Enacting Clause Stricken	0	0	0
REMAINING IN COMMITTEE	27	6	33
BILLS REFERENCE CHANGED TO:			
TOTAL	0	0	0