

1 BEFORE THE NEW YORK STATE SENATE FINANCE
AND WAYS AND MEANS COMMITTEES

2 -----

3 JOINT LEGISLATIVE HEARING

4 In the Matter of the
2023-2024 EXECUTIVE BUDGET ON
5 MENTAL HYGIENE

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8 Hearing Room B
Legislative Office Building
9 Albany, New York

10 February 16, 2023
11 9:37 a.m.

12 PRESIDING:

13 Senator Liz Krueger
Chair, Senate Finance Committee

14 Assemblywoman Helene E. Weinstein
15 Chair, Assembly Ways & Means Committee

16 PRESENT:

17 Senator Thomas F. O'Mara
Senate Finance Committee (RM)

18 Assemblyman Edward P. Ra
19 Assembly Ways & Means Committee (RM)

20 Senator Samra G. Brouk
Chair, Senate Committee on Mental Health

21 Assemblywoman Aileen Gunther
22 Chair, Assembly Committee on Mental Health

23 Senator John W. Mannion
24 Chair, Senate Committee on Disabilities

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2 2-16-23

3 PRESENT: (Continued)

4 Assemblywoman Rebecca A. Seawright
Chair, Assembly Committee on People with
5 Disabilities

6 Senator Nathalia Fernandez
Chair, Senate Committee on Alcoholism
7 and Substance Use Disorders

8 Assemblyman Phil Steck
Chair, Assembly Committee on Alcoholism
9 and Drug Abuse

10 Assemblyman Angelo Santabarbara

11 Assemblywoman Mary Beth Walsh

12 Assemblywoman Chantel Jackson

13 Assemblyman Khaleel M. Anderson

14 Senator George M. Borrello

15 Senator Michelle Hinchey

16 Assemblywoman Anna R. Kelles

17 Assemblyman Chris Eachus

18 Assemblyman Alex Bores

19 Senator Gustavo Rivera

20 Assemblyman Brian Manktelow

21 Assemblywoman Jo Anne Simon

22 Assemblyman Brian Maher

23 Senator Lea Webb

24 Assemblyman Scott Gray

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3 PRESENT: (Continued)

4 Senator Kristen Gonzalez

5 Assemblyman Harvey Epstein

6 Senator Patricia Canzoneri-Fitzpatrick

7 Assemblyman Chris Burdick

8 Senator Peter Oberacker

9 Assemblyman Jarett Gandolfo

10 Assemblyman Keith P. Brown

11 Assemblyman Edward C. Braunstein

12 Senator Rob Rolison

13

14

15 LIST OF SPEAKERS

16 STATEMENT QUESTIONS

17 Ann Marie T. Sullivan, M.D.
Commissioner

18 NYS Office of Mental Health (OMH)
-and-

19 Chinazo Cunningham, M.D.
Commissioner

20 NYS Office of Addiction
Services and Supports (OASAS)

21 -and-
Kerri Neifeld

22 Commissioner
NYS Office for People With

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14	CEO Mental Health Association		
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6	NY Association of Psychiatric Rehabilitation Services		
7	-and-		
	Drena Fagen		
8	Cofounder & Director		
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9	Therapists		
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10	Maria Cristalli		
	President and CEO, Hillside		
11	Board Chair		
	NYS Coalition for Children's		
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1 CHAIRWOMAN KRUEGER: Hi. If everybody
2 would like to take their seats, particularly
3 our three-agency panel, for the panel. And
4 everybody else. Thank you.

5 So on behalf of the women legislators,
6 so nice to see so many women running our
7 government agencies. That's not my official
8 remarks, though.

9 Hi. I'm Liz Krueger, the chair of the
10 Senate Finance Committee and permanent
11 fixture in this chair and this room. And I
12 am joined by Helene Weinstein, the chair of
13 the Assembly Ways and Means Committee, also a
14 permanent fixture in this hearing room.

15 We are delighted to be here with you
16 today for the ninth of 13 hearings conducted
17 by the joint fiscal committees of the
18 Legislature regarding the Governor's proposed
19 budget for state fiscal year 2023-'24.

20 These hearings are conducted pursuant
21 to the New York State Constitution and
22 Legislative Law.

23 Today our committees, Ways and Means
24 and Finance, will hear testimony concerning

1 the Governor's proposed budget for the Office
2 of Mental Health, the Office for People With
3 Developmental Disabilities, the Office of
4 Addiction Services and Supports, and the
5 Justice Center for the Protection of People
6 With Special Needs.

7 Following each testimony there will be
8 some time for questions from the chairs of
9 the related committees and other legislators
10 on the relevant committees for this hearing
11 today.

12 I will now introduce members of the
13 Senate, and Assemblymember Helene Weinstein,
14 chair of Assembly Ways and Means, will
15 introduce members from the Assembly.

16 In addition, of course, I am joined by
17 my colleague, the ranker for Finance in the
18 Senate, Tom O'Mara -- who's also becoming a
19 permanent fixture in this room, along with
20 Assemblymember Ra -- and then he will
21 introduce his members.

22 So first I'm just going to list out
23 the members that I believe are already here.
24 We may of course be joined with others as the

1 day goes on. But I am joined so far by
2 Senator Mannion, Senator Brouk,
3 Senator Rivera, Senator Webb, and
4 Senator Fernandez.

5 Helene.

6 CHAIRWOMAN WEINSTEIN: Thank you.

7 We are joined by Assemblywoman
8 Gunther, chair of the Mental Health
9 Committee; Assemblyman Steck, chair of our
10 Alcoholism Committee; Assemblywoman
11 Seawright, chair of the Disabilities
12 Committee; Assemblyman Braunstein,
13 Assemblyman Bores, Assemblyman Burdick,
14 Assemblyman Eachus, Assemblywoman Jackson,
15 Assemblywoman Kelles.

16 Assemblyman Ra, would you like to
17 introduce your colleagues?

18 ASSEMBLYMAN RA: Yes, thank you.

19 Good morning. We are been joined by
20 Assemblyman Gandolfo, our ranker on
21 Mental Health; Assemblyman Keith Brown, our
22 ranker on Alcohol and Substance Abuse; and
23 Assemblymembers Gray and Maher.

24 CHAIRWOMAN KRUEGER: And we were just

1 joined by Senator Gonzalez as well.

2 And Senator O'Mara, did you cover --

3 SENATOR O'MARA: No, I didn't yet.

4 It's going to be a long day.

5 We're joined by our ranker on

6 Mental Health, Patricia

7 Canzoneri-Fitzpatrick; our ranker on the

8 Substance Abuse Disorder and

9 Alcoholism Committee, Peter Oberacker; and

10 Senator Robert Rolison.

11 CHAIRWOMAN KRUEGER: Great, thank you.

12 Before I start the introductions of
13 our panelists, I just want to go over some of
14 the basic rules of hearings, because it's
15 always good to have that in the beginning.

16 One, for the panels that are
17 government representatives, you each get
18 10 minutes to give your presentation. And
19 after all three of you have given your
20 presentation, then we will start questioning
21 by the legislators.

22 Nongovernmental witnesses, who will
23 come at the later panels, only get three
24 minutes to testify, and then we ask

1 questions.

2 So for everyone, obviously you might
3 give us 25 pages of testimony and we might
4 appreciate it, and it's all up there on the
5 website for everyone in the state to look at.
6 But try to be very concise in bullet-pointing
7 and highlighting what you think are the most
8 important sections of your testimony.
9 Otherwise, you will be shut down at page 3,
10 thinking, I have nine more pages. And it
11 won't work very well. So that's our
12 recommendation from experience.

13 For the legislators, chairs of the
14 relevant committees get 10 minutes to ask
15 questions, and then they get a second round
16 of three minutes. Rankers get five minutes.
17 And all other members get three minutes.

18 Please note that if you wish to ask
19 questions -- this is for the legislators --
20 let Helene or myself know so that we put you
21 on a list that we call out to make sure that
22 you have an opportunity to ask questions.

23 And again, for nongovernmental
24 witnesses later, they get three minutes and

1 the legislators, including the chairs and the
2 rankers, also only get three minutes to
3 follow up.

4 And then, perhaps most importantly,
5 when you ask a question, legislators, and the
6 clock is showing three minutes, that's both
7 for your questions and for the answers.

8 So -- this is our pet peeve -- when you have
9 14 seconds left on the clock, please don't
10 start a new question, because it's unfair to
11 the panelists; they can't possibly answer.

12 In addition, if we know that there's
13 not going to be enough time to answer great
14 questions, which is often the case, we're
15 going to ask the panelists whether they can
16 please get back to us in writing, regardless
17 of who asked the question, to send it to
18 Helene and myself, and we'll make sure all
19 members of the committees will get the
20 information in writing afterwards. So that's
21 also helpful.

22 And then last but not least, we urge
23 no PowerPoint presentations, no placards or
24 signs permitted in the hearing room -- that

1 includes the guests in the audience, the
2 panelists, and legislators themselves.

3 Okay, I think we've covered the rules
4 of the road. I just want to just highlight
5 that our first panel includes Dr. Ann Marie
6 Sullivan, commissioner of the Office of
7 Mental Health; Dr. Chinazo Cunningham,
8 commissioner of the New York State Office of
9 Addiction Services and Supports;
10 Kerri Neifeld, MSW, acting commissioner,
11 New York State Office for People With
12 Developmental Disabilities.

13 And then the next panel will be
14 Denise Miranda, executive director, New York
15 State Justice Center for the Protection of
16 People With Special Needs, which has a very
17 unique oversight role for government.

18 And I'm going to start in the order
19 that I just called people out, so to speak.
20 So Commissioner Sullivan.

21 OMH COMMISSIONER SULLIVAN: Good
22 morning. I'm Dr. Ann Sullivan, commissioner
23 of the New York State Office of
24 Mental Health. Chairs Krueger, Weinstein,

1 Brouk, Gunther, and members of the respective
2 committees, I want to thank you for the
3 invitation to address the OMH proposed
4 2023-'24 budget.

5 This is a historic budget, aiming for
6 the first time to support the implementation
7 of a truly comprehensive mental health system
8 with an investment of more than \$1 billion.
9 Over the past three years, New York State has
10 experienced an increased demand for mental
11 health treatment and services across all ages
12 and geographic regions. In response to the
13 COVID-19 pandemic, we have been expanding
14 ambulatory services and strengthening crisis
15 services. And while this vital work
16 continues, I'm so pleased to present today a
17 budget that will now transform the mental
18 health system to provide a full continuum of
19 care for all New Yorkers.

20 Improving mental health care in
21 New York State requires that each component
22 of our continuum of care is strengthened and
23 the ability to move between levels of care is
24 supported to improve outcomes and recovery.

1 The budget addresses the entire continuum,
2 from services for individuals with serious
3 mental illness who require intensive services
4 and supports, to providing timely access for
5 all New Yorkers who need ambulatory care, to
6 supporting practices that interrupt a
7 progression to mental illness and provide for
8 wellness and recovery.

9 Finally, strengthening the system
10 requires that insurers pay for treatment
11 recommended by mental health professionals.

12 Intensive services and community
13 supports. To increase needed access to
14 psychiatric beds, OMH is working in
15 collaboration with the Department of Health
16 and community hospitals to reopen psychiatric
17 inpatient beds that were repurposed to
18 med-surg beds during the COVID-19 pandemic.

19 The Governor's plan directs these
20 community hospitals to immediately bring back
21 850 psychiatric beds taken offline, back into
22 service, and includes legislation to
23 strengthen enforcement. Additionally,
24 there's an investment of \$15 million for the

1 Office of Mental Health to open 150 new
2 state-operated beds statewide to support
3 individuals who require an extended period of
4 stabilization.

5 The components of this plan will be
6 implemented in a manner that ensures
7 individuals don't get lost in the system, but
8 receive the care they need, by updating
9 standards of care and accountability for
10 admissions and discharges. Nearly
11 \$14 million will be invested in 50 new
12 Critical Time Intervention teams to provide
13 wraparound services for high-need individuals
14 returning to the community from the hospital
15 and emergency rooms, which will now be
16 included as a covered service under Medicaid.

17 For unsheltered homeless individuals
18 struggling with mental illness, this year's
19 budget also includes more than \$4 million for
20 eight additional Safe Options Support teams,
21 designed to assist individuals in recovery by
22 accessing mental health treatment, housing,
23 and support services. Enhanced hospital
24 discharge standards and expanded

1 community-based services, including housing,
2 will further support these efforts.

3 Accessible housing with needed
4 supports is critical to recovery. The budget
5 proposes a capital investment of \$890 million
6 and more than \$25 million in operational
7 funding for the development of 3,500 new
8 housing units for New Yorkers with serious
9 mental illness, utilizing a housing-first
10 model that includes a mix of transitional
11 units, community units with intensive
12 services, and permanent housing.

13 Every New Yorker deserves access to
14 mental health services. The Executive budget
15 includes more than \$85 million to expand a
16 wide range of outpatient services to increase
17 access, reduce wait times, and ensure
18 individuals are able to get the help they
19 need. All of these services will provide
20 individuals with an opportunity for
21 integrated mental health and substance use
22 treatment, and will serve all ages.

23 Much-needed intensive services will be
24 expanded, including comprehensive psychiatric

1 emergency rooms, 42 new ACT teams, or
2 Assertive Community Treatment teams,
3 expansion of a peer-based Intensive and
4 Sustained Engagement Treatment program, and
5 home-based crisis intervention for youth and
6 families.

7 In order to ensure that someone
8 experiencing an acute mental health crisis
9 has access to trained mental health
10 professionals, the budget also continues full
11 funding for 988 and the necessary crisis
12 continuum of mobile crisis response, Crisis
13 Stabilization Centers, and crisis residences.

14 In addition, to provide further access
15 to New Yorkers, the post-pandemic budget
16 provides for 26 new Certified Community
17 Behavioral Health Centers, which have been
18 established together between OMH and OASAS,
19 tripling the number of these CCBHCs across
20 the state, and they will serve an additional
21 200,000 New Yorkers with integrated care.

22 Also, there will be an expansion of
23 20 Article 31 mental health clinics.

24 Prevention services for New Yorkers.

1 Increasing access to school-based clinics is
2 an effective way to help youth who were
3 impacted by the pandemic, and interrupt the
4 long-term effects of the anxiety and
5 depression they experienced. The budget
6 includes more than \$40 million in new
7 resources in children's mental health, to
8 expand prevention and access critical
9 services, including a significant investment
10 in school-based clinics and legislation
11 requiring commercial insurers to pay for
12 school-based services at a level equal to the
13 higher Medicaid-paying rate.

14 Additional youth prevention services
15 include \$7 million for the expansion of
16 Healthy Steps, a new program that integrates
17 mental health services into primary care, and
18 \$10 million in new resources to expand
19 suicide prevention for high-risk youth in
20 underserved communities.

21 Employment is one of the most
22 effective strategies for the prevention of
23 long-term disability. The budget includes
24 \$3.3 million for the implementation of the

1 Individual Placement and Supports program,
2 which increases competitive employment for
3 individuals living with mental illness.

4 As I stated earlier, ensuring timely
5 access and insurance coverage for needed
6 mental health services is vital to the
7 successful implementation of this plan.
8 Among other changes, commercial insurers will
9 be required to provide reimbursement for
10 crisis services, including mental health
11 mobile crisis and crisis residential
12 services, as well as school-based services.

13 The proposal will also prohibit
14 insurance companies from denying access to
15 medically necessary, high-need, acute and
16 crisis mental health services for both adults
17 and children. The insurance reforms will
18 also address network adequacy, utilization
19 review standards, and the creation of
20 appointment availability and geographic
21 accessibility standards for behavioral health
22 services.

23 Finally, effective services are
24 dependent on a robust workforce. Recruitment

1 and retention of workforce is critical, and
2 we are building on the efforts of this past
3 year, which had included a 5.4 percent COLA,
4 federal funding allocated to strengthen
5 workforce, healthcare bonuses and rate
6 increases, and a two-year, \$104 million
7 investment in housing services.

8 Going forward, this budget includes a
9 2.5 percent cost-of-living adjustment for
10 community mental health providers, as well as
11 \$5 million for the expansion of the current
12 mental health loan repayment program,
13 currently for psychiatrists and psychiatric
14 nurse practitioners, to include other
15 clinical professions.

16 Also, the Qualified Mental Health
17 Associate credential will enable
18 paraprofessionals to work within the OMH
19 system and build capacity within our
20 workforce. OMH is also rolling out trainings
21 in youth evidence-based practices, integrated
22 care for individuals with substance use and
23 developmental disabilities, among other
24 opportunities to support staff in feeling

1 confident as they do this incredibly
2 important work.

3 Once again, thank you for the
4 opportunity to testify on this historic
5 budget, and I am happy to answer any
6 questions you may have.

7 CHAIRWOMAN KRUEGER: (Mic off.) Thank
8 you. {Inaudible.}

9 OASAS COMMISSIONER CUNNINGHAM: Good
10 morning, Senator Krueger, Assemblymember
11 Weinstein, Senator Fernandez, Assemblymember
12 Steck, and other members. My name is
13 Dr. Chinazo Cunningham, and I'm the
14 commissioner of the New York State Office of
15 Addiction Services and Supports, also known
16 as OASAS.

17 Thank you for the opportunity to
18 present Governor Hochul's Executive Budget as
19 it pertains to OASAS. First, however, I'd
20 like to update you regarding some important
21 work from this past year.

22 As you are aware, the opioid
23 settlement fund advisory board was fully
24 constituted and met 10 times in 2022,

1 culminating in a report of recommendations
2 submitted on November 1st of 2022. Not only
3 did we receive input from members, but at
4 every meeting we also heard from individuals
5 in recovery, family members who are
6 supporting loved ones or who have tragically
7 lost loved ones, providers, advocates, and
8 other stakeholders.

9 I want to acknowledge the board for
10 its dedicated efforts and commend everyone
11 who took the time to share their story or
12 experience at a meeting. Their voices are
13 critical to the very careful consideration we
14 are giving to settlement fund allocations and
15 highlight why we do this important work every
16 day.

17 Since receiving the board's report,
18 OASAS has been working to make opioid
19 settlement funds available that align with
20 recommendations. We've started with
21 harm-reduction initiatives, the first
22 identified recommendation of the board and a
23 top priority for OASAS. To date, OASAS has
24 made funding available to support

1 low-threshold buprenorphine access, to expand
2 integrated outpatient services that include
3 methadone treatment, and to ensure that
4 individuals and providers can access naloxone
5 and fentanyl test strips.

6 The Executive Budget proposal includes
7 appropriation of opioid settlement funds to
8 be made available based on the board's
9 identified priorities: Harm reduction,
10 treatment, investments across the continuum
11 of care, priority populations, housing,
12 recovery, prevention, transportation, public
13 awareness, and research.

14 We have made \$120 million available
15 thus far. Sixty-four million dollars in
16 funding is made available to municipalities,
17 and \$56 million is in support of the opioid
18 settlement fund board's priority initiatives.
19 An additional \$11 million will be made
20 available before the end of February.

21 Looking ahead, Governor Hochul has
22 proposed a budget that will provide OASAS the
23 resources needed to maintain a full continuum
24 of prevention, treatment, harm reduction, and

1 recovery services. The proposed OASAS budget
2 appropriates more than \$1.2 billion,
3 including nearly \$175 million for state
4 operations, over \$968 million for Aid to
5 Localities, and \$92 million for capital
6 projects.

7 The budget also continues Opioid
8 Stewardship funds, which will allow OASAS to
9 expand harm-reduction services and provide
10 financial assistance to help ensure
11 individuals can access treatment and
12 medication.

13 Workforce remains a major issue for
14 the OASAS system of care. Therefore, the
15 Executive Budget includes recruitment and
16 retention support such as the 2.5 percent
17 cost-of-living adjustment for not-for-profit
18 providers and the minimum wage increase for
19 funded providers. In addition, the budget
20 continues the healthcare and mental hygiene
21 worker bonus program.

22 Close collaboration to appropriately
23 treat individuals with co-occurring substance
24 use and mental health conditions is a

1 priority for OASAS and the Office of Mental
2 Health. The budget also promotes these
3 critical efforts by tripling the number of
4 Certified Community Behavioral Health
5 Clinics, also known as CCBHCs, which provide
6 coordinated services to address substance use
7 and/or mental health conditions. CCBHCs have
8 an enhanced rate to provide an array of
9 comprehensive services to better serve
10 patients who may have more complex needs.

11 OASAS and OMH are also continuing to
12 collaborate on the rollout of Crisis
13 Stabilization Centers. These Crisis
14 Stabilization Centers are designed to provide
15 support, assistance, and urgent access to
16 care. These centers serve individuals
17 experiencing a crisis situation related to
18 substance use and/or mental health
19 conditions. They are the manifestation of
20 "no wrong door."

21 Importantly, the Governor's budget
22 will allow OASAS to address service gaps
23 through the development and expansion of
24 services, including nontraditional treatment

1 modalities. These initiatives include
2 funding additional mobile treatment units and
3 mobile medication units, the expansion of
4 telehealth technology, and collocation of
5 opioid treatment services that provide
6 methadone treatment within existing
7 outpatient programs.

8 In addition, OASAS is committed to
9 expanding its reach to individuals who have
10 not previously been engaged in services.
11 Street-level outreach teams, outreach and
12 engagement services, shelter-in-reach
13 programs, ensuring providers have access to
14 naloxone and fentanyl test strips, and
15 funding other harm-reduction programming are
16 included in these efforts.

17 Through revenues from casinos and
18 mobile sports betting, OASAS will be able to
19 continue prevention efforts to inform the
20 public about responsible gambling. This
21 includes development of public awareness
22 campaigns, enhancing training for clinicians,
23 and promoting screening activities. OASAS is
24 also developing guidance for the State

1 Department of Education to help educate young
2 people about the potential risks of underage
3 gambling.

4 The proposed budget also includes an
5 appropriation related to adult-use cannabis
6 legalization. This funding will support
7 public awareness campaigns and collaborations
8 with schools and community coalitions to help
9 identify and implement effective underage-
10 use-prevention strategies.

11 The OASAS continuum of care includes
12 programming and supports to help individuals
13 achieve and maintain their personal recovery
14 goals. Safe, stable housing is a core
15 component of recovery and reintegrating into
16 the community. Therefore, the budget
17 provides funding for supportive housing
18 rental costs and to provide wraparound
19 case-management services.

20 Lastly, the budget proposal includes
21 ongoing support for a five-year capital plan
22 to ensure the health and safety of
23 individuals and proper maintenance of
24 facilities.

1 As I have outlined today, the
2 Executive Budget will allow OASAS to continue
3 its critical work to provide access to
4 prevention; treatment, including lifesaving
5 medication; harm reduction, to keep more
6 people alive until they're ready to be
7 connected to additional services; and
8 programming to help support individuals in
9 achieving and maintaining their individual
10 recovery goals.

11 We appreciate your ongoing support for
12 this critical work, and I look forward to
13 collaborating with you to help ensure we're
14 reaching all those in need. Thank you.

15 CHAIRWOMAN KRUEGER: Thank you.

16 OPWDD COMMISSIONER NEIFELD: Good
17 morning. Good morning, Chairs Krueger and
18 Weinstein, Disability Committee Chairs
19 Mannion and Seawright, and other
20 distinguished members of the Legislature. I
21 am Kerri Neifeld, commissioner of the
22 New York State Office for People With
23 Developmental Disabilities. Thank you for
24 the opportunity to provide testimony about

1 Governor Hochul's fiscal year 2024 Executive
2 Budget and how it benefits New Yorkers with
3 developmental disabilities.

4 First, I want to thank the Legislature
5 for the funding in last year's budget which
6 included a historic investment in the OPWDD
7 system and demonstrated the state's
8 commitment to the 131,000 people with
9 developmental disabilities who access
10 services through our system. Your
11 acknowledgement of and commitment to people
12 with developmental disabilities helps us to
13 amplify their voices and improve their
14 services.

15 In November, with the support of
16 Governor Hochul, OPWDD released its first
17 five-year strategic plan in over a decade.
18 Based on intensive stakeholder outreach and
19 dialogue, our plan represents a joint effort
20 between the agency and our dedicated
21 community, including people with
22 developmental disabilities, their families,
23 and our service providers.

24 Our strategic plan is truly the

1 collective work of hundreds if not thousands
2 of people from across our state. It
3 represents our shared goals and objectives
4 for moving our service system forward to
5 better meet the changing needs of people with
6 developmental disabilities, while
7 prioritizing equity and ensuring
8 sustainability. Together, we outlined
9 priorities and set a course for the coming
10 years. The three overarching goals outlined
11 within our strategic plan include
12 strengthening the workforce, transforming the
13 system through innovation and change, and
14 enhancing person-centered supports and
15 services.

16 The Governor's 2024 Executive Budget
17 aligns with our first and most critical
18 goal -- to strengthen the workforce -- by
19 building on the 5.4 percent cost-of-living
20 adjustment provided in the current fiscal
21 year, with the inclusion of an additional
22 2.5 percent COLA for OPWDD's nonprofit
23 providers. This is the first time a governor
24 has provided back-to-back COLA investments in

1 more than a decade.

2 Combined, these investments will
3 provide more than \$700 million towards
4 increased costs, including staff wages.
5 OPWDD welcomes this critical provision and is
6 grateful for any additional increases that
7 will help improve our ability to recruit and
8 retain essential direct care and clinical
9 staff, the majority of whom are women of
10 color.

11 The direct care workforce strives to
12 empower people with developmental
13 disabilities and support them as they achieve
14 their personal goals. Their commitment was
15 evident during the late December storm in
16 Buffalo. Many staff missed holiday
17 celebrations with their families and worked
18 multiple days in a row, ensuring that people
19 were safely supported. This is just one
20 example of the dedication demonstrated by
21 direct care staff every day, in every corner
22 of the state.

23 While the workforce crisis is our
24 highest and most urgent priority, the

1 Governor's budget also proposes targeted
2 investments that address critical needs and
3 support important policy reforms. These
4 vital investments align with priorities
5 identified by our stakeholders in our
6 strategic plan.

7 The proposed budget supports our goal
8 to transform the system through innovation
9 and change. It includes legislation that
10 would allow people with developmental
11 disabilities and their families, once
12 approved by a nurse, to train support staff
13 to administer medication and perform other
14 simple nursing tasks. This will benefit many
15 people who strive for greater independence.

16 To ensure that New Yorkers with
17 developmental disabilities are supported to
18 have full access to services, the proposed
19 budget funds a statewide ombudsman program
20 for people eligible to receive OPWDD
21 services. This program will provide an
22 independent advocate who will help people
23 navigate the service system and resolve
24 disputes.

1 The Executive Budget further supports
2 the goal of system transformation by
3 continuing investments in new service
4 opportunities to meet the needs of people
5 coming into our system for the first time.
6 It invests new state resources which, when
7 leveraged by federal resources, adds up to
8 \$120 million. This investment ensures that
9 we can continue our work to expand the
10 continuum of services and fully implement a
11 person-centered approach.

12 The proposed budget continues the
13 annual \$15 million capital investment in
14 community-based housing. With this
15 additional funding, the state has invested a
16 total of \$125 million in capital resources to
17 develop independent housing opportunities for
18 people with developmental disabilities since
19 2016. These funds are separate and distinct
20 from resources available through the
21 Empire State Supportive Housing Initiative,
22 which also provides opportunities for people
23 with developmental disabilities.

