**TYSA Policy Agenda - Statement of Need**

**Prevention**
- Despite observed reductions in Rx drug use and binge drinking due to the comprehensive efforts of community coalition and their partners, funding is inconsistent and insufficient.
- Nearly half of DOE schools (43%, or 35 of 81) do not have evidence-based prevention programming from an OASAS-licensed provider (2019-20 school year).
- Students at risk for developing SUD are often not identified early and do not receive intervention programs at school.
- Despite reductions in binge drinking from 2008 to 2018 (17.9% to 11.8%; YDS), past 30-day alcohol use among 12-17 year olds has increased (24.4% vs. 26.0%; YDS).
- In 2018, more than 1 in 4 of 12th graders, or 26.4%, on SI reported using marijuana in the past 30 days (YDS 2018).
- The percentage of adults who believe marijuana use is not okay for youth decreased from 2012 to 2017 (94% vs. 83%, AAS, 2017).
- E-vapor product use rose from 19% to 22.1% from 2015-2017 among high school students on SI (YRBS, 2015-2017).

**Treatment**
- In 2018, 88.8% of the 20.2 million people who needed SUD treatment over the past year did not receive it (NSDUH).
- There have been 114 diversion-based engagements (HOPE) from January through August 2019.
- Despite gold standard of treatment for SUD, misinformation among community and provider networks remain about MAT.
- 60% of staff turnover in SUD programs is attributed to inadequate pay (ASAP 18-19 budget recommendations).

**Recovery**
- Individuals in recovery require social supports as they transition from intensive treatment back into their daily lives.

**Proposed Solutions**

**Universal prevention**
- Increase prevention funding and allocate portion to community coalitions operating at the local level ($125,000 per year).
- Expand universal evidence-based prevention programs in schools and community settings.

**Early Intervention**
- Mandate early intervention services for indicated adolescents and young adults.

**Alcohol**
- Require Responsible Beverage Service (RBS) trainings for all new liquor licenses and renewals (working with State Liquor Authority).
- Restrict alcohol advertising on government-owned property.

**Pending-Recreational Marijuana**
- Restrict marijuana advertising, allocate tax revenue to prevention services, allow local municipalities to develop regulation.
- Set 25 year age minimum.

**Vaping**
- Support the restriction of flavored e-vapor products.

**Allocate funding to non-reimbursable peer recovery support services.**
- Support the expansion of best practices to treat opioid use disorder.
- Increase APG rates to align with current costs of care.
- Preserve and enhance net deficit state aid funding.
- Allocate funding to support SUD workforce.

**Allocate funding for wraparound services: case management, recovery supports, & vocational services.**
- Allocate funding for recovery-based transitional housing and co-occurring mental health housing.
- Provide oversight to individuals or agencies providing “sober” housing services.
Expanded Notes

Prevention:
• Tackling Youth Substance Abuse is a community coalition in Staten Island addressing substance use across the continuum. Formed in 2011, TYSA leverages the expertise of its diverse stakeholder base to develop research driven strategies, advocate for systems change, and collect data to measure impact. Without community coalitions across NYS, Youth Development Survey (YDS, 12-17 year olds) and Young Adult Survey (YAS, 18-25 year olds) would not be collected and tracked over time.
• Evidence based prevention programming is provided through both school and community partners. SAPIS are DOE based counselors that provide EBPs and a variety to services to students.
• SAPIS cost estimate is based on the number of SAPIS needed to cover 40 additional Staten Island schools, in some cases using a shared staffing model.
• After years of community organizing and testimonials at the Metropolitan Transit Authority (MTA) board level, the Building Alcohol Ad Free Transit (BAAFT) coalition successfully persuaded the MTA to no longer allow alcohol advertisement contracts on MTA property. As a key player in these efforts, TYSA intends to continue this momentum to work with government agencies to remove alcohol ads from their property.
• See attached one-pager for regulation recommendations on recreational marijuana.

Early intervention:
• SI schools are struggling to identify students experimenting with substances who are at risk for developing a substance use disorder. In March 2016, the Massachusetts Legislature enacted an Act relative to substance use, treatment, education and prevention (STEP Act) which outlines the requirements for public schools in the Commonwealth to engage in substance use screening and education. Legislation can be found at https://malegislature.gov/Laws/SessionLaws/Acts/2016/Chapter52 (see Sections 15, 63, 64, 66). For more info visit: https://www.masbirt.org/schools. NY should consider lessons learned from this model.

Treatment:
• The NY Association of Alcoholism and Substance Abuse Providers (ASAP) works diligently each year to develop policy and budget recommendations. This year, ASAP is advocating to increase Medicaid rates to reflect the actual cost of services to help stabilize the workforce needs in programs that do not receive OASAS funding.
• Building on the state’s efforts to form an MAT collaboration, we hope to ensure that best practices are widely adopted.

Substance Use Disorder Workforce:
• ASAP also advocates for incentives to be made available, such as student loan forgiveness; scholarships for training, education, and certification; and salary/hiring incentives to help attract and retain staff, and to professionalize and sustain the SUD workforce.
• Compensation levels should be brought in line with hospital based (1099) counselors, NYC Department of Education (SAPIS) counselors, and other unionized workers to help us maintain a consistent approach in community based treatment programs.

Recovery
• People in recovery, especially those Individuals with co-occurring mental health and substance use needs, require safe, support housing.
• Current “sober housing” is operated through private organizations/individuals and are not held to any standards to ensure quality.