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COUNTY HEALTH LEADERS PROVIDE TESTIMONY TO JOINT SENATE TASK FORCE ON OPIOIDS, ADDICTION AND OVERDOSE PREVENTION

Testimony Makes Numerous Recommendations, Calls For Investing Opioid Settlement Funds in Local Health Departments to Counter Deadly Impact of Opioid Epidemic

Albany, New York —New York State Association of County Health Officials (NYSACHO) Executive Director Sarah Ravenhall today provided testimony at a New York State Senate public hearing where she made numerous recommendations and highlighted the unique opportunity presented by opioid settlement funding to address critical infrastructure needs of local health departments (LHD). Ravenhall also testified to the critical role LHDs play in preventing opioid overdose deaths.

“Staffing is at a critical low within LHDs and funding is needed to hire specialists to reach those who need prevention services,” Ravenhall testified. “A substantive portion of this (opioid settlement) revenue should be reinvested back into the work being led by local health departments to boost prevention and harm reduction strategies.”

Ravenhall cited research conducted by the de Beaumont Foundation that found public health departments nationally need approximately 80% more full-time equivalent positions (FTEs) just to meet basic health requirements.

“New York State is not immune to this national finding,” Ravenhall testified. “Over the past decade, New York State’s local health department workforce has been reduced by one-third due to budget cuts, the permanent property tax cap, the inability to be reimbursed for fringe benefit expenses under Article 6, and other funding restrictions. Counties have indicated the need for flexible infrastructure to expand their dedicated, specialized workforce and develop and implement holistic approaches to address the opioid epidemic.”

Commenting on the hearing activities, Ravenhall said: “The urgent need to ensure a sustainable and effective public health system could not be more clear. Our place in time is unique. New York State has the leadership, the wisdom and the funding sources available to renew our commitment to public health. We must seize this rare opportunity.

“New York started the pandemic with an under-resourced public health system,” Ravenhall said. “We look forward to working with the Legislature and the Governor to end the pandemic with a system that is robust, resourced and ready for any potential threat.”

In addition to calling for investing portions of the opioid settlement funds in local public health departments, Ravenhall’s testimony included numerous recommendations including:

- Leveraging county health officials expertise in identifying and implementing population health solutions when discussing opioid settlement funding and ensure reinvestments are made to LHDs to sustain prevention and harm reduction programs.
- Expanding funding opportunities to include LHDs as eligible grant recipients as they provide critical prevention and harm reduction focused work.
- Supporting policy recommendations that strengthen and facilitate partnerships across state agencies and between those state and local government entities that share primary responsibility for tackling the opioid crisis in a holistic manner.
- Consideration of the impact of the opioid crisis in rural areas of the State and dedicating resources to jurisdictions in need, particularly in the wake of the COVID-19 pandemic.
- Providing a 50-50 state and local match for counties investigating unattended deaths via medical examiner and coroner services.
- Recognizing the negative impact the last several years of funding constraints has had on both the local and state public health workforce and work together to identify ways to maintain and enhance the capacity of our public health infrastructure.
- Continuing support for expansion of real-time data tools to improve on the ground surveillance and rapid interventions when spikes in overdoses are identified.
- Immediately addressing the need for low threshold access to recovery supports services, including harm reduction activities like syringe exchange and naloxone access, easy linkage to treatment, and navigation supports for people that are ready to enter treatment.

Ravenhall’s full testimony can be found at: <https://www.nyscho.org/topic/testimony/>

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