24 Finally, the Executive Budget supports

1 our third goal by enhancing services for
2 people with complex needs. An investment of
3 \$11.7 million in capital funding will allow
4 us to expand our capacity to support people
5 with complex needs through the development of
6 additional inpatient treatment opportunities
7 at the Finger Lakes Developmental Center
8 campus.

9 A key priority also identified by
10 stakeholders is to strengthen diversity,
11 equity and inclusion in our service system,
12 and to expand our stakeholder engagement to
13 include those who have been historically
14 underserved by OPWDD. By enhancing the
15 capacity of community-based organizations and
16 small providers who have expertise in serving
17 diverse communities, we will continue to work
18 toward a system that is overall more
19 culturally and linguistically responsive to
20 all New Yorkers with developmental
21 disabilities.

22 Just as the people we support are not
23 all the same, neither are the solutions that
24 need to be in place. People with

1 developmental disabilities should be embraced
2 as vital and participating members of their
3 communities. To accomplish that, we need to
4 have a system that enables people with
5 developmental disabilities to have full and
6 appropriately supported lives within their
7 communities regardless of their age,
8 background, or level of need.

9 I understand that these are big goals,
10 but I believe they are goals that we are well
11 on our way to accomplishing with your
12 support. We look forward to an enacted
13 budget that will allow us to advance OPWDD's
14 supports and services and empower people to
15 live the lives they want to live. I look
16 forward to working with all of you as we make
17 these critical system improvements a reality.

18 CHAIRWOMAN KRUEGER: Thank you all
19 very much for your testimony and for giving
20 us some time back, wow.

21 Our first questioner will be
22 Samra Brouk, the chair of the Mental Health
23 Committee for the Senate.

24 SENATOR BROUK: Can you hear me? I

1 did this wrong yesterday. Is it on? Maybe?

2 Okay, great.

3 Hi, good morning. My questions are
4 for Commissioner Sullivan.

5 First of all, I just want to thank you
6 so much for your leadership of OMH. You
7 know, for so many years I think we talked
8 about the fact that we were just begging for
9 money, begging for attention for the mental
10 health crisis that I know you saw coming
11 before everyone else did, especially after
12 COVID. And now we're in a position where we
13 get to have substantive conversations around,
14 Okay, right, we've got a Governor who
15 believes in funding our mental health
16 priorities, and now we really need to make
17 sure those funds are going towards the right,
18 most-effective programs.

19 And so I look forward to talking today
20 and continuing to work with you. As we all
21 know, we have to support our workforce and
22 figuring out how to retain and recruit, how
23 to diversify our workforce so we can increase
24 cultural competency. Of course our youth

1 we've talked about, having dealt with so much
2 over COVID and needing more support. And of
3 course the reform of our mental health crisis
4 response. So looking forward to getting into
5 some of these questions today.

6 My first question I wanted to bring up
7 is around workforce and how we're supporting
8 that workforce, specifically through our
9 cost-of-living adjustments or our COLAs. So
10 I've shared with some folks that before I was
11 a Senator, obviously I worked in the private
12 sector, and every year you got your COLA and
13 you looked forward to it every January. And
14 frankly, if I didn't get it, I was probably
15 looking for another job, because I needed to
16 keep paying rent, I had to keep buying
17 groceries, and now pay for daycare and
18 childcare as well.

19 And so I think it's important that we
20 think about what we've done over the last
21 10 years, right? So we had one year, in
22 2021, my first year in this position, a
23 little over 1 percent. After that we had
24 this big 5.4 percent increase. So it was

1 somewhat disappointing to see going back kind
2 of backwards this year, the 2.5 percent --
3 especially when we see inflation, I think
4 they finally made the call for the past year
5 was at about 6.4 percent, although it was
6 higher throughout the year last year.

7 So my question to you is, what do you
8 think this is actually going to do to help us
9 retain this workforce, knowing that it's
10 really not competing with the cost of eggs,
11 the cost of, you know, the daily things --
12 mortgages, rents -- that this workforce needs
13 to pay for?

14 OMH COMMISSIONER SULLIVAN: First of
15 all, thank you. Thank you so much.

16 I think that the two things to
17 consider, one is it is two back-to-back
18 COLAs. I know that 2.5 percent is not the
19 same as last year, but it is 2.5 percent.
20 But in addition, there's been significant
21 increases that have come into the system over
22 the past year through rates. And when you
23 increase rates, you also increase dollars to
24 providers, and that has an impact on salaries

1 as well.

2 So there's been, for example, a
3 10 percent increase in clinic rates. There's
4 been a 27.9 percent increase in inpatient
5 hospital bed rates. There's been \$104
6 million --

7 CHAIRWOMAN KRUEGER: Commissioner,
8 we're all having a little trouble hearing,
9 so --

10 OMH COMMISSIONER SULLIVAN: Oh, sorry.

11 CHAIRWOMAN KRUEGER: Sorry. If you
12 can bring it closer.

13 OMH COMMISSIONER SULLIVAN: Sorry
14 again. Is that better?

15 (Inaudible exchange.)

16 CHAIRWOMAN KRUEGER: Also, some mics
17 are better than others, so -- okay.

18 OMH COMMISSIONER SULLIVAN: Okay?

19 CHAIRWOMAN KRUEGER: That's working.

20 OMH COMMISSIONER SULLIVAN: That's
21 okay? Okay. Thank you.

22 I think there's -- the COLA is a
23 back-to-back COLA, 2.5 percent. But in
24 addition, there's been other investments in

1 the system, through rate increases, that
2 ultimately make our providers more viable in
3 the ability to work with their staff and to
4 increase salaries.

5 So as I said, 10 percent, clinic rates
6 have gone up all across the mental health
7 system. Most of our programs -- PROS,
8 et cetera -- have had similar increases.
9 Hospital beds, 27 percent. RTFs, 25 percent.
10 And in addition, basically a huge increase in
11 dollars for the housing system that has
12 impacted salaries.

13 So that's added in. And in addition
14 to that, we are also working on a pipeline to
15 recruit people, with universities -- I won't
16 go into the details of all that, but we're
17 working on that -- and then also --

18 SENATOR BROUK: Commissioner --

19 OMH COMMISSIONER SULLIVAN: -- we're
20 doing special programs to educate.

21 SENATOR BROUK: Wonderful. There's a
22 lot to get to. I appreciate that answer.

23 You know, as we're talking about this,
24 I'm curious what you think. How would it

1 help retention if folks knew that every year
2 they would have salaries that would continue
3 to compete with increasing costs every year?

4 OMH COMMISSIONER SULLIVAN: You know,
5 I think that, you know, obviously salaries
6 are important. But I think that whether or
7 not you put that into every year or not I
8 think is something that needs to be thought
9 about carefully. But yes, obviously salaries
10 are important for people.

11 SENATOR BROUK: I agree. Which is why
12 I think we should all support my bill that
13 would index the workforce's salary and COLAs
14 to inflation.

15 So the next question I wanted to bring
16 up is still about workforce somewhat, but
17 about the use of peer services. So we've all
18 seen the effectiveness of using peer services
19 for mental health and substance use, whether
20 in clinics or in response teams.

21 And I'm curious if there's a reason
22 why you think we don't see more use of peers
23 in this Executive proposal. Obviously we're
24 excited about the INSET program and that

1 work. But is there a place for more peers
2 throughout these programs?

3 OMH COMMISSIONER SULLIVAN: It's
4 actually embedded throughout the programs.
5 All the programs will be having peers
6 involved. And last year we were able to bill
7 for peer services throughout our clinic
8 system. So there's an extensive use. It's
9 not in the testimony, but it's all very
10 extensively used throughout the system.
11 They're incredibly effective.

12 SENATOR BROUK: Wonderful, thank you.

13 My next set of questions are around
14 the emergency response for mental health. So
15 I think it's tremendous and I really thank
16 you for your leadership. I'm so proud of
17 what you all have done with 988. And we get
18 to go around and tell folks that New York is
19 doing it right. New York really is a shining
20 example for how we deal with 988. Excited to
21 see more funding this year.

22 I think it's clear that we all
23 understand there needs to be reform to our
24 crisis response system. And there's one

1 thing that I don't know, and I'm hoping you
2 know, which is there's a lot of different
3 types of teams out there across the state in
4 terms of first responders for mental health
5 crisis. Do you know how many different types
6 of teams exist, whether on the county level
7 or the municipal level, throughout the state
8 right now?

9 OMH COMMISSIONER SULLIVAN: Yeah, we
10 do have -- we work very closely with the
11 counties, so we know what's there. At this
12 point in time we know there are mobile crisis
13 teams in all except, I believe, two counties,
14 and we are funding those. We have RFPs out
15 for those.

16 There are also other kinds of
17 intensive teams, but we know who they are,
18 where they are. We work very closely with
19 the counties and their function in the
20 counties.

21 SENATOR BROUK: Do you think that
22 there's value to any sort of standardization
23 so that no matter where you are in New York
24 you know at least a bare minimum of who might

1 show up for a mental health crisis?

2 I think of it as like firefighters or
3 police, right. If you're in one county and
4 they're bringing you a bucket of water and in
5 other county you get an entire hose and you
6 have actual fire hydrants, that really seems
7 unequal.

8 Do you think that there's room in this
9 proposal to really look at some sort of
10 standardization of these types of responses?

11 OMH COMMISSIONER SULLIVAN: Yeah, what
12 we have been working on is -- the mobile
13 crisis teams do have standards, and they are
14 licensed and they are regulated, these
15 specific teams, mobile crisis teams, by the
16 Office of Mental Health.

17 The issue has been making that they're
18 as available as they need to be. And in
19 parts of the state they are really quite
20 available, with rapid -- pretty rapid
21 response times of sometimes 15 minutes,
22 20 minutes. In other parts, they have not
23 been, sometimes it's longer.

24 So we're trying to standardize across

1 the state on ability for the mobile crisis
2 teams to have a uniform response time and
3 staffing. But what they do is uniform, and
4 their response to calls is uniform. That's
5 the clinical standards that have been
6 established.

7 SENATOR BROUK: I appreciate that.

8 Again, there's a bill. Obviously
9 Daniel's Law, in the name of Daniel Prude,
10 where there wasn't a response for him. And
11 since then, so many folks have come to us
12 with tragic stories of there not being mental
13 health response units.

14 So I would love for us to consider
15 that as a proposal, as potentially one of the
16 answers to making sure there's some level of
17 uniformity. Of course it will change based
18 on region, based on rural, urban, suburban
19 and what's possible. But I think we all
20 agree that more needs to be done. So I look
21 forward to working with you on that.

22 And in my last two minutes -- although
23 I'm reclaiming 15 seconds for the mic
24 issue --

1 (Laughter.)

2 SENATOR BROUK: My last question is
3 around these Qualified Mental Health
4 Associates. So this has intrigued many of us
5 around a new profession, essentially, in the
6 mental health workforce. So I'm curious,
7 what is the credentialing for someone who
8 would be a Qualified Mental Health Associate?

9 OMH COMMISSIONER SULLIVAN: You know,
10 we've learned this all from our colleagues
11 over at OASAS, where you have something which
12 is kind of comparable, which is the CASAC,
13 which is the certified addiction counselor.

14 Basically this will be a qualification
15 for individuals to serve as providing support
16 and assistance to individuals who -- they
17 will work with a licensed professional, under
18 that licensed professional's supervision, to
19 provide support. Kind of like health
20 coaching, is the idea. Although also they
21 might help someone go to appointments, they
22 might help them exercise. If they're
23 depressed, they might help them follow up on
24 their treatment plan from their provider.

1 So they are really there to be an
2 adjunct to work with the individual under the
3 supervision of a licensed professional.

4 SENATOR BROUK: Okay. So no
5 diagnosing or --

6 OMH COMMISSIONER SULLIVAN:
7 Absolutely. No diagnosing, no assessing, no
8 treatment planning, no.

9 SENATOR BROUK: Okay. So I guess my
10 question is -- and this will be my last
11 one -- is I hear from a lot of providers that
12 it's basically like we're kind of taking from
13 one organization and giving to another. I
14 mean, right now we're just like moving people
15 around. Especially like in the Rochester
16 area, there's just not enough people.

17 So my thought would be for something
18 like this, do we really think it's going to
19 attract new people into this profession? Or
20 are we really giving people just another
21 title to take on who are already providers?
22 Like who do you anticipate taking this title?

23 OMH COMMISSIONER SULLIVAN: This will
24 be new individuals coming into the

1 profession. We're working a lot with our
2 community colleges, and we would also work
3 with individuals graduating from high school.

4 We're going to be recruiting people to
5 come in, get this training, and then have
6 this as a certificate that enables them to
7 work in our system under professional
8 supervision. So it will be an increase to
9 the workforce.

10 People who are already in the
11 workforce who are not professional could also
12 get the credential, but the goal is an
13 increase.

14 SENATOR BROUK: Thank you,
15 Commissioner.

16 CHAIRWOMAN KRUEGER: Thank you.

17 Before I hand it to the Assembly,
18 we've been joined also by Senator Hinchey and
19 Senator Borrello.

20 Thank you. Assembly.

21 CHAIRWOMAN WEINSTEIN: And we've been
22 joined by Assemblywoman Simon.

23 And we go to the chair of
24 Mental Health, Assemblywoman Gunther.

1 Also I believe Assemblyman

2 Santabarbara is joining us.

3 ASSEMBLYWOMAN GUNTHER: Good morning.

4 The Executive Budget is proposing to
5 tie the minimum wage to inflation and giving
6 the hospitals a 5 percent rate increase. And
7 I'm beginning to hear bigger numbers than
8 that being floated around.

9 Do you agree that there should be a
10 rate parity between rate increases for
11 hospitals and the human service sector?
12 Also, if we are considering tying the minimum
13 wage increase to inflation, why are we not
14 using the Consumer Price Index to develop the
15 COLA every year?

16 OMH COMMISSIONER SULLIVAN: Well, just
17 on the rate issue, that's -- those rates are
18 tied to cost when you deal with Medicaid
19 rates. So I don't know that you can always
20 just have a uniform rate increase across all
21 services. You have to really look at them
22 closely.

23 But there have been, as I said before,
24 those significant increases.

1 I believe that the technology that has
2 to do with how COLAs are determined is
3 intricate, and I think that this year --
4 again, I just have to emphasize that this is
5 a back-to-back COLA for the first time in a
6 long time -- that we are seeing an additional
7 2.5 percent.

8 ASSEMBLYWOMAN GUNTHER: We want
9 8.5 percent. That's what we're -- that's our
10 mantra.

11 For the expansion of loan forgiveness
12 programs, which mental health professionals
13 will be eligible? We consistently hear that
14 the workforce lacks individuals which reflect
15 the communities they serve, and we need to
16 emphasize cultural and linguistic competency.
17 Will there be any consideration to help
18 address these concerns under the loan
19 forgiveness?

20 OMH COMMISSIONER SULLIVAN:
21 Absolutely. I mean, loan forgiveness is open
22 to all. We're actually out recruiting,
23 trying to get individuals who will be working
24 in certain areas, especially in underserved

1 communities.

2 The additional loan forgiveness will
3 be for other titles. So at this point in
4 time we're anticipating it can be utilized
5 for social workers, psychologists, others who
6 maybe need loan forgiveness, to get people
7 into the field and work in the public sector.

8 ASSEMBLYWOMAN GUNTHER: As you noted
9 in your testimony, the state is planning to
10 bring back online 1,000 beds -- why they took
11 them offline, I don't know -- including 850
12 psychiatric beds and 150 state-operated ones.

13 Regarding the negotiations with the
14 hospitals to bring these beds back online,
15 can you provide us with an update on those
16 negotiations, including the reason why the
17 hospitals are hesitant to bring these beds
18 back online. And where are the beds located?
19 What is the backup plan if they never can
20 bring them back? And can you tell me what
21 percentage of these beds are designated to
22 provide children's mental health services?

23 And I know that, having worked in the
24 mental health field as well as you have, that

1 if we send our children from Sullivan County
2 to Rockland County, a lot of people that are
3 low-income don't have cars, we don't have
4 buses, so they really can't engage with the
5 therapists, et cetera. So we need these beds
6 close to home.

7 And we know that there's an increase
8 in children's behavioral health, and we need
9 more beds. You know, we send our kids from
10 Monticello, New York, to Four Winds in
11 Westchester. People don't have
12 transportation. They also work.

13 So we also have a lack of children's
14 psychiatrists. Their waiting list in
15 Sullivan County can be up to five months even
16 when a child is in crisis.

17 So I think that -- as we go forward, I
18 think social workers are important, getting
19 more people in the field. I think that these
20 crisis intervention beds are very, very
21 important. We don't want to see children
22 being picked up by an ambulance; that only
23 causes more harm to the child.

24 And I know that we're beginning to

1 invest. First of all, we need that 8.5 for
2 the people to be working in the field --
3 mostly women, a lot of people of color. And
4 I think at this point in time we have to
5 realize that we have to pay some attention to
6 this mental health crisis in New York State
7 as well as around the country.

8 OMH COMMISSIONER SULLIVAN: Thank you.

9 Relative to the 850 beds, we have been
10 in touch with all the hospitals that have had
11 offline beds. A letter went out requesting
12 them to give us plans as to when they were
13 thinking they would be able to reopen those
14 beds. And we're in the process now of
15 looking at that and discussing it with the
16 hospitals. The hospitals have been working
17 with us.

18 If we will be -- there are various
19 reasons why those beds were closed. Some of
20 them were COVID, some of them have been for
21 construction, some of them are updating
22 inpatient psychiatric beds.

23 ASSEMBLYWOMAN GUNTHER: Lower
24 reimbursement, don't forget that.

1 OMH COMMISSIONER SULLIVAN: Yes.
2 Well, this year there was a 27.9 percent
3 increase in the rate of reimbursement on
4 Medicaid for inpatient psychiatric beds that
5 the Governor put in place. And that's a huge
6 increase that enables many of these hospitals
7 to think differently about their psych beds,
8 because basically there's now a better
9 reimbursement rate.

10 A year ago, two years ago there was a
11 25 percent increase for youth beds. And that
12 is in addition to now another 5 percent which
13 is on top. So there has been a significant
14 increase in the rates for psychiatric beds.
15 And that's what we've been talking with the
16 hospitals about, so that they can look at
17 their financial plans and understand that.

18 The other is to just work with them
19 over the next month or so to get those plans
20 aligned. And then as long as we approve
21 those plans with the Governor's office, then
22 we will go forward. If some hospitals don't
23 do what we think we need, then there can be
24 fines and some enforcement to make sure that

1 they don't close beds that we think should be
2 kept open.

3 ASSEMBLYWOMAN GUNTHER: It really
4 truly has to be sooner than later, because we
5 get telephone calls -- I'm sure everybody
6 here does -- about children in need of
7 inpatient care. And then, after the
8 inpatient in a hospital, that they need
9 someplace to go.

10 And we've really closed all these beds
11 because it was all about cash and profit, it
12 wasn't about people. And we know that.
13 So -- and even with hospitals, all the aids
14 we give to -- they really -- we had 29 beds
15 in Sullivan County. We had some in
16 Orange County. And at this point, you know,
17 we have parents sitting with their children
18 24 hours a day with no place to go. This is
19 the United States of America. This is not
20 what we do.

21 So -- and I know you're doing your
22 best, but I'm hoping the Governor will hear
23 me that we need more done.

24 OMH COMMISSIONER SULLIVAN: Just to

1 emphasize that the wraparound services that
2 are in this budget are extraordinary for
3 kids, and I think that will have an impact.
4 It's beds, wraparound services, home-based
5 services that enable the youth not to get
6 stuck in those EDs and to really have the
7 services they need when they need them. So
8 that's what we're going to be adding across
9 the state.

10 ASSEMBLYWOMAN GUNTHER: When you say
11 wraparound services, not every county has
12 those wraparound services.

13 OMH COMMISSIONER SULLIVAN: I know.

14 ASSEMBLYWOMAN GUNTHER: So if you're
15 from a wealthier county, you may have it.
16 Remember, Sullivan County, all of the -- a
17 lot of counties don't have it. It's a good,
18 sexy sound, but we don't really have it.
19 It's not mandated, and it's not done in every
20 county.

21 And every child and every adult in
22 mental health crisis deserves the same level
23 of care.

24 OMH COMMISSIONER SULLIVAN:

1 Absolutely. Agreed.

2 CHAIRWOMAN KRUEGER: (Mic off.) Thank
3 you. I'm sorry, are you done?

4 ASSEMBLYWOMAN GUNTHER: (Inaudible.)

5 CHAIRWOMAN KRUEGER: Okay, thank you.
6 I didn't want to jump.

7 Next we have Senator Mannion, the
8 chair of the -- I'm sorry -- the off -- not
9 the office, he's the chair of the committee
10 for people with developmental disabilities.

11 SENATOR MANNION: Senator Krueger,
12 thank you. You should not set me up with a
13 potential comment to make after that. So I
14 appreciate that.

15 And with all due respect,
16 congratulations, Commissioner Neifeld, on
17 apparently maintaining your position as
18 commissioner.

19 (Laughter.)

20 SENATOR MANNION: Good morning, and
21 thank you to Madam Chairs, and welcome to all
22 the witnesses -- in particular, right now,
23 our commissioners in front of us. I thank
24 you for being here today. This is not easy

1 work. It's challenging work. We are up
2 against great challenges in this state as it
3 relates to the delivery of these necessary
4 services. And I commend all of you for your
5 work in trying to make sure that New York is
6 a more inclusive place and we address the
7 serious needs that are present.

8 I appreciate the partnerships in
9 working and advocating for people with
10 disabilities, and particularly with you,
11 Commissioner Neifeld. I believe we all agree
12 that the many issues that are facing the I/DD
13 community are great and that the pandemic
14 disproportionately impacted individuals in
15 this community. That the delivery of
16 necessary services, services that enable
17 people to live with dignity and respect, are
18 currently under serious duress.

19 We are in the midst of multiple
20 crises. The greatest of these is the
21 workforce crisis. And that crisis is not
22 only long term and short term, it is
23 immediate. We must address this crisis.

24 Commissioner Neifeld used certain

1 words in her testimony which I really
2 appreciate, which were that we want to make
3 sure that individuals with disabilities are
4 vital and participating members of our
5 community, and that we all couldn't agree
6 more. But the pandemic has placed us in a
7 more challenging position. And many of the
8 things that allow for a vital and enriched
9 and participatory life have been taken away,
10 unfortunately.

11 So it is my opinion that we need to do
12 more in this budget. I believe that
13 everybody in this room knows that. And it is
14 my hope that we can build on the significant
15 progress that we have already made in the
16 past couple of years.

17 And with that, Commissioner Neifeld,
18 I'm going to start with today and then I'm
19 going to go back a little bit. So my first
20 question is the Executive Budget proposes a
21 2.5 percent cost-of-living adjustment. And
22 as was articulated by Assemblymember Gunther,
23 you know, we believe, I think collectively,
24 that tying it to the Consumer Price Index

1 would place us in a much greater -- a better
2 place. So, you know, the previous year, the
3 past year, that metric was 8.5 percent, and
4 that's why many members are going to be
5 calling for that.

6 So do you believe that 2.5 percent is
7 sufficient, considering the current situation
8 related to an ever-competitive workforce
9 environment and just the greater costs that
10 are present in all of our systems?

11 OPWDD COMMISSIONER NEIFELD: Thank
12 you. You know, thank you for what you said,
13 and thank you for the question.

14 I think -- you know, as I said in my
15 testimony and as Dr. Sullivan also mentioned,
16 right, in her responses, you know, the
17 2.5 percent COLA in the proposed budget is
18 building on the current year's 5.4 percent.
19 And for the opioid OPWDD system, for our
20 not-for-profit system, that's an investment
21 of over \$700 million over the course of two
22 years, which is a significant amount of money
23 that providers have been given for the
24 flexibility with which to invest.

1 And certainly, you know, given that
2 workforce is the largest expense that our
3 providers face every day as part of their
4 budgeting for their operations, we would
5 expect, you know, a commensurate investment
6 in workforce, you know, using those
7 investments.

8 So I do believe that that \$700 million
9 over the course of the two years is a
10 significant amount of money.

11 SENATOR MANNION: Great. Is there any
12 good news? Because I think we have heard
13 snippets of good news out there related to
14 the workforce since, let's say, a year ago.

15 OPWDD COMMISSIONER NEIFELD: So for
16 state operations, which is the system that,
17 you know, OPWDD runs and monitors closely, we
18 are seeing, you know, based on investments in
19 our workforce, we are beginning to see
20 retention -- you know, increased retention of
21 our workforce.

22 We don't have, you know -- we don't
23 have, you know, realtime data on the
24 workforce for the voluntary sector, but in

1 discussions with the voluntary sector what
2 I'm hearing is similar, you know, slow
3 subsidization of retention efforts within the
4 voluntary sector as well.

5 SENATOR MANNION: And this is
6 challenging work which leads to a high
7 turnover rate, and I believe in our
8 workforce-related hearing that we had some
9 time ago, a little over a year ago, I
10 believe, my memory was that that number was
11 something like a 35 percent turnover.

12 Are we still seeing, if you have the
13 data, numbers like that, either in the state
14 system or the voluntary system, if you know
15 that that data exists?

16 OPWDD COMMISSIONER NEIFELD: I don't
17 have the turnover data off the top of my head
18 or with me, but it's certainly something that
19 we can follow up with you on.

20 But like I said, retention -- we know
21 that retention efforts are increasing, we
22 know that retention is increasing. And we
23 have, you know, an enormous amount of
24 recruitment efforts underway which I could go

1 into, you know, an exhaustive list of what
2 we're doing to work on recruitment, both for
3 the state-operated and the voluntary sector.

4 You know, we're partnering with the
5 National Association for Direct Support
6 Professionals, which, you know, as you know,
7 is a nationally, you know, renowned
8 organization that supports DSPs. We're
9 working with SUNY, we're on the precipice of
10 really launching with the new chancellor on
11 an opportunity for our DSPs to become
12 micro-credentialed. In addition to that, you
13 know, working with SUNY Empire, we're
14 offering opportunities for our DSPs to
15 receive college credits that, you know, that
16 are for the training that they receive to be
17 DSPs, to be able to get college credits for
18 that that they can put towards a degree, you
19 know, if they're pursuing, you know,
20 additional studies.

21 We're working with BOCES across the
22 state. We have multiple BOCES lined up that
23 we're working to develop curriculum on to
24 help build that recruitment pipeline for

1 students who are coming out of high school
2 and who are interested in joining the
3 workforce.

4 We're working, you know, very closely
5 with -- in a partnership with Georgetown
6 University. As I mentioned in my testimony,
7 our workforce is predominantly women of
8 color -- and working to really begin to be
9 able to understand and support the cultural
10 and linguistic needs of our workforce, you
11 know, better so that we are a more welcoming
12 workforce environment. Not to say that we're
13 not already, but increasing that ability to
14 be welcoming.

15 So we have a ton of effort out there.
16 We're also launching a multi-million-dollar
17 marketing campaign shortly that will benefit
18 both the voluntary and the state-operated
19 sectors, really trying to tell the incredible
20 story of what it means to be a DSP and what
21 it means to be a professional in the OPWDD
22 system.

