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## **NYSHRA Testimony at OASAS/OMH Merger Listening Session**

October 30, 2020

My name is Joe Turner, CEO of Exponents, an NYC based human services agency that provides compassionate harm reduction services to the most vulnerable citizens of our community, through drug treatment and recovery services and other interventions that save lives. But I am also here in the capacity as Co-Chair, along with Co-Chair Alexis Pleus of Truth Pharm, of the **NYS Harm Reduction Association**. The Association is a collective of non-licensed and OASAS designated 822 harm reduction organizations throughout NYS. We are on the front lines of the Overdose epidemic, providing a wide array of direct harm reduction services including syringe exchange programs, medication treatment, harm reduction drug and naxalone distribution. Simply put, we keep people alive so that they can pursue self-directed lives.

As a stakeholder in this process and one that will be impacted by the proposed merger, the Association feels that it is right and appropriate that OASAS and OMH should move forward with the integration process. Our member agencies have a plethora of data indicating successful outcomes from our harm reduction interventions.

While this is a well-known fact on the Substance Use Disorder side of the OASAS/OMH equation, we urge OMH to fully integrate, and sustainably fund, harm reduction services into the new behavioral health entity.

Hence, the prospect of the integration of care through a single-licensed behavioral health entity is welcomed. But we need to go further in ensuring the sustainability of harm reduction services through direct and adequate funding of all member services from the newly merged entity. Sadly, as we speak, funds for syringe exchange programs throughout NYS, programs that save lives and prevent bloodborne diseases, are being cut. Specifically, the Office of Drug User Health has suffered drastic cuts, resulting in increased overdose deaths. It is imperative that the Office of Drug User Health have a voice in decisions about the allocation of resources during and after the proposed merger. We strongly urge that any savings from consolidation be reinvested in these and other vital services.

When it comes to areas like outpatient and community residential care, peer and recovery support services, vocational services, housing among others, there are tremendous opportunities to move system integration forward to better serve those in need. Also, while both systems have moved a long way toward incorporating harm reduction strategies in their systems of care, harm reduction must become an integral part of the continuum of care and receive the resources that it needs to save lives.

In the field, we talk of the continuum of prevention, harm reduction drug treatment, and recovery services. Currently every provider of services within the SUD continuum are now adopting harm reduction principles (i.e. “person-centered approaches) in engaging problematic drug use. While we support the promise of a new behavioral health entity, the New York State Harm Reduction Association urges both Commissioners to take the lessons learned from harm reduction research and to permanently support a system of care that is proven by science.

Thank you for your time and consideration.