23 SENATOR MANNION: Thank you. And I
24 look forward to continuing to partner with

1 you on many of those initiatives, which are
2 exciting and I believe necessary, especially
3 as it relates to credentialing.

4 The Legislature has supported with
5 flexibility and, you know, dollars, those
6 systems. And certainly what has been
7 proposed in the Executive Budget related to
8 potentially taking on greater tasks, I think
9 that's the kind of thing that we can
10 credential and then properly compensate
11 people for. I know we'll continue to talk.

12 I have about 2.5 more minutes; I'm
13 going to jump ahead.

14 The ombudsman program. The Executive
15 Budget proposed \$2 million. It didn't have,
16 you know, statutory language there. So I
17 will ask quickly if, you know, can you
18 describe how it would implement the program
19 and how that program would be guided?

20 OPWDD COMMISSIONER NEIFELD: Sure.
21 We're still -- you know, we're still
22 reviewing whether we will implement that
23 program with state staff or we will use, you
24 know, a procurement vehicle to contract with

1 an external.

2 You know, but I think the important
3 thing is that, you know, we're committed to
4 creating an ombudsman program that is
5 independent, that can support the needs of
6 people with developmental disabilities and be
7 an independent advocate for those who need
8 that.

9 SENATOR MANNION: With about a minute
10 and a half left, moving on to managed care.
11 You know, I read the five-point plan and what
12 was proposed and saw what -- you know,
13 regarding the extension in the
14 Executive Budget.

15 The program study is going to be
16 released sometime in the spring of 2024, and
17 this is the third study. So can you speak to
18 what might be different about this study
19 compared to past studies and if there's --
20 you know, how recommendations might change as
21 we approach the larger issue of the future of
22 managed care in this state.

23 OPWDD COMMISSIONER NEIFELD: Sure. I
24 think that we're in a very different position

1 now under Governor Hochul than we have been
2 in a long time with regard to contemplating
3 managed care.

4 You know, managed care was a directive
5 that came from the previous administration.
6 Governor Hochul has provided OPWDD with a
7 real opportunity to explore whether managed
8 care is the right, you know, payment model
9 for our system. Right? And we're doing that
10 through the lens of our strategic plan,
11 thinking about the goals we have for our
12 system, the goals we have for people with
13 developmental disabilities, and trying to
14 understand best if managed care is the right
15 vehicle to support those goals.

16 So I think the -- you know, the study
17 that we're conducting is really important.
18 It intends to look at managed care products
19 in the state currently, managed care products
20 in other states, how those have worked.
21 stakeholder engagement is a huge piece of
22 what's planned for the study, really hearing
23 from stakeholders what are they looking for
24 from our system and whether or not managed

1 care is a vehicle that can support that.

2 SENATOR MANNION: Do you think the
3 full five years is necessary for an
4 extension?

5 OPWDD COMMISSIONER NEIFELD: I think
6 we have a lot to study, and I think, you
7 know, providing us with the continued
8 opportunity to have that, you know, study and
9 to have the -- those extended laws in place
10 is important.

11 SENATOR MANNION: Thank you.

12 CHAIRWOMAN KRUEGER: Thank you.
13 Assembly.

14 CHAIRWOMAN WEINSTEIN: We've been
15 joined by Assemblywoman Walsh.

16 And we go to Assemblyman Steck, chair
17 of our Alcoholism Committee, 10 minutes.

18 ASSEMBLYMAN STECK: Why is so much
19 funding from previous budgets reappropriated,
20 including all of the funding from last year
21 that came into the opioid settlement?

22 OASAS COMMISSIONER CUNNINGHAM: Thank
23 you for that question.

24 So there are two large areas that are

1 reappropriated for this year, including the
2 Opioid Settlement funds and the Opioid
3 Stewardship funds. So in last year's budget,
4 the Opioid Stewardship funds, \$200 million
5 was appropriated. However, the intent was to
6 spend that over a five-year period. So there
7 will actually be more money spent this year
8 from that Opioid Stewardship Fund than the
9 previous year. And that's to ensure that
10 that -- the harm reduction services, that
11 really improving access to treatment and
12 medication is sustainable over time.

13 In terms of the Opioid Settlement
14 funds, as you know, Assemblymember Steck, the
15 Opioid Settlement Fund Advisory Board felt
16 very strongly that they did not want funds
17 made available until the recommendations were
18 received. We received their recommendations
19 on November 1st of 2022, and they then had to
20 be reviewed by the Legislature and the
21 executive branch.

22 And so since then we have made
23 available \$120 million for municipalities and
24 for the top priorities that the board had

1 recommended. But given that the report was
2 received on November 1st, we were not able to
3 spend all of the money in this year, and so
4 that will be made available in the subsequent
5 Executive Budget year.

6 ASSEMBLYMAN STECK: The Opioid
7 Settlement Advisory Panel may not have agreed
8 with what we did in last year's budget, but
9 there were appropriations that were made last
10 year before the panel met. That is
11 legislation, and those things should have
12 been carried out. I don't really understand
13 the delay.

14 OASAS COMMISSIONER CUNNINGHAM: Those
15 appropriations are being carried out. But
16 again, the Opioid Settlement Advisory Board
17 that was required by law to meet was
18 constituted in June, met 10 times, and the
19 report was received only on November 1st.

20 ASSEMBLYMAN STECK: What -- and so it
21 would be your position that lack of staffing
22 in OASAS is not a reason for funds not being
23 distributed?

24 OASAS COMMISSIONER CUNNINGHAM: No, I

1 would say that we wanted to make sure that we
2 received the recommendations from the Opioid
3 Settlement Fund Advisory Board and that we
4 took that into account as we made funds
5 available.

6 ASSEMBLYMAN STECK: What are OASAS and
7 OMH doing to provide care for co-occurring
8 disorders in state-run addiction treatment
9 centers?

10 OASAS COMMISSIONER CUNNINGHAM: So we
11 know that people have had increases in their
12 mental health symptoms in the past few years
13 with the pandemic, and we know that there's
14 also certainly an overlap of people with
15 substance use disorders and mental health
16 disorders. And so this is an important area
17 that we are fully committed to being able to
18 treat those with co-occurring mental health
19 and substance use disorders.

20 So in our system when people are
21 enrolled in treatment, all people are
22 screened for mental health symptoms. Then we
23 work either internally or externally to make
24 sure that individuals are assessed and that

1 treatment is made available while in the
2 system.

3 So we continue to work -- we know that
4 we need to expand our efforts to address
5 co-occurring disorders, and for that reason,
6 you know, there's a tripling in this year's
7 proposed budget around CCBHCs, which will be
8 very important for people who have
9 co-occurring disorders, so to go from 13 to
10 39, and in addition the investments that have
11 been made for the Crisis Stabilization
12 Centers as well.

13 ASSEMBLYMAN STECK: So just to mention
14 those Crisis Stabilization Centers, those are
15 23 hour and 59 minutes, correct?

16 OASAS COMMISSIONER CUNNINGHAM: Yes.

17 ASSEMBLYMAN STECK: Okay. And getting
18 back to the previous issue, if we understand
19 that you do screening for mental health in
20 the OASAS program but there's a doctrine of
21 primary diagnosis, as I understand it, and if
22 the primary diagnosis is mental health, then
23 people do not stay in the OASAS programs,
24 they are sent out, in essence, to the mental

1 health system, is that correct?

2 OASAS COMMISSIONER CUNNINGHAM: Well,
3 what I would say is that the majority of
4 people who have co-occurring disorders have
5 depression or anxiety, which are certainly,
6 you know, more easily treatable in the
7 system.

8 Less than 5 percent of people who
9 present to our system have severe mental
10 illness. And those are individuals that, you
11 know, we absolutely need to provide
12 patient-centered care to make sure that their
13 needs are met in the appropriate system. So,
14 you know, that is a small percent, and
15 certainly that is a percent that we continue
16 to work with in OMH to really, you know,
17 provide the best services possible.

18 ASSEMBLYMAN STECK: And I'm not
19 suggesting that OASAS is equipped to treat
20 those people who are primary-diagnosed with
21 mental health {sic}. That's not my
22 suggestion. It was just a factual question.
23 Those people have to go out into the mental
24 health system, in essence, correct?

1 OASAS COMMISSIONER CUNNINGHAM: I
2 think we really try and address the specific
3 needs of the individual, and where their
4 needs are best met.

5 ASSEMBLYMAN STECK: So in the OASAS
6 system, my understanding -- and then the word
7 CASACs came up earlier. But you can -- it's
8 my understanding that you can run treatment
9 programs licensed by OASAS with providers
10 that are even less qualified than CASACs
11 providing the counseling to those involved;
12 is that correct?

13 OASAS COMMISSIONER CUNNINGHAM: Well,
14 the treatment is certainly under licensed
15 professionals. And then under their care can
16 be a variety of individuals and titles
17 providing support. But it's all directed by
18 licensed professionals.

19 ASSEMBLYMAN STECK: But not all are
20 CASACs who are providing that support,
21 correct?

22 OASAS COMMISSIONER CUNNINGHAM: Well,
23 so there's certainly a variety of services
24 that are available. For example, peers are a

1 very important part of the team --

2 ASSEMBLYMAN STECK: So the answer
3 would be no, in the common parlance?

4 OASAS COMMISSIONER CUNNINGHAM: I
5 would say there's a team of individuals that
6 includes the CASACs, that includes peers and
7 other licensed professionals.

8 ASSEMBLYMAN STECK: The peers are not
9 CASACs, correct?

10 OASAS COMMISSIONER CUNNINGHAM:
11 Correct. They're certified recovery
12 advocates.

13 ASSEMBLYMAN STECK: Thank you.

14 So do you believe that staff COLAs
15 will reach every direct-care employee in your
16 programs?

17 OASAS COMMISSIONER CUNNINGHAM: The
18 COLAs?

19 ASSEMBLYMAN STECK: Yes.

20 OASAS COMMISSIONER CUNNINGHAM: So,
21 you know, I think the COLAs, as we've heard,
22 build on last year's COLAs, which are
23 important. We know the workforce and
24 supporting the workforce is absolutely

1 important to our system.

2 In addition to the COLAs, we've made
3 other investments. We've had increases in
4 rates, and those rates, you know, ultimately
5 go back to also improve the salaries. And,
6 you know, knowing that the workforce --
7 supporting the workforce is so important, one
8 of the first things we did with our
9 supplemental block-grant funding was to
10 invest in the workforce with \$19 million last
11 year. So there are a variety of initiatives
12 that we are supporting the workforce.

13 ASSEMBLYMAN STECK: So in terms of
14 those Community Behavioral Health Centers,
15 that is outpatient care, correct?

16 OASAS COMMISSIONER CUNNINGHAM: Yes.

17 ASSEMBLYMAN STECK: Let's see if we
18 can go back to the rates for a minute. The
19 providers say that the rates are woefully
20 inadequate, and one of the issues I was
21 interested in was whether there could be a
22 rate enhancement for programs that are
23 providing care for co-occurring disorders,
24 because the type of expertise you need to do

1 that is a little bit greater.

2 What are your thoughts on that
3 suggestion?

4 OASAS COMMISSIONER CUNNINGHAM: We're
5 definitely working to increase rates across
6 our system. And I think, you know, certainly
7 exploring specific ways to increase those
8 rates is something we can do.

9 ASSEMBLYMAN STECK: Do you have a
10 proposal in the budget for rate increases?

11 OASAS COMMISSIONER CUNNINGHAM: So
12 rate increases have come through the
13 MLRBHET --

14 ASSEMBLYMAN STECK: I'm terrible with
15 acronyms. You'll have to tell me what that
16 is.

17 OASAS COMMISSIONER CUNNINGHAM: So
18 that's part of the expectation from the
19 change from fee-for-service to managed
20 Medicaid, where we're able to basically have
21 savings, and those dollars are then
22 reinvested back into the OASAS system. And
23 that's through rate increases.

24 ASSEMBLYMAN STECK: So you're saying

1 the rate-making process is not in the budget,
2 is that correct?

3 OASAS COMMISSIONER CUNNINGHAM: There
4 are dollars, \$37 million there through these
5 savings that will then get reinvested that
6 have and will continue to be reinvested in
7 rates, in increasing rates.

8 ASSEMBLYMAN STECK: So one final
9 question is: There was a policy that closed
10 OASAS programs because someone in the program
11 had COVID-19. Is this still going on? And
12 is there a legal authority for closing such
13 programs, and have regulations been developed
14 as to what the conditions would be to close
15 such programs if that is still occurring?

16 CHAIRWOMAN WEINSTEIN: And you'll have
17 to -- you'll have to send that -- the
18 response to that question to Senator Krueger
19 and myself. Any questions that there
20 aren't -- isn't sufficient time to answer,
21 please forward to us and we'll make sure all
22 of the committee receives it.

23 And we've been joined by
24 Assemblyman Anderson.

1 And we go to the Senate.

2 CHAIRWOMAN KRUEGER: Thank you very
3 much.

4 And our next up is Senator Fernandez,
5 a new Senator and our new chair of the
6 Committee on Alcoholism and Substance Abuse.
7 And it's not that name anymore, I apologize.
8 Remind me of the new name?

9 OASAS COMMISSIONER CUNNINGHAM: Office
10 of Addiction Services and Supports.

11 CHAIRWOMAN KRUEGER: Thank you.
12 Senator Fernandez.

13 SENATOR FERNANDEZ: Thank you so much.

14 Thank you, commissioners, for being
15 here today. I am the chair of the new
16 committee. We did change the name to
17 Alcohol and Substance Use Disorders, to help
18 destigmatize the conversation when it comes
19 to what -- the addiction crisis. Which we
20 know has skyrocketed. We know that overdoses
21 have gone up very high. So this conversation
22 and the work that we do this year is very
23 critical.

24 The Executive Budget proposes an

1 all-funds appropriation of \$1.2 billion with
2 a decrease of 240 million. Why is there a
3 decrease in the Opioid Stewardship Fund?

4 OASAS COMMISSIONER CUNNINGHAM: So I
5 think that this decrease of 240 million is a
6 little deceptive, and there's really two
7 reasons for that.

8 So the first is that in last year's
9 budget \$200 million was appropriated from the
10 Opioid Stewardship Fund. But that
11 appropriation was actually meant for the
12 services to be supported over a five-year
13 period. So in fact there will be additional
14 dollars from the Opioid Stewardship funds for
15 this fiscal year as compared to last fiscal
16 year. And those funds will be spent until,
17 you know, they're exhausted.

18 The second is that the Opioid
19 Settlement Fund appropriation was
20 \$208 million last year. And with the
21 Opioid Settlement Fund Advisory Board, we
22 heard very clearly from them that they did
23 not want money made available from these
24 funds until their recommendations were

1 received. The report of the recommendations
2 was received on November 1st of 2022. And
3 after that report was received, it had to be
4 reviewed by the Legislature and the executive
5 branch.

6 So, you know, we're in February.
7 Obviously that's not much time since the
8 receipt of the report. And we've moved
9 quickly, we've made \$120 million of those
10 funds available, but the appropriation was
11 for \$200 million. So those funds will still
12 be made available in this year's budget, in
13 addition to the 123 million that's
14 appropriated in this year's budget.

15 So although it appears as though, you
16 know, there's a decrease, in fact for
17 programs on the ground in the communities
18 they will actually see an increase in funds.

19 SENATOR FERNANDEZ: How much money do
20 we have this year from the Opioid Settlement
21 Fund?

22 OASAS COMMISSIONER CUNNINGHAM: This
23 year's appropriation is 123 million.

24 SENATOR FERNANDEZ: A hundred

1 twenty-three or 128? I recall in a
2 presentation seeing 128, and I know that our
3 proposal says -- the Governor's proposal says
4 123.6 million.

5 Does the agency anticipate, in
6 conjunction with the AG's office, any further
7 settlement monies coming to the fund due to
8 the settlements in this fiscal year?

9 OASAS COMMISSIONER CUNNINGHAM: So the
10 amount appropriated for this year is
11 123 million.

12 And, you know, I'm not really able to
13 speak in terms of what the Attorney General's
14 office is doing in terms of additional
15 settlements.

16 SENATOR FERNANDEZ: Thank you.

17 I want to move over to the Article 7
18 proposals in the Executive Budget. The
19 Executive proposes expanding the definition
20 for what and how substance is an imitation
21 of -- I'm sorry, I'm reading the wrong
22 sentence.

23 Basically the Article 7 wants to add
24 new chemicals or additional drugs to the

1 Schedule I list. How many of these proposed
2 substances are permanently scheduled by the
3 US DEA, versus temporarily?

4 That was a weird question, I'm sorry.
5 How many are currently scheduled on the US
6 DEA?

7 OASAS COMMISSIONER CUNNINGHAM: I can
8 certainly get back to you with that specific
9 number.

10 I think, you know, the important point
11 here is around fentanyl and how fentanyl is
12 driving the overdose death rates. And there
13 are many things that we are doing in the
14 budget supports to address this. So
15 certainly naloxone, you know, that reverses
16 overdose deaths, will be made available and
17 expanded. We also have fentanyl test strips
18 that we're expanding so that programs and
19 individuals can easily access them through an
20 online site.

21 We are investing in the drug-checking
22 machines. And this is really important for
23 your question because it's not just fentanyl,
24 but it's the newer drugs, adulterants, that

1 we don't know yet that we will be able to
2 test with more sophisticated testing. And so
3 we're working with those programs who are
4 doing really street outreach and community
5 outreach to make sure that they have the
6 technology that they need with drug-checking
7 machines so that people then can know what
8 they're using, what's in the drug supply, and
9 then can --

10 SENATOR FERNANDEZ: But if we schedule
11 these drugs now to give penalties for
12 possession, for selling, and we're also
13 encouraging people to go get your drugs
14 tested, doesn't that put them in a particular
15 position now, that they are breaking the law
16 should this pass?

17 OASAS COMMISSIONER CUNNINGHAM: So
18 OASAS is not an enforcement agency, so I
19 really can't comment on enforcement.

20 But what we do know is that people who
21 do use drugs, we want to make sure that they
22 remain alive and that they can know what's in
23 the drug supply so they can change their
24 behaviors accordingly.

1 SENATOR FERNANDEZ: All right. Well,
2 you kind of answered my last question, how
3 does this proposal align with OASAS's main
4 goal of addressing the overdose crisis
5 through evidence-based policies.

6 OASAS COMMISSIONER CUNNINGHAM:
7 Absolutely. So a top priority is certainly
8 harm reduction, which has decades of evidence
9 behind that. This is something that the
10 Opioid Settlement Fund Advisory Board, it was
11 their top priority. It's a top priority at
12 OASAS and with the Governor.

13 And so harm reduction is a practical
14 set of strategies and an approach that really
15 focuses on reducing harms of substance use.
16 And so there are many initiatives that really
17 are harm reduction focused. Those include
18 expanding naloxone or Narcan to, you know,
19 address an overdose. Expanding fentanyl test
20 strips so that people know what's in their
21 substances. Drug-checking machines.

22 Meeting people where they are,
23 reducing barriers to services. So that
24 includes street outreach, that includes

1 mobile medication units bringing methadone
2 treatment to people in communities that don't
3 have brick-and-mortar sites.

4 So, you know, low-threshold
5 buprenorphine, lowering the barriers so
6 people can get same-day treatment. So
7 there's really a whole host of initiatives
8 that are supported that really focus on
9 keeping people alive and addressing, you
10 know, this worsening epidemic.

11 SENATOR FERNANDEZ: Okay. I'm in the
12 middle of getting a bill number, but I have
13 legislation proposed to protect individuals
14 should they go get their drugs tested, see
15 that it is on the schedule list, to prevent
16 from further penalties. Because one thing
17 that we don't want to do is continuing the
18 war on drugs and putting users in a position
19 that they are being criminalized for the
20 disease that they're suffering from.

21 So I hope that we can explore that
22 after.

23 I yield the rest of my time. Thank
24 you.

1 CHAIRWOMAN KRUEGER: Okay, thank you
2 very much.

3 Next, Assembly.

4 CHAIRWOMAN WEINSTEIN: We go to
5 Assemblywoman Seawright, chair of our
6 Committee on People with Disabilities.

7 ASSEMBLYWOMAN SEAWRIGHT: Thank you,
8 Chairs Weinstein and Krueger.

9 Good morning, commissioners. Thank
10 you, Commissioner Neifeld, for your
11 testimony, and to you and your staff for your
12 hard work and dedication to the people with
13 intellectual and developmental disabilities
14 across our state.

15 I'm concerned that the 2.5 percent
16 COLA recommended in the Executive Budget is
17 far from addressing the rate of inflation
18 over the past year. To offset rising
19 inflationary costs would necessitate an
20 8.5 percent increase. I'm also skeptical
21 that it is possible to address the increasing
22 costs of maintaining benefits, maintenance
23 utilities, food, supplies, transportation and
24 insurance, given the parameters recommended.

1 I'm deeply worried, as I am sure you
2 are, that direct-support positions remain at
3 a nearly 20 percent vacancy statewide. Since
4 pre-pandemic levels, the vacancy rates are up
5 by 42.5 percent. The annual turnover rate
6 for such staffing at agencies statewide is at
7 30 percent. I'm interested in knowing how it
8 is possible or even practical to operate
9 effectively given these circumstances.

10 As you know, the workforce is largely
11 comprised of women of color who deserve to be
12 compensated fairly. We have all heard
13 reports that workers are fleeing for
14 better-paying and less demanding jobs in
15 retail and fast food. I'm very interested in
16 knowing what is being done to stem what seems
17 like a massive jobs hemorrhage. I'm sure you
18 will agree with me that people with
19 disabilities need the dignity of their
20 independence and workers need the dignity of
21 a fair wage for their skills and care.

22 So, Commissioner, I'd like to start by
23 asking a few questions dealing with the
24 workforce.

1 CHAIRWOMAN WEINSTEIN: Excuse me a
2 second. The time clock should have been
3 10 minutes, so can you --

4 CHAIRWOMAN KRUEGER: You had seven, I
5 guess -- or six.

6 CHAIRWOMAN WEINSTEIN: Yeah. Add
7 8 minutes, actually.

8 CHAIRWOMAN KRUEGER: Oh, sorry. See,
9 I can't do math. That's scary.

10 (Laughter.)

11 CHAIRWOMAN WEINSTEIN: Set it for
12 8 minutes, please. Thank you.

13 ASSEMBLYWOMAN SEAWRIGHT: OPWDD
14 recently released a five-year strategic plan
15 which highlights that the first goal is to
16 strengthen the workforce. And it says that
17 it will advance the services systems
18 infrastructure by investing in the workforce.

19 What specific investments does the
20 Executive Budget include to address this,
21 beyond the funding through ARPA and in our
22 last year's budget?

23 OPWDD COMMISSIONER NEIFELD: Sure.
24 You know, as I talked about in my testimony

1 and in my responses to Senator Mannion, we
2 have the 2.5 percent COLA proposed in the
3 upcoming budget, and that builds on the
4 current fiscal year's 5.4 percent. As I
5 said, that's a \$700 million investment in the
6 OPWDD alone not-for-profit system over the
7 course of the two years, which we're
8 expecting to see at least a portion of that
9 invested into the workforce.

10 We have our attestation form out now
11 and waiting to hear back from our providers
12 exactly how they're investing those dollars.
13 But we're hearing at least early reports that
14 those dollars are being invested in our
15 workforce.

16 Additionally, this year's budget
17 carries over the healthcare worker bonus from
18 last year, so not-for-profit providers
19 continue to have the ability to use the
20 healthcare worker bonus as a recruitment
21 tool.

22 And then I won't go into it again, but
23 you heard the list of, you know, extensive
24 recruitment activities that we're

1 undertaking -- partnerships with BOCES,
2 partnerships with SUNY, partnerships with the
3 National Association for Direct Support
4 Professionals, with Georgetown University,
5 you know, to increase our cultural and
6 linguistic competence. And that will also
7 impact our staff. And a \$10 million
8 marketing campaign to help highlight the
9 importance and the significance of this job.

10 All of these efforts really to attract
11 people to this field, to help professionalize
12 the field, and to continue to support our
13 workforce. And I agree, right, our workforce
14 is incredibly vital and they do an incredible
15 job every day.

16 ASSEMBLYWOMAN SEAWRIGHT: You
17 mentioned partnerships with SUNY and
18 Georgetown. Do you have a partnership with
19 CUNY, the City University of New York?

20 OPWDD COMMISSIONER NEIFELD: We have
21 been exploring partnerships with CUNY. And I
22 can get you an update certainly on where we
23 are with that, you know, after this.

24 But certainly, you know, we are

1 exploring partnerships with CUNY that would
2 look very similar to what we're doing with
3 SUNY, recognizing the students in the City
4 University system should also benefit from
5 the microcredentialing capabilities.

6 And again, the SUNY Empire program,
7 right -- SUNY Empire is the SUNY Without
8 Walls, so certainly available to all
9 students. And that would allow for, you
10 know, training as a DSP to translate into
11 college credits.

12 ASSEMBLYWOMAN SEAWRIGHT: The
13 \$10 million campaign that you reference, is
14 that being done in-house or are you using an
15 MWBE PR firm or --

16 OPWDD COMMISSIONER NEIFELD: We have a
17 procurement out on the street now that was
18 released in February. We're expecting to
19 have that back in the next month or so to
20 recruit for an independent PR firm to come
21 in.

22 And certainly the MWBE requirements
23 for all procurements apply to that
24 opportunity as well. So there are minimum

1 requirements there.

2 ASSEMBLYWOMAN SEAWRIGHT: With the
3 investments that were made in the budget last
4 year, has OPWDD seen any improvement in the
5 workforce metrics?

6 OPWDD COMMISSIONER NEIFELD: Yes. As
7 I said, we have been seeing certainly
8 stabilization in terms of retention. We're
9 seeing our ability to retain workforce
10 improving. And we are looking to increase
11 the recruitment opportunities through, you
12 know, all the things that I just sort of
13 listed for you and for the Senator around our
14 recruitment activities.

15 But we are seeing a stabilization over
16 the last several months in our workforce for
17 the first time.

18 ASSEMBLYWOMAN SEAWRIGHT: I'd like to
19 switch to residential. How many certified
20 residential vacancies are there currently in
21 the system, and what's the breakdown of the
22 vacancies between OPWDD and the nonprofit
23 providers?

24 OPWDD COMMISSIONER NEIFELD: So these

1 numbers are dynamic. The numbers that I have
2 for this morning for the voluntary system is,
3 you know, around 980 vacancies, and in the
4 state-operated system around 370. And these
5 are the actual available vacancies. You
6 know, they remove opportunities that can't be
7 staffed or are not available because of
8 physical plant concerns or other issues. So
9 those are the actual available vacancies in
10 our system.

11 ASSEMBLYWOMAN SEAWRIGHT: What is the
12 average length these vacancies remain open?

13 OPWDD COMMISSIONER NEIFELD: That's
14 not a number that I have with me today, but
15 we can certainly follow up with you on that,
16 average length of how long a vacancy remains
17 open.

18 ASSEMBLYWOMAN SEAWRIGHT: How many
19 individuals are currently approved for
20 certified residential placement but have not
21 been placed?

22 OPWDD COMMISSIONER NEIFELD: So we
23 categorize our certified residential
24 opportunities list based on emergency need,

1 substantial need, and current need. And so
2 that's a way of, you know, providing an
3 opportunity, you know, to provide access to
4 our system, you know, based on need.

5 Many people who come to us, you know,
6 looking for a residential opportunity are
7 people who are already being served in our
8 residential system, are looking for a new
9 opportunity, are looking to move. You know,
10 so I think the number that you're probably
11 looking for is the emergency need, and that
12 we have about 1200 people --

13 ASSEMBLYWOMAN SEAWRIGHT: That was my
14 next question, is how many are currently
15 considered emergency need for residential
16 placement, and what's the average length of
17 time that someone is on the emergency need
18 list?

19 OPWDD COMMISSIONER NEIFELD: Currently
20 about 1200 people on the emergency need list,
21 and those are people who -- you know, who
22 have the most sort of, you know, immediate
23 need for a residential opportunity.

24 I can get you -- again, in the

1 follow-up, we can get you the average length
2 of stay or the average length of time that
3 somebody spends on the emergency need list.
4 But it varies because the needs of the
5 individuals on that list vary.

6 ASSEMBLYWOMAN SEAWRIGHT: So based on
7 the number of OPWDD state-operated
8 residential vacancies, why does OPWDD not
9 place them in your own residential vacancies?

10 OPWDD COMMISSIONER NEIFELD: So I
11 think it's important, right, to acknowledge
12 that the services that OPWDD provides are
13 voluntary, right, and we don't have a
14 placement system. Our opportunities are made
15 available to people. We have a
16 person-centered planning process, so what we
17 do is try to understand the needs of the
18 individual, whether it's clinical, medical,
19 their support needs, do they have a job,
20 where are their community -- where are their
21 family, and make opportunities available that
22 are going to meet those needs.

23 And then those individuals and their
24 family have the opportunity to choose whether

1 or not they would like to pursue that
2 opportunity, move into that home. We like to
3 try to place people, you know, with roommates
4 or housemates that will be -- you know, that
5 will work for them.

6 So it's not as simple as just saying
7 we have an opening here in this program and
8 we're going to place this person there. We
9 have a very, like I said, person-centered
10 planning process that does take time and is
11 based, you know, very specifically on the
12 needs of the individual.

13 ASSEMBLYWOMAN SEAWRIGHT: So I just
14 have one minute left. I'm going to try to
15 get in two quick questions, one about the
16 internships referenced in the Executive
17 Budget. What investment is being made as
18 part of the Executive Budget to advance that
19 proposal? And what is OPWDD doing to
20 increase employment for people with
21 disabilities?

22 OPWDD COMMISSIONER NEIFELD: So I'll
23 answer in reverse order, because that's the
24 question that I know the answer to.

1 We have -- you know, employment is a
2 huge piece of our strategic plan and we are
3 doing a lot to support employment
4 opportunities for people with disabilities.
5 We have a procurement out for career and
6 technical training right now that will
7 actually be making awards today. We'll have
8 new providers in at least every region of the
9 state.

10 We're working on providing
11 certification and a toolkit for employers to
12 promote inclusive workplace environments.
13 We're working on regulatory and
14 administrative changes to ease the burdens
15 for our providers so that they can more
16 easily provide employment opportunities. And
17 we're having conversations and trainings with
18 our care managers, really emphasizing the
19 importance of providing employment
20 opportunities.

21 We also have -- the Governor appointed
22 last year Kim Hill, the Chief Disability
23 Officer, and employment is a big, you know,
24 piece of her work, and we partner very

1 closely with her.

2 And we can follow up with you on the
3 other answer.

4 ASSEMBLYWOMAN SEAWRIGHT: Yes, please
5 follow up. Thank you, Commissioner.

6 CHAIRWOMAN WEINSTEIN: Thank you.
7 To the Senate.

8 CHAIRWOMAN KRUEGER: Thank you.
9 To the ranker, Senator
10 Canzoneri-Fitzpatrick, and she is the ranker
11 for Mental Health.

12 SENATOR CANZONERI-FITZPATRICK: {Mic
13 off.} Thank you, Chair. Thank you to the
14 panelists for being here today {inaudible}.

15 CHAIRWOMAN KRUEGER: Some of the mics
16 up here don't work as well as others. A
17 little switching.

18 SENATOR CANZONERI-FITZPATRICK:
19 Hopefully this one will work now. Thank you.

20 CHAIRWOMAN KRUEGER: Oh, better.
21 better.

22 SENATOR CANZONERI-FITZPATRICK: Thank
23 you, Chairwoman, Madam Chairman, and thank
24 you to the panelists for being here.

1 I would like to just state at the
2 outset that our leader, Robert Ortt, and
3 Senator Ashby had written a letter to the
4 Governor requesting support for the Dwyer
5 veteran program, and I fully support the
6 continued support of our veterans because of
7 the mental health issues that they face.

8 I wanted to mention that I have had
9 the opportunity to meet with members from
10 Mount Sinai South Nassau Hospital, which is
11 in my district, and that they have
12 psychiatric beds there as well as I've also
13 met with several members from 4201 schools.
14 I fully support and agree with the statements
15 that have been made that the workforce is a
16 critical piece that we must continue to
17 support.

18 So that brings me to my first
19 question. The 5.4 percent COLA appropriated
20 last year, has that been fully rolled out to
21 all of the providers?

22 OMH COMMISSIONER SULLIVAN: I believe
23 it has, the COLA from last year.

24 SENATOR CANZONERI-FITZPATRICK: Okay.

1 And how -- my understanding is that the
2 direct-care pay increase only applies to
3 state employees. And I wonder if there is a
4 comment from you as to whether or not the
5 workers in the nonprofit sectors that are
6 funded by your agencies should also get pay
7 increases.

8 OMH COMMISSIONER SULLIVAN: I'm not
9 sure -- when we increase salaries in the
10 state, it's done on a different system
11 relative to working with civil service and a
12 whole host in the budget.

13 The COLA goes to the community-based
14 providers. So I'm not exactly sure your
15 question -- they don't kind of overlap.

16 SENATOR CANZONERI-FITZPATRICK: So is
17 there increased salaries to the agencies that
18 are nonprofit agencies?

19 OMH COMMISSIONER SULLIVAN: Through
20 the COLA. In this budget, the 2.5 percent
21 COLA will bring that.

22 SENATOR CANZONERI-FITZPATRICK: Okay.
23 A study that I read indicated that there has
24 been a survey of college students and that

1 last year, in 2021, 41 percent of college
2 students tested positive for depression. And
3 I wonder if that -- that, to me, sounds
4 alarming. I have college-age kids, and I
5 don't doubt that that's accurate.

6 But now we've got funding in this
7 budget for children's mental health programs.
8 Specifically, we've got 7 million for the
9 Healthy Steps program and we've got
10 10 million to develop school-based clinics.
11 And I'd like to know, do you have a plan for
12 where those school-based clinics will be
13 located? Have you considered telehealth?
14 Have you considered overall education? And
15 how many new programs do you anticipate
16 implementing for children's mental health?

17 OMH COMMISSIONER SULLIVAN: We have
18 about a thousand school-based clinics at this
19 point across the state, and we are in the
20 process of increasing that by several hundred
21 each year.

22 We would love to have one in every
23 school across the state. And there's
24 really -- that's our plan, to ultimately work

1 with the school districts. In the budget, by
2 increasing the Medicaid reimbursement and by
3 requiring commercial payers to pay for
4 school-based services, we're optimistic that
5 we're going to be able to spread that to
6 every school across the state.

7 The school-based clinics have been
8 highly effective in working with youth, with
9 families. And the good thing about them is
10 they connect back to a whole provider system
11 so if the family or youth need further
12 services than what could be provided on-site
13 in the school, that provider who's doing that
14 clinic work connects with those families. So
15 it's a very effective program, and we will be
16 increasing it by the hundreds each year. And
17 we're working now with all the school
18 districts.

19 SENATOR CANZONERI-FITZPATRICK: Okay.
20 And I know I only have a minute left, but the
21 4201 schools have told me that they are not
22 permitted to access the mental health funding
23 in the education budget, and that they have
24 also had a \$2 million cut in their budget by

1 the Governor's proposal.

2 And I wonder if you have any comment
3 about whether or not the 4201 schools can
4 access the mental health funding that is in
5 the budget.

6 OMH COMMISSIONER SULLIVAN: I'll have
7 to get back to you on that. I'm not sure
8 about the technical piece there. I don't
9 know. We'll get back to you about that.

10 SENATOR CANZONERI-FITZPATRICK: Okay.
11 Thank you.

12 CHAIRWOMAN KRUEGER: Thank you.
13 Assembly.

14 CHAIRWOMAN WEINSTEIN: We go to
15 Assemblyman Gandolfo, ranker, five minutes.

16 ASSEMBLYMAN GANDOLFO: All right, is
17 this thing on? Good.

18 Thank you, Commissioner Sullivan, for
19 being here today. I'm also going to have a
20 few questions related to children's and
21 teens' mental health.

22 The CDC released a report on Monday
23 that really showed some drastic increase in
24 feelings of hopelessness and suicidal

1 thoughts among teens in school. So it's a
2 little alarming the way it has jumped over
3 the last decade.

4 Now, I saw in the budget there is a
5 \$5 million increase for recruitment of
6 psychiatric professionals. Is there any
7 certain amount that will be set aside for
8 specialization in children and teens, of the
9 people we're trying to attract here?

10 OMH COMMISSIONER SULLIVAN: Yes. I
11 think in almost all the things in the budget,
12 at least 40 percent of what we're doing will
13 be with kids.

14 Now, with those professionals, if
15 there are more that apply, we will probably
16 give some extra credit for people working
17 with youth. But absolutely, those loans will
18 work just as well.

19 ASSEMBLYMAN GANDOLFO: Okay. Because
20 I know I've been hearing, it's been reported
21 that the waitlist for outside help outside of
22 the schools can be as long as months, so
23 parents are having a really hard time finding
24 that help for their children. So I'm glad to

1 hear that there will be some focus on getting
2 specialized help for them.

3 OMH COMMISSIONER SULLIVAN: Yes.

4 ASSEMBLYMAN GANDOLFO: All right,
5 great.

6 Now, with the 988 hotline funding, I
7 think there was an increase of about
8 25 million, is that correct?

9 OMH COMMISSIONER SULLIVAN: Mm-hmm.
10 Yes.

11 ASSEMBLYMAN GANDOLFO: How is that
12 functionally going to improve the service or
13 expand the service?

14 OMH COMMISSIONER SULLIVAN: The
15 25 million is to supplement the increased
16 call volume which we are continuing to get on
17 988, and also to establish two call centers
18 in areas where we are still -- those call
19 centers are still pushing some of those calls
20 to the national line. So the dollars will
21 help us have a hundred percent in-service
22 within New York State.

23 988 serves as both a counseling line
24 and a referral line, so it's really very

1 critical that we have it available across the
2 state. It is right now. Those dollars will
3 help us with the increased volume which we
4 are expecting to get. And we have been.
5 It's been growing ever since it was
6 established in July of '22.

7 ASSEMBLYMAN GANDOLFO: Is that level
8 funding expected to be recurring each --

9 OMH COMMISSIONER SULLIVAN: Yes. Yes.

10 ASSEMBLYMAN GANDOLFO: Okay. And in
11 terms of the 35,000 new residential units for
12 individuals with mental illness, where in the
13 state will these be concentrated? Spread
14 throughout? Are there certain zones that
15 will see more of these units?

16 OMH COMMISSIONER SULLIVAN: It's 3500.
17 I wish it were 35,000.

18 (Laughter.)

19 OMH COMMISSIONER SULLIVAN: But it's
20 3500 units.

21 But we're in the process of doing --
22 looking at the data of where they will be
23 needed. And we're also going to be having
24 stakeholder meetings across the state over

1 the next three to four weeks. So we're in
2 the process of planning where they are needed
3 between the counties, between input from the
4 communities, where those beds will go. So we
5 want to be very careful that we make sure we
6 get them into the most needy neighborhoods,
7 most needy centers across the state.

8 ASSEMBLYMAN GANDOLFO: All right,
9 great. Thank you.

10 And what's the time frame we expect
11 the 3500 to be ready?

12 OMH COMMISSIONER SULLIVAN: Some will
13 come up sooner than others in there. It's
14 included supported apartments. Supported
15 apartments are usually easier, so we expect
16 the RFPs and then also getting that, that
17 might be six to nine months.

18 Some of it is capital for
19 construction. That can take anywhere from
20 one to two years to get them up and get them
21 running. Maybe a little longer. So it's
22 variable. But we're hopeful that a good
23 percentage, possibly at least half of those,
24 can be up by the -- within the year and a

1 half.

2 ASSEMBLYMAN GANDOLFO: Okay. And
3 going back to teens and children, is there
4 any way that OMH can work with the Department
5 of Education to get to a point where children
6 don't need beds or inpatient services to
7 address the root cause of why they're feeling
8 these, you know, suicidal thoughts and
9 feelings of hopelessness?

10 Because it just seems like we can keep
11 throwing money at it and address and trying
12 to react to it. But is there anything that,
13 you know, OMH has been working with education
14 to address why these thoughts are occurring
15 and why it has grown over the last decade? I
16 know the pandemic obviously has exacerbated
17 that. But is there anything that OMH has
18 seen or heard from SED as to why this is
19 happening?

20 OMH COMMISSIONER SULLIVAN: I think
21 it's a -- why it's happening is a complex
22 issue that I think includes what happens in
23 the community, what happened post-pandemic.
24 I mean, we're linking some of this increase

1 to the pandemic and the isolation that the
2 youth have had.

3 We're working with the Department of
4 Education to really work within the schools
5 for a culture of support and connection among
6 youth. One of the big issues was that youth
7 were disconnected during those two years of
8 the pandemic. So there's been a cooperative
9 effort with us and SED and also some grant
10 funds that have gone out last year and coming
11 out this year with SED that will work with
12 schools to make -- help build a culture of
13 support and connection among the youth in the
14 schools, working with their families who have
15 been under stress since the pandemic. And
16 then putting these school-based clinics in
17 those schools supports all of that.

18 ASSEMBLYMAN GANDOLFO: All right.
19 Thank you very much.

20 CHAIRWOMAN WEINSTEIN: To the Senate.

21 CHAIRWOMAN KRUEGER: Thank you.

22 Senator Oberacker, ranker on --
23 sorry -- I guess Substance Abuse, et cetera.

24 SENATOR OBERACKER: Thank you,

1 Madam Chair.

2 And good morning, Commissioners. It's
3 great to see everyone in person and not be a
4 Zoom.

5 Firstly I'm going to start off with
6 more of a statement than a question, and this
7 is for -- again, as my colleague in the
8 Senate and ranker previously said, the Dwyer
9 and the FarmNet programs I'm extremely
10 supportive of. You know, under the Dwyer
11 program -- we're losing 21 veterans per day
12 for suicide, another 30 per day for substance
13 use. One in three are suffering from PTSD.
14 I can't think of a better return on our
15 investment than the monies that we are
16 putting there.

17 I'm also really supportive of the
18 children's health programs, especially the
19 school-based clinics. And we were just
20 learning our -- you know, we have now a new
21 name for our committee. And I was talking to
22 some of my school superintendents, being on
23 the Education Committee, there's a stigma
24 with using the word "mental health." And I

1 was, maybe we ought to look at also changing
2 the name, potentially, for these clinics to a
3 "mental wellness" clinic. I think it really
4 would start to see a larger effect, if you
5 will, in the school systems. Because I know
6 what that stigma is like. So that's just a
7 recommendation. And again, I thank you all
8 for your work there.

9 When I now move to Dr. Cunningham --
10 good to see you. We've had some previous
11 discussions. Again and again I would like to
12 just give out a quick shout-out to our new
13 chair, Senator Fernandez, who's doing a great
14 job stepping in for Senator Harckham as far
15 as that goes.

16 I'm wondering about -- we talked about
17 some of the metrics of the monies getting out
18 to what I call the Main Street level. I'd
19 like to talk a little bit more about that
20 off-campus, because it really does need more
21 than just two minutes and 59 seconds to
22 discuss.

23 One of the questions I have is we were
24 looking at \$2 million for the medical

1 cannabis and marijuana treatment services.
2 And in your testimony you said you wanted to
3 help identify and implement effective usage
4 and use-prevention strategies. Could you
5 maybe expand a little bit and give me some
6 detail as to what that plan is?

7 OASAS COMMISSIONER CUNNINGHAM: Yes.
8 So I want to clarify. So there are --
9 there's \$1.9 million available from medical
10 cannabis, and then there's additional
11 \$5.8 million related to the adult-use
12 cannabis legalization.

13 SENATOR OBERACKER: Thank you.

14 OASAS COMMISSIONER CUNNINGHAM: So per
15 statute, we are planning to use this money to
16 develop and implement youth prevention and
17 education programs to also have a public
18 awareness campaign to provide evidence-based
19 treatment for youth and for adults.

20 And, you know, given that these
21 dollars are in this year's appropriation,
22 we're in the process right now of developing
23 these initiatives.

24 SENATOR OBERACKER: Very good.

1 You know, one of the other areas that
2 I think kind of gets glossed over because of
3 the epidemic we've seen, of course, with
4 substance use disorder, is the gambling side
5 of it. And we just opened up, you know, the
6 online gambling. Are we starting to see
7 higher levels, if you will, of issues coming
8 in from that?

9 OASAS COMMISSIONER CUNNINGHAM: So we
10 are very much closely monitoring what's
11 happening in terms of gambling. We're
12 monitoring the calls to the help line, we're
13 monitoring the number of people requesting
14 information or referrals for treatment and
15 then the number of people receiving
16 treatment.

17 When we look at pre-pandemic numbers,
18 we actually do not see an increase in the
19 number of calls or in the number of people
20 who are seeking treatment.

21 SENATOR OBERACKER: Thank you for
22 that.

23 Lastly, we were talking about -- of
24 course we all know housing is a huge issue,

1 transportation in my very rural district.
2 Two points I'd like to bring up. One is more
3 mobile potential service in my rural area
4 would be a huge benefit. I like the idea;
5 I'd like to get more details on how we could
6 try to implement that in the seven counties
7 that I represent.

8 And when it comes to housing, you
9 know, we have two facilities in my district.
10 One is an old Department of Corrections
11 facility in -- it was called Camp Summit in
12 Summit, New York. And we also have the
13 Allen Center, which was in South Kortright,
14 which is in Delaware County. These are two
15 facilities ready to go. We're talking beds,
16 we're talking housing, we're talking
17 potential for those issues. They're ready to
18 go, and I think it would be money well spent
19 and also a focus well spent to see if we can
20 repurpose those.

21 Right on time. Thank you very much
22 for the opportunity to question you. Thank
23 you.

24 CHAIRWOMAN WEINSTEIN: Thank you. We

1 go to Assemblyman Brown, the ranker on the
2 Alcoholism Committee. Five minutes.

3 ASSEMBLYMAN KEITH BROWN: Thank you,
4 Madam Chairwoman. Can you hear me? Is this
5 working? Okay. So thank you all for being
6 here.

7 Thank you, Dr. Cunningham, for all
8 your work. I just want to start out with
9 some of the good policy changes I saw in the
10 budget. The insurance reforms, certainly the
11 joint licensure is a huge step, and COLA for
12 OASAS workers. I just want to make sure that
13 that money gets down to the staff levels.
14 And does that include both state workers and
15 not-for-profits?

16 OASAS COMMISSIONER CUNNINGHAM: So we
17 have had some change in terms of the titles
18 and salaries at the state level. But the
19 COLAs definitely will get to the nonprofits.

20 ASSEMBLYMAN KEITH BROWN: Great.

21 And then just taking off from my
22 colleague Assemblyman Steck, so are there any
23 additional funds from the budget being
24 appropriated this year as a result of the new

1 Opioid Settlement Fund money to deal with
2 this crisis? Or are the numbers staying
3 flat?

4 OASAS COMMISSIONER CUNNINGHAM: So
5 there are \$123 million that are appropriated
6 for Opioid Settlement funds for this year.

7 ASSEMBLYMAN KEITH BROWN: I'm saying
8 aside from that, putting that aside. Are the
9 budget numbers staying flat if there was no
10 Opioid Settlement money?

11 OASAS COMMISSIONER CUNNINGHAM: So if
12 there were no Opioid Settlement Fund dollars?

13 ASSEMBLYMAN KEITH BROWN: Right.

14 OASAS COMMISSIONER CUNNINGHAM: There
15 would be a little bit of a decrease. And
16 that has to do with the Opioid Stewardship
17 funds.

18 ASSEMBLYMAN KEITH BROWN: Okay.

19 OASAS COMMISSIONER CUNNINGHAM: But
20 again, those dollars are made available in
21 this fiscal year.

22 ASSEMBLYMAN KEITH BROWN: Okay. So I
23 want to thank you both, Dr. Sullivan also,
24 for agreeing to come down to Long Island on

1 April 21st for that co-occurring disorder
2 conference. I think it's going to be
3 tremendous. The fact that both of you have
4 agreed to speak together is great.

5 Just with regard to the CHAMP study,
6 wonderful to see that there -- under
7 "Recommendations, Co-occurring Conditions,"
8 it says, and I quote: "Systems of care,
9 including reporting requirements, funding and
10 staffing levels, are separate and distinct in
11 New York, with little integration between
12 systems to ensure the right care at the right
13 time across all systems," and then it goes
14 on. In "Recommendations," it talks about
15 screening, and it says by treating the whole
16 person, integrated care leads to improved
17 outcomes and increased quality of life.

18 Now, I appreciate very much the work
19 that was put into that report. It seems to
20 do a great job of identifying the problem,
21 but it's a little weak on recommendations.
22 And that's really what I want to kind of get
23 into the weeds, and that's part of why we're
24 doing that conference, to create policies and

1 regulations -- how to help people in crisis,
2 in treatment, and in long-term recovery so
3 that they can get better, while also
4 preventing teens from going down a road of
5 substance abuse.

6 So I want to work with you on a
7 comprehensive plan, not a Band-Aid -- because
8 that just seems like what we're doing. We
9 have a public health crisis of national
10 proportion. You know, so I think we really
11 need to truly establish, to quote your words,
12 a no-wrong-door approach with multi-agency
13 input -- not only OMH and OASAS, but include
14 the court systems, the Drug Courts, the
15 Family Courts, Corrections, the Department of
16 Education, as my colleague indicated.

17 So I want to turn towards the youth
18 initiatives that you're talking about. Is
19 there any money in the budget and can we
20 establish vape diversion programs with the
21 Department of Ed and/or pot diversion
22 programs with the Department of Ed?

23 OASAS COMMISSIONER CUNNINGHAM: So in
24 terms of tobacco and vaping, that's really

1 under the authority of the Department of
2 Health and not OASAS.

3 In terms of cannabis, yes, absolutely.
4 So, you know, we have \$5.8 million
5 appropriated for the adult-use cannabis
6 legalization, and we are focusing on working
7 with schools and communities on prevention
8 strategies in addition to public campaign
9 awareness and treatment.

10 ASSEMBLYMAN KEITH BROWN: The reason
11 why I brought up the Department of Ed, one of
12 my school districts, Half Hollow Hills School
13 District, they started a vape diversion
14 program with pilot money from the Department
15 of Ed. It was a grant. And it's been very
16 effective in helping kids not go down the
17 road.

18 Because as we've seen with teenagers,
19 they start vaping at 14, vaping pot by 16,
20 doing pills by 18, and they're dead from an
21 opioid overdose by 20. So I would -- I
22 really would like to work in conjunction with
23 you on that.

24 A couple of my questions refer to

1 data -- there was a question asked about the
2 988 hotline. But the HOPE hotline, I just
3 wonder if we could get any data for the setup
4 of that. Any plans to expand the public
5 awareness campaign -- I'm sorry, I'm running
6 out of time so I'm going to talk fast. In
7 California and Colorado, we saw spikes in
8 teen use of marijuana both in the last
9 30 days and then before graduation. We need
10 to -- if we haven't already, we need to
11 collect data, I believe, on that.

12 And then, Dr. Sullivan, I just want to
13 leave you with we got pilot money to
14 establish a mentorship program in Northport
15 High School last year -- I have 6 seconds,
16 so -- we're looking to do that statewide. So
17 it would help ninth-graders, incoming
18 ninth-graders, feel some connection to the
19 school community and deal with some of the
20 issues that we're talking about.

21 Thank you so much.

22 OMH COMMISSIONER SULLIVAN: Thank you.

23 CHAIRWOMAN WEINSTEIN: Thank you.

24 To the Senate.

1 CHAIRWOMAN KRUEGER: Thank you very
2 much.

3 Gustavo Rivera, who is the Health
4 chair. And even though all three of your
5 agencies are really dealing with health
6 issues, he only gets three minutes at this
7 hearing.

8 SENATOR RIVERA: Thank you,
9 Madam Chair. And because I do, I will be
10 crisp.

11 There's -- I have four questions.
12 First, in your letter, Dr. Cunningham, in
13 your letter to the Opioid Settlement Fund
14 Advisory Board, you state that funding harm
15 reduction recommendations -- you state that,
16 quote, Overdose prevention centers violate
17 state and federal laws, rules and
18 regulations. There are both federal and
19 state statutes as well as case law that
20 prohibits operation of overdose prevention
21 centers, unquote.

22 So I have three questions related to
23 that. Number one -- and I've asked this many
24 times, so I will do so once more -- can you

1 tell us what are the rules and regulations
2 that relate specifically to the operation of
3 overdose prevention centers that prohibit the
4 state from making sure that that money which
5 is -- which the settlement board has
6 suggested, has recommended go there so they
7 can continue to save lives, what are those
8 state laws and regulations?

9 OASAS COMMISSIONER CUNNINGHAM: Well,
10 the laws are related to maintaining
11 drug-involved premises, and also to
12 controlled substances. But I can certainly
13 have my team follow up with more specific
14 information.

15 SENATOR RIVERA: And very similar to
16 responses that we've gotten before. We've
17 been asking the same question, both privately
18 and now publicly many times, and we're always
19 told that we will be given more specifics. I
20 live in hope that we will get that.

21 Now, if there are indeed federal and
22 state statutes that prohibit the operation of
23 OPCs, can you answer why there are currently
24 two that are operating in the State of

1 New York? And I will remind you these are,
2 as you well know, centers that have saved
3 over 700 people already in their brief
4 operation.

5 OASAS COMMISSIONER CUNNINGHAM: So the
6 current operating sites for overdose
7 prevention centers are private entities. And
8 because the laws do not permit overdose
9 prevention centers, we do not have the
10 authority to authorize them, to regulate
11 them, or to fund them.

12 SENATOR RIVERA: They would be -- but
13 they would be in -- according to your
14 argument that the state cannot send money
15 there, they would be in violation of some
16 sort of regulation or law, so they not be
17 able to operate. And yet they do.

18 OASAS COMMISSIONER CUNNINGHAM: Yes,
19 in terms of enforcement, because we're not an
20 enforcement agency, I can't really comment on
21 that.

22 SENATOR RIVERA: And since you are --
23 last one on this one. Since you're rejecting
24 the recommendation of the OPCs under harm

1 reduction, can you share what investments you
2 plan on making under the harm reduction
3 recommendations from the OSFAB board?

4 OASAS COMMISSIONER CUNNINGHAM:

5 Absolutely. So, you know, harm reduction is
6 a top priority for OASAS, for me personally,
7 and for the Governor. And we have many
8 initiatives where we're expanding harm
9 reduction services. We developed a harm
10 reduction division. We focus on expanding
11 naloxone, expanding fentanyl test strips. We
12 are working with several programs to make
13 drug checking machines available --

14 SENATOR RIVERA: I will reclaim my
15 last 18 seconds and just say we've had
16 conversations about this before. We will
17 have them again. I will quote you just a few
18 minutes ago when you were speaking to Chair
19 Fernandez: These centers save lives, we want
20 people to be alive to get treatment.

21 OPCs work. We should fund them.

22 Thank you.

23 CHAIRWOMAN KRUEGER: Thank you.

24 Assembly.

1 CHAIRWOMAN WEINSTEIN: We also now go
2 to members who have questions -- three
3 minutes, again, colleagues, for the questions
4 and answers. Assemblyman Eachus first.

5 ASSEMBLYMAN EACHUS: Thank you. Thank
6 you, Madam Chair. And thank you,
7 Commissioners, for being here.

8 Just real quick, Dr. Sullivan, how
9 long have you been commissioner and how long
10 have you been with OMH?

11 OASAS COMMISSIONER CUNNINGHAM: I
12 think it's about nine years.

13 ASSEMBLYMAN EACHUS: Okay. And
14 Commissioner Neifeld, how long have you been
15 affiliated with OPWDD?

16 OPWDD COMMISSIONER NEIFELD: It's been
17 just a little over a year. About 18 months.

18 ASSEMBLYMAN EACHUS: Okay. Well,
19 I'm -- I've got you both. I've been
20 affiliated with both of these for about
21 36 years. I think Dr. Sullivan was brought
22 aware of how I became affiliated. I'm very
23 proud to say I have a beautiful, beautiful
24 daughter, 36 years old, who resides at

1 Rockland Psychiatric Center. But let me give
2 you her history. And I give this because I
3 believe there are thousands if not tens of
4 thousands of folks out there that need what
5 I'm going to explain or hope that you can
6 explain for me.

7 My daughter, at 13 months old, was
8 diagnosed with developmental disabilities.
9 At 9 years old, she was then diagnosed with
10 mental disabilities. We had to -- and up to
11 this day -- had to choose one program or the
12 other. Now, both your programs are dynamite,
13 and they work well. But my daughter, and I
14 believe tens of thousands of other folks,
15 aren't going to get completely cared for.

16 So my question comes down to, where do
17 you folks overlap? Where do you work
18 together? I know that we, the government,
19 give you your own money and we kind of silo
20 you ourselves. But where are the overlaps
21 where you can help folks that both have
22 developmental disabilities as well as mental
23 disabilities?

24 OMH COMMISSIONER SULLIVAN: You go

1 first, I'll --

2 OPWDD COMMISSIONER NEIFELD: Sure.

3 And I -- Dr. Sullivan and I have been
4 colleagues for a long time, and I think that
5 our two agencies have been working together
6 for a long time. But I think over the last,
7 you know, several years we've seen, you know,
8 even greater collaboration between our two
9 agencies. We're talking constantly. We're
10 working together constantly, both on
11 case-specific issues and systemwide issues.

12 And we're looking to establish
13 programs that are, you know, maybe not
14 certified by both but, you know, that's
15 certainly a possibility -- but also, you
16 know, where we're doing, you know,
17 co-training, where we're ensuring that the
18 staff in, you know, OMH programs versus the
19 staff in OPWDD programs have that, you know,
20 co-occurring training so that they can serve
21 the whole individual. We're very interested
22 in not siloing people, but ensuring that the
23 whole person is served by, you know, either
24 the OMH system or the OPWDD system and our

1 staffs are working together really daily
2 on --

3 ASSEMBLYMAN EACHUS: I thank you for
4 that. And I'm hoping that the two of you get
5 to know each other much better and I get to
6 know the two of you much, much better. So
7 thank you very much.

8 OMH COMMISSIONER SULLIVAN: Thank you.

9 And we are truly working together.
10 All these new services that are coming out,
11 we've already been talking about how we have
12 to make sure that they serve both
13 populations.

14 ASSEMBLYMAN EACHUS: Thank you.

15 CHAIRWOMAN WEINSTEIN: Senate?

16 CHAIRWOMAN KRUEGER: Thank you very
17 much.

18 Senator Gonzalez.

19 SENATOR GONZALEZ: Hi, how are you?
20 Thank you so much for coming today.

21 (Exchange off the record.)

22 SENATOR GONZALEZ: Get a little
23 closer? All right, thank you. Is this good?

24 CHAIRWOMAN KRUEGER: Yes.

1 SENATOR GONZALEZ: Great.

2 Hi, everyone. I am very excited to be
3 here. I'm a member of the Disabilities
4 Committee, so I'm looking forward to working
5 with all of you.

6 I'm also the chair of the Internet and
7 Technology Committee. And as a young person,
8 I wanted to ask if you've considered the
9 effect of telehealth or online therapy,
10 digital mental health companies that are, you
11 know, targeting young people through
12 influencers -- and if there's, through your
13 own advocacy campaigns or working with the
14 DOE, something that you can do or the state
15 can do to protect them?

16 OMH COMMISSIONER SULLIVAN: I think
17 that, you know, everyone is looking into this
18 impact, and I think that we still don't know
19 exactly the full impact that this is having
20 on our youth.

21 We are certainly working with families
22 and, in all the clinical services, kind of
23 talking with families and youth about what
24 these risks are. In our state system we do a

1 lot of educating of our consumers about
2 really why you have to be careful about some
3 of these things that are online, et cetera.

4 I think that the actual enforcement of
5 what's there or not is not really in our
6 place, but our place is to help people
7 understand the risks and then help them if
8 they should get caught in some of these
9 issues.

10 But yeah, we're very well aware of it,
11 especially with youth. And I think in our
12 school-based clinics, et cetera, these are
13 issues they deal with all the time.

14 SENATOR GONZALEZ: Yeah, absolutely.
15 And I think it's important to work with the
16 DOE to make sure that there's awareness about
17 the risks of using these companies, and also
18 the quality of the service that you get,
19 especially when you're talking about young
20 people, children and teens, who are
21 particularly vulnerable.

22 My second question is actually for
23 Commissioner Sullivan on cultural competency.
24 So I've heard from members of my own district

1 that they have struggled with issues of
2 gender identity or language access when
3 dealing with the mental health system, or
4 getting a mental health bed. And as we're
5 expanding those beds, could you speak a
6 little bit more to how we're also addressing
7 cultural competency in the system.

8 OMH COMMISSIONER SULLIVAN: Yeah,
9 that's going to be a major effort to make
10 sure that all these services that we have,
11 depending on where they are and what
12 communities they're in, that there's cultural
13 competency, language access.

14 In order to do that, you've really got
15 to work very closely with the community. You
16 have to understand what the needs are, you
17 have to have often members of the community
18 work with you to ensure that you can recruit
19 the right people, set up the systems in a way
20 that are welcoming to particular communities,
21 because that can vary across the state.

22 So we're going to be doing all that as
23 we roll out these services. It's a critical
24 point, or people won't use the services.

1 SENATOR GONZALEZ: Okay. And is there
2 any support you need from the Legislature
3 now, a legislative approach to it? Or you're
4 saying you already have these plans in place
5 in --

6 OMH COMMISSIONER SULLIVAN: We are
7 developing the plans with the stakeholder
8 groups.

9 So there's going to be stakeholder
10 groups across the state, which are beginning
11 actually next week, to look at all the new
12 services that are coming up. And part of
13 that is looking very closely at cultural
14 competency and the cultural needs of the
15 various neighborhoods where we'll be putting
16 these services. So that's going to be
17 brought together with the stakeholders.

18 SENATOR GONZALEZ: Yeah. I represent
19 a lot of young people and immigrant
20 communities. Would love to get more
21 information about that, especially as we
22 continue to get cases --

23 CHAIRWOMAN KRUEGER: I'm sorry --

24 OMH COMMISSIONER SULLIVAN: We'll get

1 it to you.

2 SENATOR GONZALEZ: Thank you.

3 CHAIRWOMAN KRUEGER: If there's more
4 detail, you'll have to get back to us with a
5 letter of response. Sorry to cut you off.

6 Thank you, Assembly.

7 CHAIRWOMAN WEINSTEIN: Assemblyman
8 Gray, three minutes.

9 ASSEMBLYMAN GRAY: Thank you very
10 much.

11 Commissioners, appreciate you being
12 here. I speak to you today from a position
13 of support for all that you do and all the
14 agencies that you support in our communities.

15 So we've talked a lot today about the
16 COLA; 2.5 percent, as you probably know by
17 now, is not going to be adequate. I don't
18 know if it necessarily needs to be indexed to
19 anything, because the labor market is driving
20 it. It is rate-based. That's the solution,
21 in my opinion. So I encourage you to
22 continue to look at rate-based.

23 Commissioner Cunningham, just on op --
24 not opioids -- cannabis, do we -- so we're

1 putting in \$7 million in support and support
2 services and prevention, and yet on one hand
3 we're enabling the industry. Is that a mixed
4 message for the public?

5 OASAS COMMISSIONER CUNNINGHAM: Well,
6 I think really our job is to make sure that
7 we are preventing underage use, addressing
8 youth use, and certainly prepared for
9 treatment if people do have problems. And,
10 you know, we're working on all of this now.

11 ASSEMBLYMAN GRAY: Okay. I just -- in
12 my opinion, it's a mixed message to the
13 public.

14 The MAT program in local jails,
15 they're struggling to provide the services.
16 The services and the needs are exploding in
17 the jails, so to speak. And that's a lot
18 because the questionnaire is just based on a
19 questionnaire, not previous history. So --
20 and the questionnaire is being manipulated.
21 Obviously they share the answers inside.

22 Would we be better if we went to a
23 Sublocade injection versus methadone or
24 Suboxone, less labor-intensive?

1 OASAS COMMISSIONER CUNNINGHAM: So
2 there are three FDA-approved medications for
3 the treatment of opioid use disorder. And
4 it's really based on the person and their
5 specific clinical issues and needs and
6 experiences. So having all options for those
7 three different medications is really
8 critical.

9 ASSEMBLYMAN GRAY: Okay. I don't
10 think we offer Sublocade injection right now.
11 I don't think it's part of the program. So
12 I'd encourage you to include that in the
13 program.

14 And then, just lastly, do we have
15 length of stay for children in the emergency
16 room under psychiatric, mental or behavioral
17 health issues? Do we have any data on that?

18 OMH COMMISSIONER SULLIVAN: The data
19 isn't very hard because it comes from the
20 medical emergency rooms, and they haven't
21 been collecting it. But we do know when we
22 canvass hospitals that sometimes youth can
23 wait sometimes hours, sometimes days for
24 services. So it varies by region and it

1 varies by need of services.

2 ASSEMBLYMAN GRAY: Sometimes weeks
3 also, Commissioner.

4 So -- and then, lastly, you know, I
5 know we're talking about new mental health
6 beds. Are we looking at vacated prisons or
7 perhaps a St. Lawrence Psychiatric Center
8 repurpose, any of those facilities?

9 OMH COMMISSIONER SULLIVAN: We're
10 looking at trying to have as many as possible
11 of those beds really in the community,
12 because we want them to ultimately be
13 community-based.

14 ASSEMBLYMAN GRAY: Okay. Thank you.

15 CHAIRWOMAN WEINSTEIN: Thank you. We
16 go to Assemblyman Bores.

17 ASSEMBLYMAN BORES: Thank you all for
18 being here and for supporting what I agree is
19 a historic budget and the investment in your
20 very necessary services. It's a budget that
21 reflects that we have to try a lot of
22 different things to address these problems.
23 I mean, we're talking about housing -- it's
24 incredible, really.

1 I want to ask about one specific tool,
2 which is contingency management. And this is
3 a thing that many states have started to try.
4 Rhode Island has launched a pilot, New Jersey
5 has launched a pilot. The academic research
6 for decades has shown that it can be very
7 effective. I obviously don't need to tell
8 you that, Commissioner Cunningham, because
9 you've published some of that research and
10 contributed to the literature there.

11 So, you know, I'm not asking about any
12 specific legislation or anything like that.
13 But in looking at tools in the toolbox, is
14 there something that you think could benefit
15 New Yorkers going forward?

16 OASAS COMMISSIONER CUNNINGHAM: I
17 certainly think that we're exploring every
18 tool that's effective, and all evidence-based
19 strategies.

20 You know, I think a lot of our
21 priority is making sure that we get
22 medication treatment out to people who need
23 it. We know that that's incredibly effective
24 and reduces the risk of overdose death by 50

1 percent.

2 However, I think there's a particular
3 role for contingency management in stimulant
4 use disorders. And as you know, that
5 certainly stimulants are having a growing
6 impact in terms of overdose deaths. So this
7 is something that we have been discussing.

8 I think the challenge is what's done
9 in research studies is very different than
10 what's done in the real world. And so the
11 fidelity piece is a really big piece and can
12 be challenging for community-based programs.

13 ASSEMBLYMAN BORES: Wonderful, thank
14 you. Well, if there's anything the
15 Legislature can do, I look forward to working
16 with your office for how we could bring that
17 and help New Yorkers. Thank you.

18 CHAIRWOMAN WEINSTEIN: Thank you.
19 Since I mistakenly called on two
20 Assemblymembers in a row, the Senate will
21 have two Senators in a row now.

22 CHAIRWOMAN KRUEGER: Thank you. You
23 know, we all make accidents -- have
24 accidents.

1 So first will be Senator Borrello and
2 then will be Senator Hinchey. Three minutes
3 each.

4 SENATOR BORRELLO: Thank you,
5 Madam Chair.

6 First of all, my time is short but I
7 want to say thank you, first of all, for all
8 that you do. But I'm going to direct my
9 questions to Dr. Sullivan.

10 I'm certainly appreciative that the
11 Governor has included so much money for
12 mental health evaluation beds. But the
13 bottom line is we start in a very deep
14 deficit. And the mental health crisis that
15 we have has largely contributed to a
16 government-created crisis, in my opinion, by
17 shutting down, you know, more than a thousand
18 mental health beds, as Assemblymember Gunther
19 pointed out, and we've shut down facilities
20 to help people that are in crisis. I speak
21 to law enforcement officials and mental
22 health professionals in my district whose
23 hands are tied, who have to in some cases,
24 you know, struggle to find a bed.

1 So the money is great, but my concern
2 is do we have the will to actually do the
3 things that need to be done to ensure people
4 in crisis are, number one, being helped, and
5 also that there is the ability for them to be
6 evaluated and thoroughly vetted before
7 they're -- you know, they are released again.

8 I carry a bill, I carried it last year
9 with Senator Diane Savino that would
10 strengthen, you know, that ability for
11 evaluation. This year I believe Senator
12 Scarcella-Spanton is going to also sign on
13 with me. But the bottom line is money's
14 great, but what are we going to do to ensure
15 that we have the will to help people when
16 they need it most, and ensure that those beds
17 are quickly returned to our communities?

18 OMH COMMISSIONER SULLIVAN: Yeah.
19 Please, I'd like to assure you that from the
20 Governor it's basically yes, we have the
21 will.

22 And there are a couple of things that
23 we're doing. One is that we are reviewing
24 those plans immediately from all the

1 hospitals. We will be getting back to them
2 about the beds, and they will be taken very
3 seriously to make sure that those beds
4 reopen.

5 The second issue is that we'll be
6 putting standards in place for expectations
7 that have to be followed by hospitals in
8 terms of discharge, and then giving the
9 hospitals the resources to be able to keep
10 those standards.

11 So for example, you're talking a bit
12 about a revolving door sometimes, where
13 individuals keep coming to the ED, then get
14 discharged, come back.

15 So what we'll be putting in place are
16 standards of what that evaluation needs to
17 look like, and then standards for the
18 discharge capability for them to get the
19 services they need, and including a place to
20 stay, if that's what they need as well. So
21 both from discharge from inpatient into ED.

22 So it's a combination of opening the
23 beds, getting the right kind of standards in
24 place for discharge planning, and then making

1 sure that the resources are there for
2 individuals, whether they get admitted or if
3 they are discharged from the emergency room.

4 SENATOR BORRELLO: We also have to
5 ensure that our hospitals, you know, have the
6 funding to be able to help those folks.

7 OMH COMMISSIONER SULLIVAN: Yes.

8 SENATOR BORRELLO: You know, we lost
9 beds in my district after Lakeshore Hospital
10 closed, which was prepared and set up to
11 handle those folks, and moved them to another
12 hospital that was not. And they essentially
13 said, We don't have the money to ensure that
14 we can keep these people safe.

15 So that money needs to be directed
16 there as well, to ensure that, you know,
17 especially in our rural communities that we
18 don't have someone in crisis that can't get a
19 bed.

20 So I appreciate the seriousness that
21 you're taking this, and certainly the
22 Governor's commitment, and let's hope we do
23 have that will. So thank you very much.

24 OMH COMMISSIONER SULLIVAN: Thank you.

1 CHAIRWOMAN WEINSTEIN: Thank you. And
2 now it's Senator Hinchey.

3 SENATOR HINCHEY: Thank you very much.

4 And thank you all for being here. And
5 I want to echo the comments of some of the
6 colleagues, especially starting with
7 Assemblymember Gunther. Our rural
8 communities don't have these services. And
9 so we talk about wraparound care, we talk
10 about telehealth -- we don't even have
11 broadband or cellphone service. And so --
12 and often these are the communities that need
13 this help the most. So I implore us, as a
14 state, to think better about how we're
15 actually reaching these communities.

16 On that note, my question is for
17 Commissioner Neifeld. I have a constituent
18 with a severe TBI. And when -- she was hit
19 by a car when she was a child, in my
20 community. And when looking for services,
21 there were none. And, in working both
22 through DOH and OPWDD, was effectively failed
23 at every turn.

24 I have here they allocated -- there

1 was a budget allocated for her, but there
2 were absolutely zero services available in
3 our community for her to -- even surrounding
4 areas, for her to access. She was refused
5 approval by OPWDD and therefore couldn't
6 actually get the waiver.

7 It resulted in she was allocated
8 \$250,000, but only a fraction was accessed.
9 And she also asked for a service dog and
10 wasn't denied or approved, just left
11 lingering for three years. I think actually
12 more now, because it still hasn't been
13 approved or denied. And if there's no
14 official denial, as you know, you can't
15 appeal it. And so they've been waiting
16 forever. So much so, they've actually moved
17 out of our community where they've lived --
18 where her mother lived her entire life. They
19 moved to Long Island to be able to get care.
20 And now the daughter is actually seeking
21 services in Oklahoma, because there aren't
22 services available here.

23 And so can you let us know what
24 specifically OPWDD is doing today to make

1 sure that we're expanding access to services?
2 You know, Ulster County is not that rural,
3 right? Like how are we actually -- what are
4 we doing today to actually make sure that
5 these services are available to everyone who
6 needs them?

7 OPWDD COMMISSIONER NEIFELD: It's a
8 great question. And I remember the
9 constituent issue that you raised, you know,
10 last year, and I know that you worked closely
11 with my team on that.

12 I think the issue of access in rural
13 communities is one that not just OPWDD
14 struggles with, but lots of systems struggle
15 with.

16 SENATOR HINCHEY: But arguably,
17 Kingston isn't very rural, right? Like we
18 still don't have those services even in a
19 place like that.

20 OPWDD COMMISSIONER NEIFELD: Right, so
21 we're doing -- you know, we're doing a lot of
22 things. Last year's budget increased several
23 of our rates to try to bring, you know, new
24 services online in communities. We're

1 continuing to explore where there is a lack
2 of service and to begin to recruit providers
3 to stand up services there.

4 Like I said, a big piece of this is
5 investing in the workforce. And all the
6 activities that I have outlined this morning
7 regarding, you know, recruitment activities,
8 ways that we're trying to continue to retain
9 our workforce, are all really important to
10 making sure that services are available in
11 communities that need them.

12 SENATOR HINCHEY: Thank you.

13 CHAIRWOMAN KRUEGER: Thank you.

14 Assembly.

15 CHAIRWOMAN WEINSTEIN: Assemblyman
16 Maher.

17 ASSEMBLYMAN MAHER: Thank you. Thank
18 you. Here we go. Thank you, guys. I have
19 one million questions, but I have a short
20 period of time. So I'm going to use my time
21 to ask a question on behalf of a constituent
22 of mine. Her name is Jodi Nicoli. Jodi is a
23 recovering addict. She is someone who was
24 hopeless, in her own words. At one point in

1 time she was left with three options. She
2 was going to be dead, she was going to go to
3 jail, or she was going to go into recovery.

4 Specifically, her story, she tried to
5 get short-term care. She had some
6 interesting experiences with long-term. And
7 she was met with the fact that they told her
8 she had to have a urine sample that was
9 dirty. So she actually went and used to get
10 into that short-term facility.

11 Her specific question is, one, how do
12 we make sure that this never happens? And I
13 know sometimes it's not the fault of the
14 folks that are, you know, doing this work;
15 it's resources. But how do we make sure that
16 never happens again?

17 And the second, what can we do to have
18 both your office and SED communicate with
19 each other to try to get the message and the
20 education to younger children? DARE is
21 great, but we need to expand upon it and we
22 need to do a variety of things to make sure
23 that those two agencies are working together.

24 How is that going? And what can we

1 expect with hopefully this new round of
2 funding?

3 OASAS COMMISSIONER CUNNINGHAM: Thank
4 you for those questions.

5 So let me start with the prevention
6 question. We absolutely work with State Ed
7 and really, you know, provide evidence-based
8 prevention strategies in schools, and then
9 also in surrounding communities. So this
10 includes, you know, substances overall,
11 particularly focusing on cannabis as well,
12 and particularly focusing on gambling. And
13 so we have ongoing partnerships and continue
14 to work as there's a change in landscape.

15 In terms of the individual that you
16 spoke about, you know, I think for us it's
17 really about embracing harm reduction. And
18 so it's thinking about how to reduce
19 barriers, the role of the urine drug screen.
20 We actually just changed -- released a
21 guidance about that recently. And it's a
22 shift in really the approach. And it's one
23 to focus on saving lives first and then sort
24 of thinking later about what people are ready

1 for and when and how.

2 And so getting systems to change, you
3 know, that have been in place for decades is
4 challenging and takes time. But we're
5 certainly really focused on making sure that
6 a harm reduction approach is really embraced
7 across the system.

8 ASSEMBLYMAN MAHER: Well, for Jodi's
9 sake and also those that don't have her story
10 of success, that are no longer with us, I
11 really hope to work with you and to see some
12 of these things come to fruition.

13 So thank you for your time.

14 CHAIRWOMAN WEINSTEIN: Thank you.

15 To the Senate.

16 CHAIRWOMAN KRUEGER: Thank you.

17 Senator Lea Webb.

18 SENATOR WEBB: Is it working? Yes?

19 Okay. Good morning --

20 (Inaudible exchange.)

21 SENATOR WEBB: Is that better? You
22 have to really get on that mic. Oh, okay, it
23 had to warm up. All right.

24 Well, good morning. Thank you so much

1 to the commissioners for being here.

2 I just want to lift up and cosign
3 several of the things I heard my colleagues
4 say. I'm really excited to see the
5 long-overdue investments in mental health, as
6 we all have been talking about, not just
7 during this budget but for quite some time.
8 And most certainly the need for COLA -- we
9 definitely need to increase that, especially
10 when we're looking at ways to expand
11 recruitment and retention with regards to
12 staff.

13 So I have two questions. My first
14 question I want to direct to Commissioner
15 Sullivan with regards to -- just to get some
16 clarification. So in the budget there's a
17 \$28 million allocation for expanding critical
18 time intervention teams. And so I was
19 wondering if you could kind of expound upon
20 what do these teams actually look like.

21 OMH COMMISSIONER SULLIVAN: The teams
22 are composed of nurses, social workers,
23 peers, and other paraprofessionals who work
24 with an individual who is leaving either an

1 emergency room or an inpatient unit. They
2 will meet that person while they're there,
3 engage with them, and then follow them for up
4 to nine to ten months until they are kind of
5 settled in the community, hopefully in good
6 housing, and getting the treatment services
7 that they need.

8 So they become a team that gets to
9 know the individual, engages them, and works
10 with them for a good period of time, which is
11 the interesting -- the new part of it, that
12 instead of a brief contact these teams work
13 for almost -- and then go up to a year
14 working with someone. So they've been found
15 to be very successful in helping individuals
16 not get back into hospitals and do well when
17 they're discharged.

18 SENATOR WEBB: Okay, thank you. Which
19 takes me to my second question. So with all
20 the proposed expansions of services such as
21 the mobile crisis intervention, along with
22 critical time intervention services, can you
23 give an overview of the time frame and cost
24 estimate to get the providers up and running

1 and when each of these planned service
2 expansions will be operational?

3 OMH COMMISSIONER SULLIVAN: We're
4 looking to move the mobile crisis and the
5 CTIs probably -- they will begin to come up
6 immediately after we send out RFPs. You have
7 to send out an RFP. They will go out right
8 after the budget. We're hopeful we'll be
9 able to start establishing them by -- within
10 a couple of months.

11 And then there's recruitment. So we
12 would hope that probably within -- by early
13 next year they would all -- the majority
14 could be up and running, or towards the
15 middle of next year, but we'll have to see.
16 But yes, as quickly as possible. The time
17 span -- we are really working to get the
18 requests for proposals and the contracts out
19 as quickly as possible.

20 SENATOR WEBB: Thank you.

21 CHAIRWOMAN KRUEGER: Thank you.

22 Assembly.

23 CHAIRWOMAN WEINSTEIN: Assemblywoman
24 Simon.

1 ASSEMBLYWOMAN SIMON: There we go. I
2 wasn't expecting to be called up so soon.

3 So first of all, I want to say that
4 I'm very grateful to see that the Governor
5 has put so much additional money into mental
6 health and, you know, all of your areas, the
7 whole mental hygiene field.

8 But there are a couple of issues that
9 I'm concerned about. One is how will we be
10 using that money differently, so as to have a
11 better result. I think we have sometimes
12 siloed ourselves in ways that are not
13 constructive.

14 I am concerned about school-based
15 health clinics and them actually happening.
16 And some of the challenges -- I know I've
17 lost four of them in my district this year.

18 I'm concerned about the state of
19 depression and anxiety in girls. And a lot
20 of this is cyberbullying, but we've had a
21 hard time defining "bullying." So I'm
22 curious about whether you're working on that
23 issue. And so many disproportionately girls
24 have been forced to have sex against their

1 will, and the LGBTQ community of teens.

2 I also want to address this issue of
3 our group homes versus supported housing,
4 that we have supported and supportive
5 housing, which are funding streams but not
6 necessarily different in the services. And
7 how can we get those things together so that
8 we know what we're talking about when we're
9 talking about these issues?

10 And, you know, I know a neighbor of
11 mine started like a -- kind of a -- like a
12 group home kind of virtually, like kids were
13 placed in various places with the supports
14 they needed, and they were linked together.
15 And -- which is a novel approach and I think
16 might be very helpful, particularly in areas
17 where people are spread out.

18 And then the other issue that I see in
19 terms of disability and this issue of
20 depression and anxiety is the downstream
21 effect of failures of so many of our public
22 schools to appropriately identify our
23 students with disabilities for IP purposes,
24 and providing those services.

1 And obviously my question has taken a
2 long time. But anything you can do to
3 address that, I would be very graceful.

4 OMH COMMISSIONER SULLIVAN: Well, I
5 think everything you said is very --
6 critically important and very pertinent to
7 what we're doing.

8 So in the schools we're working very
9 closely with teachers and we do a lot of
10 training for teachers and parents, et cetera,
11 to understand and recognize signs -- your
12 last question -- of what might be going on,
13 where is it, where there might be an issue
14 with their youth, and then how to get help.

15 The school-based clinics, we're
16 hopeful -- hope, sorry, that some didn't
17 fail, but I think probably it was financial
18 more than anything else. And I think with
19 what's in the budget now, we should be able
20 to be successful because of the increased
21 rate and because of requiring commercial
22 payment. So I think that will help us grow
23 the school-based clinics, which is critical.

24 On the housing side, there are various

1 levels of housing and it really is to suit --
2 to fix -- make sure the housing fits the
3 individual. So -- but we are looking at it.
4 There's a new piece of the -- I'll get back
5 to you about the rest.

6 ASSEMBLYWOMAN SIMON: Thank you. I
7 appreciate it. I'm happy to talk to each one
8 of you separately about it. Thank you so
9 much.

10 OMH COMMISSIONER SULLIVAN: Thank you.

11 CHAIRWOMAN WEINSTEIN: Thank you.

12 CHAIRWOMAN KRUEGER: Senator Rolison.

13 SENATOR ROLISON: Thank you. Thank
14 you, Madam Chair.

15 And thank you for being here today. I
16 heard a lot of the term street outreach,
17 meeting people where they are. We know
18 that's important. I just, for a little
19 background, just concluded seven years as
20 mayor of the City of Poughkeepsie, where the
21 City of Poughkeepsie has been impacted by
22 individuals in crisis. The numbers have
23 grown from the closure of hospitals, lack of
24 beds. And we needed to do something

1 differently, which we did. We created a
2 team, it is now the Echo team, it's called,
3 Enhancing Community Health through Outreach,
4 in 2022. This is a partnership with the
5 police department and Mental Health America,
6 an intensive case manager. Had 427 contacts
7 last year with individuals in various ways.
8 Out of that, 126 follow-ups were initiated by
9 the case manager, 242 individuals were linked
10 1,835 times to other services.

11 We think this is a model that works.
12 We've presented before the Conference of
13 Mayors. The question always becomes, are
14 there monies available for municipalities
15 that want to create these teams to meet
16 people where they are, to help them in crisis
17 through a collaborative and coordinated way,
18 through -- and I was looking at the executive
19 summary on the budget and we're talking about
20 other teams being created -- for people
21 coming out, which is important. But also
22 what about the linking of them before they go
23 in? Because many times they're not going in,
24 and they don't have to go in. And that

1 creates a challenge for the municipalities
2 and our first responders.

3 OMH COMMISSIONER SULLIVAN: In the
4 budget is something called the safe option
5 support teams, which are the street outreach
6 teams. And there will be an addition of
7 those teams going up into the rest-of-state.
8 It began in New York City, but it will be
9 rest-of-state.

10 While there's a particular model that
11 we have, we're very willing to work with the
12 counties to say if you need something like
13 this, how can we modify this, work with you
14 so that will work within your county in the
15 way that you need it to be done.

16 So we're very excited about those
17 dollars, those teams will be coming out in
18 RFPs and we'll be working with, as we meet
19 with the stakeholders, what model. The model
20 you described sounds terrific. I think it's
21 one of the ways that these teams can work
22 with both law enforcement and with the
23 clients and with the community. So we'd love
24 to look at it and see if there can be some

1 modifications of what we're doing which might
2 be applicable, depending upon the county.
3 Because these things have to be local.

4 SENATOR ROLISON: Right. And just --
5 as just a quick follow-up -- and I keep
6 saying "we," but it's not me anymore there.
7 But we know it works. Are there monies
8 available, say, for the City of Poughkeepsie
9 to get funding to increase the staffing of
10 our intensive case manager program for
11 24 hours a day? Currently it's essentially a
12 day operation.

13 OMH COMMISSIONER SULLIVAN: That's not
14 specifically in the budget, so I've got to
15 get back to you about that.

16 SENATOR ROLISON: Okay, that's fine.
17 Thank you. Appreciate it.

18 CHAIRWOMAN KRUEGER: Thank you.
19 Assembly.

20 CHAIRWOMAN WEINSTEIN: We go to
21 Assemblyman Burdick.

22 ASSEMBLYMAN BURDICK: Thank you, Chair
23 Weinstein -- am I on? Can you hear me?
24 Good. Thank you, Chair Weinstein.

1 And thank all of you for testifying.

2 Commissioner Neifeld, I first want to
3 commend you for the significant work you've
4 already accomplished in the short period of
5 time you've been there. And a shout-out to
6 your staff, especially your legislative
7 liaison, Craig Roberts, who's been working
8 closely with my staff and me.

9 As chair of the Subcommittee on
10 Employment Opportunities for People with
11 Disabilities, I certainly was very pleased to
12 see the Governor's Article VII proposed
13 expansion of the 55B and 55C candidate
14 programs. And I'm wondering if you could
15 describe any other tweaks in that that you
16 think might be helpful.

17 OPWDD COMMISSIONER NEIFELD: Sure.
18 The 55B and C programs are run by the
19 Department of Civil Service. And so what I
20 can say is that the expansion would expand
21 the number of slots that are available there.

22 But in regards to the details, it's
23 just not details that I can provide. But
24 certainly happy to spend a little time with

1 them and with you to follow up and discuss
2 what they're proposing to do there.

3 ASSEMBLYMAN BURDICK: Okay, fine.

4 And workforce shortages has been
5 obviously a very keen topic for the
6 Legislature and the administration. And we
7 know that workforce shortages have led to
8 closures of some group homes. And I'm
9 wondering if you could give a quick update on
10 that and how we're doing in trying to get
11 some of those that were closed reopened.

12 OPWDD COMMISSIONER NEIFELD: Sure. If
13 you're referring to the temporary suspensions
14 in our state operations program, I can, you
15 know, certainly share that.

16 You know, first off I just want to
17 say, right, that when we effectuate these
18 temporary suspensions, they're really -- you
19 know, they are a last resort for us to do.
20 And they really are the result of, you know,
21 needing to protect the health and safety of
22 both our staff and the people who live in
23 those homes. And whether they're physical
24 plant issues or staffing-related, they're

1 decisions that, you know, we have to make.
2 And we do them as much as possible, you know,
3 with advance notice to family and to people
4 who live there.

5 And in terms of reopening, you know,
6 we're continuing to evaluate our footprint.
7 We're continuing to look at where we can
8 support, either through physical plant
9 enhancements or through staffing, you know,
10 to bring some of those programs back online.

11 But we're also looking at our
12 footprint across the state and ways that we
13 can continue to expand our state-operated
14 footprint. We continue to support our
15 state-operated workforce. The budget this
16 year provides \$12 million in capital for an
17 expansion at Finger Lakes, which will yield
18 170 additional FTEs at that program
19 eventually.

20 So we are very interested in
21 continuing to expand our state-operated
22 footprint, supporting our state-operated
23 workforce, and we'll continue to do that.

24 ASSEMBLYMAN BURDICK: Forgive me.

1 I'll have two other questions today sent to
2 you on the status of the employability pledge
3 and also to learn more about the statewide
4 ombudsman program for people eligible to
5 receive OPWDD services.

6 OPWDD COMMISSIONER NEIFELD: Thank
7 you.

8 ASSEMBLYMAN BURDICK: Thank you for
9 all you're doing.

10 CHAIRWOMAN WEINSTEIN: Senate?

11 CHAIRWOMAN KRUEGER: Thank you very
12 much.

13 Senator O'Mara.

14 SENATOR O'MARA: Thank you.

15 Good afternoon. Thank you for your
16 testimony here today.

17 With regards to the COLA of
18 2.5 percent, that, according to my notes,
19 accounts for about \$138.8 million in
20 increase. Is that accurate?

21 OMH COMMISSIONER SULLIVAN: For?

22 SENATOR O'MARA: For the COLA. What's
23 the cost of the COLA?

24 OMH COMMISSIONER SULLIVAN: Yes. Yup.

1 Across different agencies, yes.

2 SENATOR O'MARA: And is that
3 138 million for both state facilities and the
4 non-state facilities?

5 OMH COMMISSIONER SULLIVAN: No, the
6 COLA's not for state facilities.

7 SENATOR O'MARA: It's just for --

8 OMH COMMISSIONER SULLIVAN: --
9 community-based services.

10 SENATOR O'MARA: It's just for
11 community-based organizations, okay.

12 And that's a 2.5 percent increase from
13 the prior year, which was 5.4 percent the
14 prior year?

15 OMH COMMISSIONER SULLIVAN: Yes.

16 SENATOR O'MARA: Now, these direct
17 care providers in these facilities are barely
18 making more than minimum wage. These
19 facilities struggle to raise wages to make
20 the jobs more competitive. The minimum wage
21 was raised from 2021 to 2022 by 5.6 percent,
22 and the state implemented a 5.4 percent
23 budget increase for that last year. The
24 minimum wage increase upstate this year, from

1 '22 to '23, is a 7.6 percent increase, and
2 only a 2.5 percent increase for these
3 facilities.

4 How are they supposed to keep pace in
5 recruitment and retention of employees when a
6 fast food worker is getting three times the
7 raise?

8 OMH COMMISSIONER SULLIVAN: You know,
9 I think as we've said -- as has been said
10 before, the COLA is two years now, it's
11 5.4 percent and 2.5 percent. It is
12 definitely helpful. Also there are other
13 ways that all of our providers get dollars,
14 and that's through rate increases, which have
15 been significant. As I've mentioned before,
16 rate increases of up to 27 percent for
17 hospitals, 10 percent for clinics, 25 percent
18 for our residential treatment facilities,
19 lots of the money going into housing. So
20 there are other ways that dollars come in.

21 The other issue is recruitment. The
22 kinds of things I've talked about, and
23 Commissioner Neifeld, we need to recruit
24 people, get them interested in the human

1 services service. And we are working with
2 universities around that. We also have loan
3 forgiveness programs, and we also have the
4 scholarships that we give to minority groups
5 to get educated to come into the field.

6 So there's a number of things going on
7 for workforce --

8 SENATOR O'MARA: But the basic wage
9 isn't helping any, this increase. We're
10 losing ground to fast food workers.

11 OPWDD COMMISSIONER NEIFELD: Just for
12 a point of clarification, for the OPWDD
13 budget and I believe for OASAS and OMH, that
14 there are additional dollars invested to keep
15 pace with minimum wage. So the minimum wage
16 increases that you talked about in downstate
17 and upstate, there are additional dollars
18 invested in all of our budgets. So those --
19 keeping pace with minimum wage does not need
20 to come out of the COLA investment. Just
21 wanted to clarify that point.

22 SENATOR O'MARA: How much is that?

23 OPWDD COMMISSIONER NEIFELD: For my
24 budget, I'd have to get back to you on

1 exactly what that figure is. But it is there
2 in our budget. And I can't speak for the
3 other agencies, but --

4 SENATOR O'MARA: Well, it just seems
5 to me to be an insignificant increase
6 compared to the raise in the minimum wage
7 this year.

8 Now, I want to turn to the investment
9 in mental health beds, a thousand beds. And
10 I think that's great. I think the ratio of
11 those beds of state facilities to private
12 facilities is inversely applied. Why are we
13 putting money in for so few state facility
14 beds when Governor Cuomo closed three to four
15 times that number of beds during his reign of
16 terror on the mental health institutions in
17 this state, yet we're not reopening these
18 beds that are there vacant and available?

19 And frankly, the institution of
20 pushing these mental health patients to
21 nongovernmental entities has been an abject
22 failure. Yet you're going to create 850 beds
23 more there and only 150 in the state
24 facility. Why is that?

1 OMH COMMISSIONER SULLIVAN: The
2 community beds, there are about 6,000
3 community beds in New York State. The 850
4 beds were the ones that were closed during
5 the pandemic.

6 Prior to the pandemic, the occupancy
7 in those hospitals was about 70 percent,
8 which means that there was not a shortage of
9 beds. When you look at the state system
10 prior to the pandemic, similarly, we were
11 probably at about 90 percent occupancy, but
12 we did not have any significant waiting
13 lists.

14 Post the pandemic and the closure of
15 those beds is when we've hit this incredible
16 shortage. We do think there's about 150 more
17 beds needed in the state system, and that
18 seems like that would right-size the system
19 and provide the right kind of care.

20 SENATOR O'MARA: Thank you. I
21 disagree.

22 CHAIRWOMAN KRUEGER: Thank you.
23 Assembly.

24 CHAIRWOMAN WEINSTEIN: Assemblyman

1 Anderson.

2 ASSEMBLYMAN ANDERSON: Thank you,
3 Madam Chair.

4 Commissioners, good to see you all
5 here on the panel this afternoon. I have a
6 few questions. First, let me make a comment.

7 Good to see you, Commissioner Neifeld.
8 I'm glad to see you here. You know where I
9 am on my issue around ACCES-VR and making
10 sure that that program assists individuals
11 with developmental disabilities.

12 But my questions today are for OMH, so
13 good to see you, Dr. Sullivan. Glad to see
14 you here. The first question is I see in the
15 Governor's Executive Budget an additional
16 \$1.1 billion being proposed, but no new FTEs.
17 Can you talk a little bit about why there's
18 no FTEs attached to that budget proposal
19 request?

20 OMH COMMISSIONER SULLIVAN: That's --
21 those are the FTEs for the state system that
22 are not in -- that you don't see on the line.
23 The reason is that right now we have a number
24 of vacancies in the state system. So

1 basically when they outlined the budget, they
2 didn't put down increases because we're not
3 at full. So the additional lines that come
4 in do not cause us to have to put more
5 employees.

6 But the money is in the budget.
7 There's \$30 million for the new state beds
8 that is clearly in the budget. So as we
9 hire, those FTEs will go up.

10 ASSEMBLYMAN ANDERSON: Thank you so
11 much, Dr. Sullivan. And I guess a follow-up
12 to that is what are your staffing levels at
13 your mental health facilities and
14 institutions presently?

15 OMH COMMISSIONER SULLIVAN: In the
16 state system we have --

17 ASSEMBLYMAN ANDERSON: Specifically --
18 specifically Kirby, which is a mental health
19 institution in Manhattan.

20 OMH COMMISSIONER SULLIVAN: I can't
21 break it out specifically by Kirby. I can
22 get you that.

23 But we have about 13,000 employees
24 across the system, and right now we probably

1 have -- are running about -- I think maybe
2 it's 700 to 800 vacancies, given a certain --

3 ASSEMBLYMAN ANDERSON: And I guess how
4 are you guys providing resources or even a
5 competitive wage to ensure that those 700 or
6 so vacancies are filled?

7 OMH COMMISSIONER SULLIVAN: We've had
8 significant increases in our -- changes in
9 our titles for nursing, and increases in
10 nursing. We've had increases for
11 psychologists, psychiatrists, and we've had
12 increases for our -- in the titles for our
13 MHTAs, which are assistants. So we've been
14 working very closely with Civil Service and
15 Budget to enable us to be able to recruit.

16 ASSEMBLYMAN ANDERSON: Thank you. And
17 I have one more question, Dr. Sullivan -- or
18 actually, this is more of a suggestion than
19 anything.

20 I see that the Executive included
21 \$35 million in the 988 crisis hotline, and
22 there's 35 million specifically for
23 individuals who need to be connected to
24 mobile crisis services and so on. I think

1 we didn't -- the 850 beds are beds that
2 closed because of the pandemic on the
3 community side. So the community side has
4 about 5500 community beds, acute care
5 community beds; 850 of those closed during
6 the pandemic that did not reopen. That gave
7 us the shortage of bed availability on the
8 community side, which has impacted emergency
9 rooms and has impacted communities.

10 Now, the state side --

11 CHAIRWOMAN KRUEGER: I understand.
12 None of them -- did any of those reopen yet?

13 OMH COMMISSIONER SULLIVAN: No. No,
14 no. That's not entirely true. A few of them
15 have reopened after we sent out the letter.
16 There are several hospitals that have gotten
17 back to us, and some of those beds are
18 beginning to reopen. So that's the -- we had
19 asked all the hospitals to reply by
20 February 10th with their plans to reopen the
21 850 beds. Some have begun to reopen.

22 CHAIRWOMAN KRUEGER: So you'll be able
23 to get us in writing the list of where
24 they've been reopened.

1 OMH COMMISSIONER SULLIVAN: Yes. And
2 the process for reopening them, which will be
3 happening soon.

4 Then there's -- yup.

5 CHAIRWOMAN KRUEGER: Then the
6 additional 150 beds in this year's proposed
7 budget are for reopening in state facilities.

8 OMH COMMISSIONER SULLIVAN: State
9 hospital facilities, yes.

10 CHAIRWOMAN KRUEGER: Okay. So can you
11 also get us a list of where you're hoping to
12 open those beds?

13 OMH COMMISSIONER SULLIVAN: Yes. And
14 it will take a little time because we're
15 still planning it, and some of the
16 stakeholder meetings that we're having is to
17 get information from all the communities as
18 to where they should reopen. Because we have
19 23 hospitals across the state.

20 But yes, we will get you the
21 information.

22 CHAIRWOMAN KRUEGER: And did you just
23 answer my colleague with the answer that
24 there are 6,000 existing residential

1 psychiatric beds in the state?

2 OMH COMMISSIONER SULLIVAN: These are
3 inpatient beds, community-based beds.

4 CHAIRWOMAN KRUEGER: Psychiatric
5 residential.

6 OMH COMMISSIONER SULLIVAN: Yes, beds.

7 CHAIRWOMAN KRUEGER: So you say
8 there's 6,000 now, before we've expanded.

9 OMH COMMISSIONER SULLIVAN: Yes.

10 CHAIRWOMAN KRUEGER: So can you also,
11 in your letter, please include where those
12 beds are.

13 OMH COMMISSIONER SULLIVAN: Yes, I
14 will. Thank you.

15 CHAIRWOMAN KRUEGER: And those are
16 not -- we're not talking supportive housing
17 here, we're talking psychiatric residential.

18 OMH COMMISSIONER SULLIVAN: No. We're
19 talking inpatient community-based psychiatric
20 beds.

21 CHAIRWOMAN KRUEGER: I think we'd all
22 really like to see this where -- who, what,
23 where.

24 OMH COMMISSIONER SULLIVAN: Yes,

1 absolutely.

2 CHAIRWOMAN KRUEGER: Because I think
3 we all feel like there's nothing available,
4 and yet you're saying that there's already --

5 OMH COMMISSIONER SULLIVAN: Well, most
6 of them are in hospitals, and then there's
7 some freestanding.

8 CHAIRWOMAN KRUEGER: Okay. So I
9 think -- yes, we would be very interested in
10 having that material.

11 OMH COMMISSIONER SULLIVAN: Yes.

12 CHAIRWOMAN KRUEGER: So now let's go
13 to your supportive housing discussion, which
14 is again primarily for people with mental
15 health issues coming out of this budget, the
16 \$890 million to increase capital projects for
17 supportive housing expansion. And I think it
18 was originally 3500 new beds.

19 So where are we in a time frame for
20 any of that?

21 OMH COMMISSIONER SULLIVAN: Those new
22 beds have to go out for bid under request for
23 proposals. So as soon as they are approved
24 in the budget, we will be sending out

1 requests for proposals.

2 Some of those will be apartments, an
3 RFP for providers to get apartments; those
4 will come up sooner across the state. Others
5 will require capital construction. Others
6 will not require as extensive construction.

7 So we're expecting within a year and a
8 half to two years, this year through the end
9 of next year, to get the majority of those
10 beds working -- except for the long-term
11 capital ones, which tend to take longer.
12 That's new construction. And that could go
13 out several years.

14 CHAIRWOMAN KRUEGER: And we know that
15 there's a variety of silos within state
16 government, so there's supportive housing
17 beds that have been committed to by the
18 Governor, you know, through her housing
19 budget, through her OTDA budget, through I
20 think the OPWDD budget. I'm not sure about
21 substance abuse having its own supportive
22 housing contracts.

23 I just want to make sure that in this
24 proposal we're committing to additional beds

1 not playing a -- yeah, you thought you were
2 going to be for this, but now we're telling
3 you, you have to be for this instead.
4 Because there's long waiting lists for all of
5 these beds through the various agencies.

6 So this is for other contracts with
7 perhaps the same agencies, but for additional
8 slots beyond what's already been committed in
9 all those other categories. Am I right?

10 OMH COMMISSIONER SULLIVAN: Yes,
11 you're correct.

12 CHAIRWOMAN KRUEGER: Okay. That's
13 important to know. Thank you.

14 So for the commissioner of OPWDD, can
15 you help me understand a little better what
16 you described in your testimony about --
17 excuse me, I had it written down and I just
18 have to find it again. So sorry -- the DEI
19 initiative with regards to the workforce?
20 I'm a little confused what that's doing.

21 OPWDD COMMISSIONER NEIFELD: Sure.

22 Well, first off, you know, it's a big
23 priority for OPWDD, for the Governor in
24 general. And we have appointed this year our

1 first chief diversity officer, who, you know,
2 inhabits an executive role in the agency and
3 is spearheading our diversity, equity and
4 inclusion efforts.

5 What I highlighted in my testimony is
6 our commitment to those efforts overall. We
7 have a large contract with Georgetown
8 University, which has a National Center of
9 Excellence related to, diversity, equity and
10 inclusion specifically for people with
11 intellectual and developmental disabilities.

12 So over the course of the next three
13 years -- I believe it's a \$10 million
14 contract, but we can confirm that. Over the
15 course of the next three years we'll be
16 working really sort of in three areas:
17 First, looking at our agency as a whole and
18 our DEI efforts within OPWDD, our policies,
19 our procedures, our ADMs, things like that.
20 How are we upholding the tenets of DE&I
21 within all that we do.

22 Working closely with our provider
23 communities to understand their needs related
24 to DE&I. And as we said, our priority is how

1 can we help our provider community, you know,
2 also to -- you know, to keep pace with the
3 work that we're doing and support them in
4 their own efforts.

5 And then looking at diversity, equity
6 and inclusion and sort of intersectionality
7 related to the people that we're supporting,
8 knowing that people with developmental
9 disabilities are not just, you know,
10 single-faceted, you know, individuals who
11 are, you know, people with developmental
12 disabilities, but they're from the LGBT
13 community, they're, you know, Black, brown,
14 they identify in many different ways. And
15 wanting to really embrace sort of the whole
16 individual and making sure that our services
17 and our policies can do that.

18 I think the one other piece that I
19 would just want to emphasize is continuing to
20 do better in working with smaller providers,
21 right, providers that are really in touch
22 with our marginalized communities to be able
23 to support them both as providers and to
24 support the work that they're doing.

1 CHAIRWOMAN KRUEGER: Thank you.

2 Going back to Commissioner Sullivan,
3 on the community-based psychiatric beds, the
4 850, though I'm not sure if I ever saw a cost
5 per bed, what is the money for? Because in
6 theory, everybody who would be in these beds
7 would either be Medicaid or Medicare or
8 private insurance, since we have insurance
9 equity for mental health. So what's this
10 money actually being spent for?

11 OMH COMMISSIONER SULLIVAN: There's a
12 rate increase for those beds of 27 percent.
13 That's where the money for the community beds
14 is increased. And then there are state funds
15 directly for the state beds. But the money
16 for the community beds is a rate increase, a
17 Medicaid rate increase.

18 CHAIRWOMAN KRUEGER: So since we've
19 already established there are 6,000 existing
20 and we're hoping to bring another 850 --

21 OMH COMMISSIONER SULLIVAN: No. No.
22 The 850 are beds that are offline out of that
23 number.

24 CHAIRWOMAN KRUEGER: Right. But

1 there's 6,000 online and you're adding back
2 850 more.

3 OMH COMMISSIONER SULLIVAN: No, 6,000
4 total, 850 included.

5 CHAIRWOMAN KRUEGER: Oh, sorry.

6 OMH COMMISSIONER SULLIVAN: I'm sorry.
7 If I'm --

8 CHAIRWOMAN KRUEGER: No, I'm all
9 right. So there are currently 5,150 online.

10 OMH COMMISSIONER SULLIVAN: Something
11 like that, yes.

12 CHAIRWOMAN KRUEGER: We're adding 850.

13 OMH COMMISSIONER SULLIVAN: Yes.

14 CHAIRWOMAN KRUEGER: Is the 27 percent
15 rate increase for all 6,000?

16 OMH COMMISSIONER SULLIVAN: Yes. Yes.

17 CHAIRWOMAN KRUEGER: Okay. And yet I
18 know and I think we all know that many of
19 these providers do not want to open and
20 reopen these psychiatric beds.

21 And I'm not even convinced, with all
22 due respect, that there aren't a lot more
23 than 850 that they took offline and haven't
24 brought back. You would know better. That's

1 why I really want the list, to see. Because
2 when I go looking at least in my city, I
3 don't think I can find them in a lot of
4 places that some of us think had psychiatric
5 beds open in the past.

6 But I know the Governor also put in
7 sort of a carrot-and-stick model in her
8 budget this year. So there's the increased
9 rate. I think that's good and important.
10 What's the stick? And do we have any faith
11 that that's actually going to be enough to
12 work?

13 I have 16 seconds, so you might have
14 to get it in writing back to me, in fairness.
15 Okay? And we all want to know, so we're
16 going to ask that -- you have a list now of
17 things to give us in writing.

18 OMH COMMISSIONER SULLIVAN:
19 Absolutely.

20 CHAIRWOMAN KRUEGER: I will add what
21 the stick specifically is and why we think
22 that will actually work.

23 OMH COMMISSIONER SULLIVAN: Yes.

24 CHAIRWOMAN KRUEGER: Thank you.

1 OMH COMMISSIONER SULLIVAN: Thank you.

2 CHAIRWOMAN KRUEGER: Thank you very
3 much.

4 CHAIRWOMAN WEINSTEIN: We go to
5 Assemblyman Epstein, three minutes.

6 ASSEMBLYMAN EPSTEIN: Thank you,
7 Madam Chair.

8 Commissioner Sullivan, I just wanted
9 to know -- about four months ago we had a
10 hearing here, you testified around the issues
11 of college students with serious mental
12 health issues.

13 OMH COMMISSIONER SULLIVAN: Oh, I'll
14 get you --

15 ASSEMBLYMAN EPSTEIN: It's fine.

16 And I'm just -- you know, I had hoped
17 after that hearing and you saw the crisis
18 that we're experiencing in our colleges, that
19 we'd see something in the budget dealing with
20 the crisis of mental health in our college
21 students and the role OMH could play to
22 helping college students be successful. The
23 largest reason people drop out of college
24 is -- one of the largest is mental health

1 issues.

2 So I'm wondering why there's nothing
3 here and what OMH's plan is to do in their
4 role going forward to help our colleges to
5 assist the students with mental health
6 issues.

7 OMH COMMISSIONER SULLIVAN: Yeah,
8 we're doing some things which are not
9 highlighted in the budget but are embedded in
10 OMH.

11 We're expanding the awareness of 988.
12 And also there's a text called Text5U, which
13 is a texting system for college students to
14 just text directly to someone who understands
15 the issues of college students. And we're
16 expanding that all across SUNY. And we're
17 going to be expanding it to other colleges as
18 well.

19 We're also working very closely with
20 SUNY, I think it's completed, SUNY -- a whole
21 directory of services in the community that
22 college students can access in addition.
23 Some of them really don't want to go to the
24 counseling center at the college, but want to

1 go outside.

2 And we're working with SUNY, CUNY, and
3 we will be with the Association of
4 Independent Colleges, to make connections
5 between the college services and the
6 community-based services. Sometimes despite
7 the fact that there's really community mental
8 health services there, colleges don't know
9 about them and haven't really publicized them
10 to the students.

11 And then lastly, we are meeting with
12 both, again, the Independent Colleges
13 Association actually in a couple of weeks,
14 and with SUNY, to look at a whole mental
15 wellness approach on the college campuses, so
16 that we can work together. And we have done
17 this in the past with high schools and others
18 through our various prevention services and
19 will now be doing that with the -- with
20 higher education.

21 So there's a lot going on between us
22 and them, it just doesn't kind of appear --

23 ASSEMBLYMAN EPSTEIN: Okay, because I
24 think we just need to -- obviously the crisis

1 is something we have to deal with, and I
2 appreciate that you're doing work. It would
3 be great to figure out what we can be doing
4 in the Legislature to support that because,
5 you know, as we had that hearing four months
6 ago, you know, we really see that crisis as
7 really -- it's important.

8 And Commissioner Neifeld, I just
9 wanted to talk about employment with people
10 with disabilities. I didn't know -- at the
11 end of the year there was a report that came
12 out talking about the -- and especially
13 related to our government set-asides, that
14 the program isn't working well enough. I saw
15 something in the budget saying they'll expand
16 the 55B and C programs.

17 I'm wondering what you're thinking
18 that we need to be doing to ensure that
19 people with disabilities have employment
20 opportunities. I only have 20 seconds, but
21 thank you.

22 OPWDD COMMISSIONER NEIFELD: Sure. I
23 mean, I think we're doing a lot as an agency
24 to expand opportunities for people with

1 developmental disabilities, starting with,
2 you know, career and vocational training
3 opportunities. Really working with our
4 providers to understand how we can support
5 them better to provide the full continuum of
6 employment services to people with
7 developmental disabilities. Certainly
8 willing to work with the Department of Civil
9 Service.

10 And we can follow up with you on a lot
11 more.

12 ASSEMBLYMAN EPSTEIN: Thank you.

13 CHAIRWOMAN WEINSTEIN: Thank you.

14 To the Senate.

15 CHAIRWOMAN KRUEGER: Thank you. And
16 now we're starting our chair second rounds.
17 I'll start with Senator Mannion.

18 SENATOR MANNION: Thank you, Chair.

19 Hard for me to go in -- there's so
20 many good directions or important directions
21 to go. But I'm going to bring up the dual
22 diagnosis, since we talked about siloing
23 earlier. Right adjacent to my district, at
24 Upstate, the shifting of those dual diagnoses

1 for adolescents and children.

2 Where are we with that? Is there
3 anything in the budget to support that? And
4 is there anything in the budget to support an
5 expansion of programs at Hutchings, where
6 some of that shift is leaving?

7 OMH COMMISSIONER SULLIVAN: At
8 Hutchings that is moving forward. We are
9 expecting that the dual diagnosis unit will
10 open in the fall of this year. There have
11 been some delays because of COVID and
12 construction, but it should be opening in the
13 fall of this year.

14 Also in the budget there's an
15 expansion of something we call home-based
16 crisis intervention. And those are teams
17 that work with youth and families right in
18 the home. And two of those teams -- and
19 maybe more -- will be dedicated to work
20 specifically with dual-diagnosis youth who
21 have both developmental disabilities and
22 mental health issues. And that's been very
23 effective in helping families. It's
24 something that we'll connect with the person

1 in the emergency room and then follow them
2 with intensive services for six to eight
3 weeks, and then continue with whatever is
4 needed.

5 So we're very excited about having
6 that come together. We're also doing a
7 tremendous amount of education. We have a --
8 we're going to be doing what they call
9 Project Echo, which is collaborative
10 learning, across the system of care so that
11 when individuals come in, there is a
12 cross-learning of mental health and
13 developmental disabilities.

14 We've worked together on this with
15 Commissioner Neifeld. And we are also
16 talking with Commissioner Neifeld about
17 looking at some of those beds that we will be
18 adding to the system, while some of those
19 might be dual diagnosis as well. So in
20 planning these new services we're working
21 together very, very closely on integrating
22 care for the dually diagnosed.

23 SENATOR MANNION: Thank you.

24 I'm going to stay with you,

1 Commissioner Sullivan. On CPEP in the
2 Executive Budget there is dollars for new
3 CPEP programs. But I have heard concerns
4 about CPEP programs currently not functioning
5 at full capacity. Is there anything in the
6 budget to support either bringing that to
7 full capacity or additional growth beyond
8 that in current CPEP programs?

9 OMH COMMISSIONER SULLIVAN: There's
10 been a recent rate increase to CPEPs, so that
11 I think one of the issues had been the rate
12 at the CPEP. So there has been a recent
13 increase in rates to CPEPs.

14 And also we have given all the CPEPs
15 two peer-bridgers to work peer staff which
16 have been funded by the state, to work in the
17 CPEPs. So there's a lot of work going on to
18 make sure that the model is vibrant going
19 forward. And that we think now that it
20 should be, and then we will be expanding by
21 12 more CPEPs across the state.

22 SENATOR MANNION: Thank you.

23 CHAIRWOMAN KRUEGER: Thank you.

24 Assembly.

1 CHAIRWOMAN WEINSTEIN: We go to
2 Assemblyman Ra, five minutes, ranker.

3 ASSEMBLYMAN RA: Thank you.

4 Good afternoon. I just have, you
5 know, one question for Dr. Cunningham with
6 regard to the nax -- naxol -- I never
7 pronounce that right. But the standing
8 order.

9 ASSEMBLYMAN STECK: Naloxone.

10 ASSEMBLYMAN RA: Naloxone, thank you.
11 That's why you're the chair.

12 My understanding is that would be
13 something between both OASAS and the
14 Department of Health to update that, but that
15 it hasn't been since 2016 and that there are
16 a number of new, you know, products that have
17 come on the market that are not available as
18 a result of that.

19 Can you comment on that?

20 OASAS COMMISSIONER CUNNINGHAM: Sure.

21 So the Commissioner of Health actually
22 expanded the standing order for naloxone last
23 year. And really that was to expand that to
24 all pharmacies across the state. Previously

1 there had been -- it was a limited number of
2 pharmacies.

3 I'm not sure if you're getting at
4 specifically the dosing of naloxone.

5 ASSEMBLYMAN RA: Well, yeah, I mean
6 the -- so my understanding is there's some
7 new products that are 8-milligram doses.

8 OASAS COMMISSIONER CUNNINGHAM: Right.

9 ASSEMBLYMAN RA: And, you know, we're
10 dealing with, as you know, the potency of
11 fentanyl that sometimes the basic kit I
12 believe just has two 4-milligrams and
13 sometimes it's not enough because of the
14 potency of the fentanyl we're seeing.

15 OASAS COMMISSIONER CUNNINGHAM: Right.
16 So yes, they are new products. Data have not
17 shown that these new products work any better
18 than the existing products.

19 And I think really this speaks towards
20 the poly-substance issues around the overdose
21 epidemic. And so, you know, in many of these
22 cases there's a lot of questions about
23 whether it's really opioids that are, you
24 know, leading to the sort of less response to

1 naloxone or if there are other things like
2 xylazine, which has certainly been more and
3 more in the drug supply. Or, you know,
4 others.

5 And so I think for this reason, it's
6 very important to have this expansion that we
7 have right now with fentanyl test strips and
8 with drug-checking machines, so that we can
9 pick up changes in the drug supply, so people
10 can change their behaviors, so that we can,
11 you know, make sure that the public is
12 educated about what's happening.

13 ASSEMBLYMAN RA: Yeah, and I just hope
14 we continue to, you know, evaluate that,
15 because I believe it's offered by the VA,
16 Medicaid, Medicare, private plans. So it may
17 be a good option given the issues we're
18 dealing with. But thank you.

19 With regard to mental health,
20 Commissioner Sullivan, so I know there's this
21 proposal regarding insurance for behavioral
22 health and substance use parity in the budget
23 proposal. So what would that allow? How
24 does that work relative to our current

1 behavioral health parity laws?

2 OMH COMMISSIONER SULLIVAN: One of the
3 major pieces of the proposal is to put into
4 regulation network adequacy for plans.
5 Network adequacy means that they have the
6 services available equally for mental health
7 as they would for medical services.

8 Also, geographic time it would take
9 for someone to get the mental health
10 services. And also some standards around
11 utilization review, that they all be equal to
12 the way individuals with medical illness are
13 treated.

14 Similarly, making clear and clarifying
15 that certain mental health services should be
16 paid for by commercial insurers. And that
17 includes things like school-based services
18 and crisis services.

19 ASSEMBLYMAN RA: Okay. And how does
20 that proposal interact with the \$74 million
21 in funding in the Aid to Localities for
22 managed care behavioral health transition
23 funding?

24 OMH COMMISSIONER SULLIVAN: Those

1 dollars would largely come from an increase
2 in the Medicaid budget, for Medicaid, or
3 commercial insurers. The Aid to Localities
4 dollars are state funds that go separate from
5 insurance to the localities.

6 ASSEMBLYMAN RA: Thank you.

7 CHAIRWOMAN WEINSTEIN: Thank you
8 for -- thank you. We're going to go to the
9 Senate in a moment.

10 CHAIRWOMAN KRUEGER: Just one moment.
11 And it will be Senator Brouk up on deck.

12 All right, Senator Brouk, three-minute
13 follow-up.

14 SENATOR BROUK: Thank you so much.

15 You all are almost there. Maybe. I
16 don't know. Could be much longer.

17 (Laughter.)

18 SENATOR BROUK: But I want to ask of
19 course my dear commissioner here,
20 Commissioner Sullivan, again in these last
21 couple of minutes -- it might seem off-topic,
22 but you probably know where I'm going with
23 this. Do you know what the number-one
24 pregnancy complication is for birthing

1 people?

2 OMH COMMISSIONER SULLIVAN: I'm sorry,
3 I just didn't hear you.

4 SENATOR BROUK: The number-one
5 complication for pregnant people.

6 OMH COMMISSIONER SULLIVAN: Since
7 you're asking me, I'm wondering if -- there
8 are -- it's definitely significant issues
9 with depression in women, pregnant women.

10 SENATOR BROUK: Yeah. And that's the
11 thing I think is really interesting. So the
12 most common complication for pregnancy with
13 birthing people is actually maternal mental
14 health conditions. And this is why I bring
15 it up to you.

16 So 20 percent, or one in five people
17 having a child, are also dealing with a
18 maternal mental health condition. The thing
19 that I think is even more surprising and
20 really kind of upsetting is that here in New
21 York State, per actual information from our
22 own State DOH, the third leading cause of
23 pregnancy-related deaths in New York is a
24 maternal mental health condition.

1 So because of that, last year I
2 introduced a bill to create a maternal mental
3 health workgroup so that we could really
4 study these issues. However, it was vetoed
5 by the Governor. So I'm curious to know what
6 OMH is doing currently to tackle this crisis,
7 knowing that it really feeds into our
8 existing maternal mortality and morbidity
9 crisis.

10 OMH COMMISSIONER SULLIVAN: One of the
11 major issues in the healthcare community with
12 women who are pregnant and depressed is
13 whether or not they can take antidepressant
14 medications. And there's an issue with this,
15 because some -- there's a knowledge gap, I
16 think, among both OB-GYN providers and among
17 some mental health providers, as to the
18 safety of prescribing these medications. And
19 when you look at the report from the
20 Department of Health, one of the complicating
21 factors was women who were taken off their
22 medications because of a fear that it might
23 affect their pregnancy.

24 And so what we've established in the

1 Office of Mental Health is something
2 connected to what we've done for
3 pediatricians for individuals working with
4 maternal health called Project TEACH. And
5 Project TEACH now has available statewide a
6 consultation line for medical providers,
7 whether they're psychiatrists or OB-GYN or --
8 to call and, say, get an expert to discuss
9 with them exactly what medications are safe,
10 et cetera. They can do video consultations
11 also to help people understand how the
12 depression needs to be treated. This is
13 funded by the state and available statewide.

14 SENATOR BROUK: Thank you. And I
15 didn't want to cut you off but -- in the last
16 20 seconds, because I think there probably is
17 more to share. Can you follow up in written
18 form so that we can have a better
19 understanding of what the state is currently
20 doing for maternal mental health conditions?
21 That would be really helpful. Thank you.

22 OMH COMMISSIONER SULLIVAN: Yes, we
23 will. Thank you.

24 CHAIRWOMAN WEINSTEIN: We go to

1 Assemblyman Braunstein, three minutes.

2 ASSEMBLYMAN BRAUNSTEIN: Thank you
3 all. It's the third hour, so we appreciate
4 your time.

5 My first question is for
6 Commissioner Sullivan. One of my colleagues
7 touched on this earlier. I'd be interested
8 to hear any insight you might have on the
9 impact social media is having on mental
10 health, particularly with young people, and
11 if your office is responding to that in any
12 way.

13 OMH COMMISSIONER SULLIVAN: A lot of
14 the work that we do on prevention in schools
15 focuses on the impact of media, especially
16 the impact of the bullying that can happen on
17 social media, often some youth being
18 scapegoated in some ways for various things.

19 So we do a lot of what we call mental
20 health first aid -- it teaches about mental
21 health conditions -- but at the same time we
22 work with the schools about working with
23 youth about the dangers of certain -- that
24 kind of behavior on social media.

1 We also set up peer programs -- not as
2 many as we need, but we will be growing peer
3 programs to work adolescent-to-adolescent on
4 things like mental health, suicide
5 prevention, bullying, just a culture of
6 respect for each other. And that's a big
7 piece of what we're doing.

8 In addition, we work with SED on a
9 respectful culture in some of the schools
10 which have given -- we've given out grants.
11 So there's a number of programs. What
12 happens on social media is kind of a symptom
13 of other things that are going on, so you
14 can't just say ban social media, you have to
15 help the cultures --

16 ASSEMBLYMAN BRAUNSTEIN: I'm not
17 saying ban social media, but some kind of
18 awareness or education campaign --

19 OMH COMMISSIONER SULLIVAN: Yes,
20 exactly, that's what we're doing. That's
21 what we're doing.

22 ASSEMBLYMAN BRAUNSTEIN: You know,
23 particularly with young women, there are
24 self-esteem issues and depression. And, you

1 know, I think addressing these issues in
2 school and explaining to people the potential
3 for problems is a good first start. So
4 you're working on those things.

5 OMH COMMISSIONER SULLIVAN: Yes. And
6 what we do when we put in our school-based
7 clinics, they also work with the schools on
8 these issues. And that's when -- when
9 they're in there, they then work with the
10 teachers.

11 ASSEMBLYMAN BRAUNSTEIN: Thank you.

12 And I have one more question, for
13 Commissioner Neifeld.

14 You referenced earlier that for people
15 with I/DD for residential opportunities,
16 there's 1200 people on the emergency
17 waitlist. What is the criteria to be on the
18 emergency waitlist, and what are we doing to
19 increase residential opportunities? I'm
20 sorry there's only 30 seconds.

21 OPWDD COMMISSIONER NEIFELD: That's
22 okay. And we can certainly get you in
23 writing the specific criteria to the
24 emergency needs list. It's not classified as

1 a waitlist.

2 But it's for people whose needs are,
3 you know, most pressing -- people who are,
4 you know, waiting for a discharge opportunity
5 from another setting; people whose family
6 members, if they've been living at home, are
7 no longer able to care for them; people who
8 are homeless; children who are aging out of
9 residential schools and need to enter the
10 OPWDD adult system.

11 But we have, you know, very specific
12 criteria, and our Medicaid waiver that we can
13 send you in writing.

14 ASSEMBLYMAN BRAUNSTEIN: Okay. Thank
15 you.

16 CHAIRWOMAN WEINSTEIN: There are no
17 other questions from Senators, so now we go
18 to Assemblywoman Kelles. Oh, hold on.

19 SENATOR FERNANDEZ: I had a question.

20 CHAIRWOMAN WEINSTEIN: Oh, hold on.

21 SENATOR FERNANDEZ: May I? Thank you.

22 For my next three minutes, I want to
23 go back to the discussion about the machines
24 for Commissioner Cunningham.

1 Where are we in the state right now
2 with the development of expanding these
3 drug-checking services?

4 OASAS COMMISSIONER CUNNINGHAM: So
5 we're working with providers so that we can
6 get all of the providers that we fund for
7 street-level outreach, in addition to all the
8 providers that do outreach and engagement
9 with mobile units, to provide drug-checking
10 machines. So that's a total of 38 providers.

11 And we're working with them right now
12 to see about their level of interest, and
13 then provide the --

14 SENATOR FERNANDEZ: Thank you.
15 Asking people to bring illicit drugs to a
16 government entity will require significant
17 trust between the organization and the people
18 who use drugs. What's your plan for building
19 that trust with the people who are using?

20 OASAS COMMISSIONER CUNNINGHAM: So
21 this funding is actually for community-based
22 non-for-profit organizations. So these are
23 community-based organizations that have been
24 providing services in these communities for

1 years.

2 And so this is in addition to a lot of
3 the services that they already provide. And
4 many of them provide harm reduction and
5 treatment services. So this is an additional
6 sort of option of services. So for many of
7 them, they have been in the community and
8 have, you know, really had trust in those
9 communities that they serve.

10 SENATOR FERNANDEZ: Has any
11 organization not wanted to partner with this?
12 And what is the -- I guess requirements to
13 have an organization be a part of this
14 program?

15 OASAS COMMISSIONER CUNNINGHAM: I
16 think a lot of the questions are really about
17 the specific technology. That these are --
18 you know, it's new technology. They're
19 handheld machines. We're getting them from
20 Canada. So people just have a lot of
21 questions about what exactly the substances
22 are, how accurate the technology is, and
23 really providing the training and technical
24 assistance for them.

1 SENATOR FERNANDEZ: Thank you.

2 I mentioned before I was developing a
3 bill to create a program for the drug-testing
4 machines. And we have a bill number that
5 came while we were waiting. That is S4880.
6 So I implore us to explore this program to
7 make sure that those that are going to test
8 are not put in any danger afterward.

9 Thank you.

10 CHAIRWOMAN WEINSTEIN: We go to
11 Assemblywoman Kelles, three minutes.

12 ASSEMBLYWOMAN KELLES: Thank you all
13 for being here. It's very, very clear how
14 much you care about the work that you do. So
15 thank you first for that.

16 And I also want to thank you for the
17 focus on harm reduction. All the research
18 shows that you focus on building trust, you
19 focus on building self-efficacy, and you get
20 better outcomes. Particularly with peer
21 work, that's so critical for building
22 relationships and trust and working. So
23 thank you for that.

24 UNIDENTIFIED LEGISLATOR: We can't

1 hear you up here.

2 ASSEMBLYWOMAN KELLES: I'm going to
3 start yelling and maybe people can -- you can
4 hear me now?

5 UNIDENTIFIED LEGISLATOR: Now we can.

6 ASSEMBLYWOMAN KELLES: All right. I
7 might lose my voice halfway through, but I'll
8 try.

9 So the second thing I wanted to
10 mention, some of you mentioned working to
11 build microcredentials and certificate
12 programs in order to get more staff into
13 these fields. One of the main issues are
14 that those aren't eligible for TAP funding,
15 and the people that we are looking at are --
16 tend to be low-income people who then can't
17 afford it if it isn't TAP-eligible.

18 I'm working on a piece of legislation.
19 I'd love your input before I put it in. But
20 I think that that is a major issue, so I just
21 wanted to point that out.

22 We've all brought up wages, and I'm
23 not going to beat, you know, beat this to
24 death more than we already have -- except to

1 note that we're -- I don't think anyone is
2 saying that you all aren't doing your best.
3 You know, you put in a COLA last year, you
4 put in a COLA this year, you are absolutely
5 doing things.

6 The question that -- the issue is, is
7 it keeping pace with the actual need in the
8 community? So if it is not keeping pace with
9 inflation alone, and the rate that we were
10 giving prior to issues with inflation were
11 already lower than what was needed, or the
12 cost, cost of living, then we are going to go
13 in the wrong direction. So even if we're
14 putting in -- so I just wanted to note,
15 mathematically speaking, that is the
16 direction we're heading.

17 So I have situations in my facilities.
18 One, they told me they have a shortage of
19 25 percent staff; another, they have a
20 shortage of 40 percent staff. And the issue
21 is we have directors even doing some of the
22 work.

23 So I did want to point out that one
24 thing. And here's two questions.

1 Commissioner Cunningham, you stated
2 before that spending the Opioid Settlement
3 funds have been delayed because you are
4 waiting on the Opioid Settlement Advisory
5 Board. But I understand they're waiting on
6 full reports on existing programs and also on
7 the RFAs. Are those forthcoming?

8 OASAS COMMISSIONER CUNNINGHAM: Yes.
9 So we received the report on November 1st of
10 last year, and so we did not make funds
11 available until then. So as soon as that
12 report was reviewed by the Legislature and
13 the Governor, yes, we've made the funding
14 available.

15 ASSEMBLYWOMAN KELLES: Great.

16 And then another question, in respect
17 to Dr. Sullivan, one of the major things that
18 I'm hearing is with the aging population in
19 facilities, that you can't really have beds
20 that are short-term because the populations
21 are aging and that there isn't staffing to
22 address the aging needs because they end up
23 being in the beds long-term. And part of the
24 issue is that some of the beds are restricted

1 for specific populations.

2 Would it be helpful if there was an
3 ability to have some discretion in releasing
4 some of those beds?

5 CHAIRWOMAN WEINSTEIN: You'll have to
6 let us know in writing for that question.

7 ASSEMBLYWOMAN KELLES: I will email
8 them. Thank you.

9 CHAIRWOMAN WEINSTEIN: Thank you.
10 We go to Assemblyman Manktelow. Is
11 he -- there he is.

12 ASSEMBLYMAN MANKTELOW: Thank you,
13 Chair, Chairpersons.

14 Good afternoon, ladies, and thank you
15 for sticking this out.

16 Commissioner Sullivan, a question
17 about the Dwyer funding. Do you envision any
18 changes or additions to the program moving
19 forward to expand the capacity of this
20 program?

21 OMH COMMISSIONER SULLIVAN: I think
22 we're really looking at it, now that we've
23 got it in -- it's in all the counties and
24 it's growing across all the counties. I

1 think we'll continue to look at it and see
2 what the needs are and learn from that.

3 So at this point in time, there's not.
4 But I think we have to look at the needs and
5 after we've made sure that it's adequate
6 across all the counties, what else might be
7 needed.

8 ASSEMBLYMAN MANKTELOW: So by doing
9 that, Commissioner, how will that be done?
10 Will you reach out to all the counties and --

11 OMH COMMISSIONER SULLIVAN: Yes. Our
12 team has been working with all the counties
13 and speaking with them about what they do,
14 what their needs are and, as we've set up the
15 new programs, looked at how successful
16 they've been.

17 So we're beginning to get data too
18 from the Dwyer programs. It's a great
19 program.

20 ASSEMBLYMAN MANKTELOW: Yeah, it
21 absolutely is, especially the peer to peers.
22 That's the best thing we --

23 OMH COMMISSIONER SULLIVAN: That's the
24 best.

1 ASSEMBLYMAN MANKTELOW: -- could ever
2 do for these individuals. Thank you.

3 Commissioner Neifeld, a question on
4 our frontline workers. I've met with the
5 frontline workers on many occasions. Some of
6 these frontline workers in the homes are
7 working doubles and -- are you aware of
8 triples? I know they're frustrated. They do
9 an awesome job. They're even leaving their
10 young families home to take care of these
11 residents. And my hat's off to them. They
12 do a great job.

13 What are we doing -- when the raises
14 come into play and they're getting the
15 raises, why does it take so long to get that
16 money into their pockets?

17 OPWDD COMMISSIONER NEIFELD: So agree
18 a hundred percent that our staff are doing
19 incredible jobs, and our providers as well,
20 to meet the needs of people across the state.

21 You know, there's -- we're talking
22 about, you know, various different funding
23 streams, you know, and it's hard for me to
24 sort of answer your question specifically.

1 We can certainly talk more offline.

2 But we do get the funds to our
3 providers as quickly as possible and work
4 with them to ensure that they have that
5 funding available to get to them. And, you
6 know, there's been various bonus programs,
7 there's been COLA programs, there's been sort
8 of various different funding streams that we
9 could talk a little bit more about offline to
10 sort of sift through some of that, if that
11 would be helpful.

12 ASSEMBLYMAN MANKTELOW: Yeah, yeah,
13 that would be great. I will do a follow-up
14 with you. I'll speak to the workers again
15 just to be sure I know where I'm coming from.

16 OPWDD COMMISSIONER NEIFELD: Sure.

17 ASSEMBLYMAN MANKTELOW: But I do have
18 grave concern for them and their families and
19 everything they provide.

20 And my very last question, just to all
21 of you, as you do so many different programs
22 throughout the years, and we all become
23 complacent sometimes -- do you ever take a
24 look back at some of the programs that have

1 been in the system for a while, evaluating
2 them to see if there's savings that we can
3 use there and take some of that money and
4 possibly use it in other locations,
5 especially in Mental Health?

6 OMH COMMISSIONER SULLIVAN: Yes. Yes,
7 we do. And we also look back and see if
8 there are improvements that we need to make
9 in programs that are there, yes.

10 ASSEMBLYMAN MANKTELOW: Thank you,
11 ladies.

12 CHAIRWOMAN WEINSTEIN: Thank you.

13 So now we go to our chairs for their
14 second round of three minutes.

15 Assemblyman Steck.

16 ASSEMBLYMAN STECK: Thank you,
17 Madam Chair.

18 I have one question for Commissioner
19 Cunningham and one for Commissioner Sullivan.

20 For Commissioner Sullivan, how many
21 people have to go out-of-state to receive
22 mental health treatment that the state is
23 paying for because that treatment's not
24 available here?

1 OMH COMMISSIONER SULLIVAN: I'll have
2 to get back to you on that. I don't know of
3 the number for mental health treatment that
4 go out-of-state.

5 ASSEMBLYMAN STECK: Okay. And then
6 for Commissioner Cunningham -- I don't mean
7 to pick on you for this one; anyone could
8 answer it. But is there really any
9 enforcement mechanism, when we do these COLA
10 increases that are supposed to go to staff,
11 to see if the agencies actually pass it on to
12 staff?

13 OASAS COMMISSIONER CUNNINGHAM: I'm
14 not sure if there are specific enforcement
15 efforts. You know, I can certainly get back
16 to you and touch base with our staff. But
17 obviously the intent is for the staff to
18 receive additional funding and support.

19 ASSEMBLYMAN STECK: Thank you.

20 CHAIRWOMAN WEINSTEIN: The final
21 questioner on the Assembly side, for a second
22 round, Assemblywoman Seawright.

23 ASSEMBLYWOMAN SEAWRIGHT: Thank you.
24 I think this mic is -- (inaudible).

1 Thank you.

2 I want to just raise again direct
3 support wages. Why not include the
4 nonprofit-employed DSPs, especially
5 considering the stated goals of the strategic
6 plan and that these employees provide
7 services to 85 percent of the people with
8 disabilities in the state?

9 OPWDD COMMISSIONER NEIFELD: Sure.
10 You know, as discussed, the COLA in this
11 year's budget, the 5.4 percent and the
12 proposed COLA, the 2.5 percent, the
13 appropriation language does strongly suggest
14 that at least a portion of those funds go to
15 staff wages. And OPWDD has an attestation
16 out to our providers now to understand how
17 they're using those dollars.

18 We understand that there are, you
19 know, multiple ways that providers need to
20 use those dollars to cover operational costs
21 and staff wages. And so our attestation is
22 trying to ascertain how those funds are being
23 used.

24 ASSEMBLYWOMAN SEAWRIGHT: Do you

1 believe that the 2.5 percent COLA is adequate
2 to address the placements outside of OPWDD's
3 system?

4 OPWDD COMMISSIONER NEIFELD: I think,
5 you know, as we've talked about this morning,
6 the 5.4 percent in this year's budget and
7 then building on that with an additional
8 2.5 percent yields over \$700 million for our
9 not-for-profit sector just within the OPWDD
10 system, which is a significant amount of
11 money to be able to increase, you know, staff
12 wages and also to provide services.

13 ASSEMBLYWOMAN SEAWRIGHT: We regularly
14 hear reports from parents and people
15 receiving supports that the quality of life
16 in residences has deteriorated significantly
17 in recent years, many resembling institutions
18 rather than residences. Examples that we've
19 heard include the deteriorating physical
20 condition of homes, inadequate staffing
21 levels to support individuals to participate
22 in their communities, staff turnover that
23 causes many people receiving supports to be
24 unable to remember the names of staff,

1 et cetera.

2 What data measures does OPWDD have on
3 the quality of the lives of people receiving
4 supports and whether that has indeed
5 deteriorated over time? And what in this
6 budget do you believe will help improve the
7 quality of life of people in residences?

8 OPWDD COMMISSIONER NEIFELD: There's a
9 lot to unpack in your question, and we can
10 certainly continue the question offline.

11 But, you know, quality of life, health
12 and safety, is of utmost importance to OPW.
13 We spend a lot of time out in the field
14 understanding, you know, what are the
15 conditions that people are living in.
16 Certainly if there are health and safety
17 concerns, physical plant concerns, those are
18 addressed by our Division of Quality
19 Improvement.

20 You know, over the course of the
21 pandemic certainly, you know, access to the
22 community, ability to be engaged in the
23 community, staffing concerns have all, you
24 know, worked against, you know, people having

1 that extreme quality of life. But those are
2 issues that we are, you know, constantly
3 working on with our providers.

4 Medicaid CMS has new standards for
5 quality that we're beginning to understand
6 and we're to implement. And we can continue
7 to talk about that offline. It's very
8 important to OPW.

9 ASSEMBLYWOMAN SEAWRIGHT: Thank you.

10 CHAIRWOMAN KRUEGER: Thank you. We're
11 finished, I believe. We have closed for the
12 Senate and the Assembly.

13 We want to thank you all for being
14 with us today, and for the work of you and
15 your agencies. Please let everybody know how
16 much we do appreciate everything you are
17 trying to do for so many New Yorkers.

18 And we're going to now can ask you to
19 leave and we'll be very rude and say do not
20 talk to other people when you are walking
21 out; they can find you in the hall if they
22 need to.

23 So legislators, if you feel a need to
24 grab -- no, you can't grab any of them. So

1 let me rephrase.

2 (Laughter.)

3 CHAIRWOMAN KRUEGER: Helene will
4 holler at me about that.

5 (Laughter.)

6 CHAIRWOMAN KRUEGER: If you feel a
7 need to reach out to any of them right now --
8 please, in the hallways. Thank you all.

9 And next I'm going to call up our next
10 panel of just Denise Miranda, New York State
11 Justice Center for the Protection of People
12 With Special Needs. Thank you.

13 (Off the record.)

14 CHAIRWOMAN KRUEGER: Giving everybody
15 a chance to get back in their seats. Okay.

16 And just to clarify, for this witness,
17 the chairs of the committees are Gunther and
18 Seawright for the Assembly, Brouk and Mannion
19 for the Senate. And the rankers are
20 Fitzpatrick and Weber for the Senate and
21 Gandolfo and Giglio for the Assembly. So
22 just for checking what amount of time you're
23 all going to get, now you have actually been
24 told.

1 And good afternoon, and welcome. And
2 you have 10 minutes to present to us. And
3 again, we all have your testimony. So if you
4 can summarize your key points if you think
5 you can't get through the testimony, which
6 most people can't, that would be great.

7 Thank you.

8 EXECUTIVE DIRECTOR MIRANDA: Good
9 afternoon, Chairs Mannion, Brouk, Krueger,
10 Seawright, Gunther, Weinstein, as well as
11 other distinguished members of the Senate and
12 Assembly.

13 My name is Denise Miranda, and I'm the
14 executive director --

15 CHAIRWOMAN KRUEGER: Can you pull the
16 mic a little closer?

17 EXECUTIVE DIRECTOR MIRANDA: Sure.

18 CHAIRWOMAN KRUEGER: Thank you.

19 EXECUTIVE DIRECTOR MIRANDA: My name
20 is Denise Miranda, and I'm the executive
21 director of the New York State Justice Center
22 for the Protection of People with Special
23 Needs. I'd like to thank you for the
24 opportunity to testify regarding Governor

1 Hochul's Executive Budget proposal.

2 I come to you today on the cusp of an
3 important anniversary for the Justice Center.
4 In June, the agency will mark 10 years since
5 we began operations. That means a decade has
6 passed since the Legislature created the
7 strongest protections in the country for
8 individuals with special needs.

9 By creating the Justice Center,
10 New York State overhauled a system that
11 allowed abusers to commit bad acts, to move
12 from facility to facility, and to abuse and
13 neglect vulnerable people time and time
14 again. These bad actors can no longer hide
15 in the shadows.

16 There is no stronger example of the
17 Justice Center's work than the agency's Staff
18 Exclusion List. Eight hundred and seventy
19 people have been barred from the service
20 system for their horrific acts of abuse.
21 Without the changes ushered in with the
22 creation of the Justice Center, these
23 870 people could have continued their
24 despicable behavior, leaving countless

1 victims in their wake.

2 I would love to come before you today
3 to say that our mission has been completed in
4 the last decade, but we know our work must
5 continue. The strain put on the workforce by
6 the pandemic, and magnified by the staffing
7 crisis, is having real impacts on the quality
8 of care in the service sector. This only
9 underscores the importance of the Justice
10 Center's independent investigations and
11 systemic reviews.

12 In order to carry out those
13 investigations, the Justice Center looks for
14 opportunities to leverage technology to make
15 our processes more efficient and effective.
16 This year we created a virtual reality
17 training video for Justice Center
18 investigators. This immersive experience
19 takes viewers into an incident as it unfolds.
20 The user has a 360-degree view of the
21 situation and gets a feeling for just how
22 quickly issues can develop and escalate.

23 The innovative training helps
24 investigators identify all the areas of

1 concern and avenues to pursue during their
2 investigations. We believe this training
3 also has potential for providers to use for
4 their workforce trainings.

5 As we know, the Justice Center's
6 mission goes beyond investigations. The
7 agency has taken on several initiatives to
8 help stop abuse and neglect before it
9 happens. At the top of that list is the
10 Justice Center's prevention work. The agency
11 analyzes data from our cases to spot trends.
12 We use this information to create toolkits
13 that providers, family members, and staff can
14 use to prevent abuse and neglect from
15 occurring.

16 This past year, data analysis told us
17 more guidance was needed for medical
18 emergencies, so the Justice Center produced a
19 new toolkit on that topic. We also continue
20 to enhance our offerings on one of the most
21 prevalent issues we encounter -- maintaining
22 professional boundaries.

23 Preventing abuse and neglect is not
24 possible without the partnerships we have

1 formed in the last decade with families and
2 provider organizations. Our outreach to
3 these communities remains vital to our
4 success. This year, the Justice Center
5 hosted a virtual summit. Eight workshops
6 held across four days took a deep dive into
7 topics such as our support available to
8 individuals and families, investigative
9 techniques, and trend analysis. In total,
10 nearly 1,000 people across 53 counties
11 registered to attend.

12 The agency is already working on a
13 similar event for 2023.

14 When we engage with both families and
15 providers at events like our virtual summit,
16 the workforce crisis comes up frequently. We
17 hear about the challenges being faced in the
18 service system and the strain being put on
19 the workers who show up day in and day out to
20 support vulnerable New Yorkers. We have
21 started a series of roundtable discussions
22 with providers across the state to discuss
23 ways the Justice Center can support them and
24 the dedicated staff they employ. Supporting

1 the workforce through careful evaluation of
2 the Justice Center processes will be a
3 priority as we work through 2023.

4 A decade ago, the state made a promise
5 to a million vulnerable New Yorkers: To
6 maintain the nation's highest standards of
7 health, safety, and dignity for individuals
8 with special needs. It was a goal unlike any
9 other across the country. The Justice Center
10 appreciates your partnership in our
11 relentless pursuit to fulfill this mission.

12 I now welcome your questions.

13 CHAIRWOMAN WEINSTEIN: Thank you very
14 much.

15 Our first questioner will be Senator
16 Samra Brouk.

17 SENATOR BROUK: Thank you.

18 Good afternoon. Thank you for being
19 here. I just have a couple of more general
20 questions for some of the work you do.

21 First of all, and I don't know if you
22 covered this, but how many investigations did
23 you all undertake last year?

24 EXECUTIVE DIRECTOR MIRANDA: Sure.

1 So we run a 24-hour, seven-day-a-week
2 operation call center which receives all of
3 the incidents of abuse and neglect that are
4 called in. We receive approximately 90,000
5 calls a year --

6 SENATOR BROUK: Ninety thousand?

7 EXECUTIVE DIRECTOR MIRANDA: Ninety
8 thousand calls are processed through the call
9 center. Obviously the overwhelming majority
10 of those calls are not abuse and neglect
11 cases, thankfully. But when we look at the
12 numbers for '22, what we see is approximately
13 10,000 to 11,000 incidents of abuse and
14 neglect that are categorized as abuse and
15 neglect and therefore handled within the
16 Justice Center.

17 SENATOR BROUK: And do you notice any
18 trends in terms of what agencies you see
19 cases from more often?

20 EXECUTIVE DIRECTOR MIRANDA: Sure. So
21 I believe the trends are really attributable
22 to the amount of people who are receiving
23 services in those state oversight agencies,
24 so the majority, about 60 percent of the

1 cases, flow from OPWDD.

2 SENATOR BROUK: Sixty percent for --

3 EXECUTIVE DIRECTOR MIRANDA: About
4 65 percent from OPWDD. What would be the
5 next.

6 SENATOR BROUK: What would be the
7 next --

8 EXECUTIVE DIRECTOR MIRANDA: Sure. So
9 the stats that we have: OCFS, 18 percent;
10 OMH, 11 percent; OASAS, 3 percent; SED,
11 3 percent. And DOH represents a very small
12 number, less than 1 percent.

13 SENATOR BROUK: And one thing that --
14 you talked about some of the methods for
15 training the folks in the Justice Center.
16 How does that process work in terms of when
17 these violations are occurring, kind of the
18 rehabilitative side of that in terms of
19 giving best practices to agencies or to
20 individuals?

21 EXECUTIVE DIRECTOR MIRANDA: Sure.

22 So our investigatory process involves
23 the investigators going out, speaking with
24 providers, speaking with witnesses, speaking

1 with the subjects of an investigation as well
2 as any witnesses and the individual who is
3 receiving services.

4 Throughout that period of time the
5 investigators also oftentimes are going to
6 the actual physical facility, and they will
7 make observations with respect to quality of
8 care. They can bring those observations back
9 to the Justice Center, and we can incorporate
10 those into our investigative summary report,
11 which gives us an option to request for
12 corrective action plans to be put in place.

13 So those corrective action plans occur
14 on every single substantiated matter, and we
15 have the ability to actually audit those,
16 which really is a great prevention tool.
17 That allows us to go into the provider
18 setting, sometimes unannounced, and look and
19 ensure that implementation has actually
20 occurred on those corrective action plans.

21 SENATOR BROUK: And this I think is my
22 final question. When you think about how
23 COVID has affected everything, right -- it's
24 affected our mental health, the mental health

1 of our workforce doing this work, the mental
2 health and well-being of individuals getting
3 services from these different agencies -- how
4 have you seen either cases going up or
5 different types of cases, how have you seen
6 the effect come through your work since 2020?

7 EXECUTIVE DIRECTOR MIRANDA: So I
8 think the impact we see really is obvious in
9 the workforce. Right? Workforce, the
10 situations that have been exacerbated, the
11 challenges that they were experiencing
12 pre-pandemic were only exacerbated by this
13 global pandemic. And so we see that there
14 are many struggles for providers and
15 facilities to really have adequate staffing,
16 supervision levels. And obviously that
17 affects quality of care.

18 At the Justice Center we have several
19 different categories of cases when we
20 substantiate a case. Category 4 is an
21 important category, although it's a small
22 number of cases. But there's real value in
23 those Category 4 findings because they
24 address systemic issues.

1 So a Category 4 case allows us to
2 mitigate the conduct of an individual subject
3 who might be part of an investigation and see
4 that there were extenuating circumstances
5 that really impacted. And so we're able to
6 issue a finding against the provider and then
7 really, again, that trigger for the
8 corrective action plan and implementation.
9 And so when there are adequate resources, I
10 think it's fair and logical to say the
11 systemic issues are down.

12 SENATOR BROUK: Thank you.

13 CHAIRWOMAN KRUEGER: Thank you.

14 Assemblymember Gunther, chair.

15 ASSEMBLYWOMAN GUNTHER: Thank you.

16 And, you know, when I think about like the
17 incidents that happen in your facilities, and
18 looking at the Justice Center, you know, a
19 lot of the people that work there are
20 women -- women that are paid lower wages,
21 women with children. And a lot of those
22 women work two to three jobs in order to
23 survive. And I think that when we talk about
24 incidents that happen or accidents that

1 happen, I think a lot of it has to do with
2 this workforce. They're double-dutying just
3 to survive.

4 And I guess when we talk about a
5 2.5 or 8.5 percent increase in salary, I
6 would say that we need that 8.5 so women that
7 are in this field, and men, can only work one
8 job, not two. And that's what's happening.
9 And when people are tired, accidents happen.
10 We know that in the medical field.

11 So other than that, thank you for what
12 you do.

13 EXECUTIVE DIRECTOR MIRANDA: Thank
14 you.

15 ASSEMBLYWOMAN GUNTHER: Mine is mostly
16 a statement that we need corrective -- you
17 know, we need to correct the pay so that
18 people can work one job.

19 CHAIRWOMAN KRUEGER: Thank you. Short
20 but sweet. Or not, as the case may be. But
21 thank you.

22 (Inaudible exchange.)

23 CHAIRWOMAN KRUEGER: I'm going to now
24 introduce Senator Mannion, 10 minutes.

1 SENATOR MANNION: Thank you, Chair.

2 Good to see you, Executive Director.

3 And I apologize, I had my own event as these
4 schedules overlap, so I appreciate your
5 flexibility.

6 So the Executive has proposed an
7 increase of a total of seven FTEs. Can you
8 describe what the new employees -- you know,
9 what their job titles are and what capacity
10 they'll be functioning in?

11 EXECUTIVE DIRECTOR MIRANDA: Sure.

12 So the increase of those seven FTEs
13 really reflect the expansion of our forensic
14 work when it comes to monitoring and
15 compliance.

16 SENATOR MANNION: Thank you.

17 And when you talk about forensic work,
18 I think -- you know, I have an idea of
19 exactly what that means. But can you give me
20 some examples of how that forensic work is
21 initiated and what they do?

22 EXECUTIVE DIRECTOR MIRANDA: Sure.

23 So the Justice Center monitors
24 compliance as well as quality of care for

1 individuals who are in the mental health
2 rolls at state prisons. So our forensic work
3 was expanded inherently with the expansion of
4 HALT, right, and those provisions. So our
5 employees will go out to inspect the actual
6 physical plants of state prisons. We will
7 speak with inmates who are in the segregated
8 housing unit, ensure compliance with HALT and
9 those 15-day provisions. We'll also do
10 cell-side interviews as well as private
11 interviews, one on one.

12 This gives us an opportunity to really
13 assess the programs and the resources that
14 are being offered to those individuals. It
15 also gives us an opportunity to really ensure
16 that special populations that are
17 designated -- women who are pregnant,
18 individuals over the age of 55, individuals
19 with disabilities, individuals under the age
20 of 21 -- are excluded from those segregated
21 housing and actually diverted into more
22 rehabilitative programs.

23 So that's in a nutshell our forensic
24 work. And as you know, implementation of

1 HALT went into effect in April, and so we
2 have been monitoring compliance. And that's
3 where the additional resources --

4 SENATOR MANNION: Thank you so much
5 for that answer.

6 We've seen staffing issues across
7 every state agency and department, it seems
8 like. Have you seen rates of decline or
9 unfilled vacancies? And has that impacted,
10 you know, the rates or the number of
11 reportable incidents and cases that have been
12 taken up?

13 EXECUTIVE DIRECTOR MIRANDA: So the
14 number of cases, interestingly enough,
15 remains pretty static. And we're getting
16 back to returning to those pre-COVID numbers,
17 right, where we're talking about 10,000,
18 11,000 incidents of abuse and neglect.

19 We did see a slight decrease during
20 COVID. We believe a lot of that is
21 attributable to limited programming that was
22 available, and so therefore there was less
23 movement within a lot of these service
24 sectors. But right now, based on the data

1 that we've collected, again, we're back to
2 that 10,000 to 11,000 number.

3 I think with respect to the challenges
4 and the staffing shortages, which I think we
5 all acknowledge, the impact is real, as I
6 stated in my testimony. You know, I spoke
7 earlier about systemic issues. And I think
8 one of the priorities for us this year as an
9 oversight agency is to make sure that we're
10 engaging with the workforce directly. So we
11 have been hosting roundtable discussions with
12 providers. I recently was in Rochester at a
13 detention center and spoke with union members
14 there. We have ongoing communications with
15 all the various stakeholders that are
16 involved, and parents as well, of course.

17 It's opening those lines of
18 communication that's really key, but also
19 making sure that we're listening to the
20 workforce. So when our investigators are
21 going out and conducting investigations, we
22 ask that they look at the total of the
23 circumstances. So if you have a situation
24 where an event has occurred or perhaps

1 there's an allegation of neglect, it is
2 important for us to look at the staffing
3 plans, the supervision at the time, what
4 training was offered when this person was
5 on-boarded, how many overtime, so that we can
6 make a decision that's fair and based on the
7 realities that the workforce is often
8 experiencing.

9 SENATOR MANNION: Thank you.

10 On March 30th of 2021, the Court of
11 Appeals restricted the prosecutorial power of
12 the Justice Center by finding that, you know,
13 the Executive Law impermissibly vested
14 prosecutorial power in an appointee of the
15 Governor.

16 So that language -- I am not a lawyer.
17 Can you describe the impact that that
18 decision had, however, on the Justice Center
19 and the work that you conduct?

20 EXECUTIVE DIRECTOR MIRANDA: Sure.

21 So the Court of Appeals in 2021 issued
22 that decision and they concluded that the
23 Justice Center's prosecutor did not have
24 concurrent authority for prosecution. The

1 court went so far as to communicate to all of
2 us, right, that -- the importance of the
3 Justice Center and their ability to
4 prosecute, given the specific expertise we
5 have in dealing with cases of individuals who
6 are receiving services.

7 So our prosecutorial authority remains
8 intact. I think the challenge now is making
9 sure that there are clear parameters with
10 respect to how the county DAs can work with
11 the Justice Center. We're very fortunate to
12 have a very cooperative and collaborative
13 relationship with DAASNY, as well as many of
14 the county DAs, so we continue to provide
15 them with technical support as well as
16 prosecutorial support.

17 You know, that said, I know that,
18 Senator, there was a bill introduced last
19 year that was also sponsored by
20 Assemblymember Gunther with respect to
21 codifying that so, again, there are clear
22 parameters on the issues of consent and
23 delegation by county district attorneys'
24 offices.

1 SENATOR MANNION: Thank you, Director,
2 for your service and your answering my
3 questions today. Thank you.

4 EXECUTIVE DIRECTOR MIRANDA: Thank
5 you.

6 CHAIRWOMAN KRUEGER: Thank you.
7 Assembly.

8 CHAIRWOMAN WEINSTEIN: We go to
9 Assemblywoman Seawright, 10 minutes.

10 ASSEMBLYWOMAN SEAWRIGHT: Thank you,
11 Chairs.

12 So I know you answered earlier how
13 many investigations you do. Do all of those
14 come to completion? And what are your
15 metrics for success?

16 EXECUTIVE DIRECTOR MIRANDA: Sure.

17 So the statutory authority for the
18 Justice Center is set out in the PPSNA, and
19 so we're obligated to investigate any case
20 that comes in that's classified as abuse and
21 neglect. It's a question we often get. We
22 do not have discretion. We are obligated,
23 again, statutorily to complete those
24 investigations.

1 Investigations will come in to the
2 Justice Center; as I mentioned before, about
3 10,000, 11,000 cases a year are investigated.
4 We review all of those cases. Current data
5 reflects a substantiation rate of
6 approximately two-thirds of those cases. And
7 the overwhelming majority of those cases are
8 actually Category 3 cases, which are our
9 least serious cases.

10 ASSEMBLYWOMAN SEAWRIGHT: And
11 congratulations on your upcoming June 10th
12 anniversary. Thank you for your testimony.

13 CHAIRWOMAN KRUEGER: Thank you.

14 Nathalia Fernandez, three minutes.

15 SENATOR FERNANDEZ: Thank you so much.

16 You started saying -- well, with your
17 testimony you started out explaining the
18 mission of the Justice Center and the work to
19 stop abuse for those with developmental
20 disabilities. Forgive me for repeating if it
21 did come up again, but has workforce
22 diminished more from, one, trying to not have
23 past abusers come back into the field, and,
24 two, with the pandemic?

1 EXECUTIVE DIRECTOR MIRANDA: So we
2 don't keep census data on workforce staffing
3 levels at the various providers.

4 What I can say with respect to bad
5 actors trying to reenter the system, we have
6 a Staff Exclusion List that consists of
7 approximately 900 individuals. These people
8 have been substantiated for some of the most
9 serious and egregious behavior -- sexual
10 abuse, serious physical abuse. There is a
11 permanent bar for those people to return to
12 any settings under our jurisdiction.

13 What we have seen is that there have
14 been approximately 280 attempts, individuals
15 trying to reenter the workforce. So this is
16 really one of our strongest mechanisms when
17 it comes to prevention work and our efforts.

18 SENATOR FERNANDEZ: Thank you.

19 Has there been any, like, rate of
20 recidivism of somebody reentering and
21 continuing or doing harm again?

22 EXECUTIVE DIRECTOR MIRANDA: I'm
23 sorry, can you repeat your question? I'm
24 having trouble hearing you.

1 substantiated, the cases that are classified
2 as abuse and neglect.

3 ASSEMBLYMAN BORES: Are
4 unsubstantiated, okay.

5 EXECUTIVE DIRECTOR MIRANDA: Oh, I'm
6 sorry, perhaps I misspoke. It's one-third of
7 the cases are substantiated.

8 ASSEMBLYMAN BORES: Thank you.

9 EXECUTIVE DIRECTOR MIRANDA: Thank
10 you.

11 CHAIRWOMAN WEINSTEIN: Thank you.

12 To the Senate now.

13 CHAIRWOMAN KRUEGER: Thank you.

14 I just have one follow-up question.

15 So it was with your predecessors,
16 because you've been around a while now -- and
17 I've been around a while -- and there was a
18 lot of discussion about sort of the duality
19 of both going after abuses in all these
20 agencies or their representatives or their
21 not-for-profits, but also of educating people
22 to what is appropriate and what is not
23 appropriate and what to do about it.

24 So now that we're years into the

1 operation of the Justice Center, do you know
2 that statistically -- because you were
3 already asked where do the complaints come
4 from. But have they been going down over the
5 years? And do you think that the sort of
6 combined educational part of the assignment
7 with the going after bad actors has actually
8 helped us improve the quality of all these
9 agencies and services?

10 EXECUTIVE DIRECTOR MIRANDA: I
11 appreciate the question. It is rather
12 complicated because the numbers don't remain
13 static for the Justice Center. Right?

14 So while the number of cases that have
15 been substantiated, the number of cases that
16 we see coming in has remained pretty
17 consistent, within ballparks, the number of
18 people who are being served varies. Right?
19 We heard earlier about additional beds being
20 placed into the OMH system. That will impact
21 the Justice Center. Staffing levels also can
22 impact the Justice Center.

23 So it's very difficult for us to
24 establish a point in time where we have, for

1 example, 1 million individuals who are
2 receiving services and 100,000 workers.
3 Those numbers are shifting constantly. But
4 as I mentioned before, the level of
5 substantiation remains very consistent
6 throughout the 10 years.

7 You know, we do a lot of work with
8 respect to prevention, and this is a question
9 we, you know, are asked commonly. And I
10 think, you know, what's important for
11 everyone to understand is that our commitment
12 to investigating abuse and neglect is a
13 priority for this agency, but prevention
14 efforts are a real priority. And so we do a
15 host of different educational programs. We
16 do trainings. We create toolkits. Ten years
17 of existence provides us with data to analyze
18 trends and to make sure that we are targeting
19 specific areas where we're seeing increases.

20 So we've done caregiver fatigue, we
21 did a recent toolkit on boundaries that was
22 very successful. Medical emergencies.
23 Wheelchair securement. That's the benefit of
24 having 10 years of data and being able to,

1 again, target strategies with respect to
2 prevention.

3 CHAIRWOMAN KRUEGER: Thank you very
4 much.

5 I think the Senate is closed with
6 questions.

7 CHAIRWOMAN WEINSTEIN: So is the
8 Assembly.

9 CHAIRWOMAN KRUEGER: Well, then I want
10 to thank you very much for your participation
11 today. I want to thank you and the members
12 of your agency for the fine work they do on
13 behalf of very vulnerable New Yorkers. And
14 we're going to let you escape. Thank you.

15 EXECUTIVE DIRECTOR MIRANDA: Thank
16 you. Have a good afternoon.

17 CHAIRWOMAN KRUEGER: "Escape" perhaps
18 is not that strong a word -- I don't know.

19 (Laughter.)

20 CHAIRWOMAN KRUEGER: And we are going
21 to call up our first nongovernmental panel.
22 So for those of you following along, we're
23 now in Panel B, New York Conference of Local
24 Mental Hygiene Directors; New York

1 Association of Alcoholism and Substance Abuse
2 Providers; Mental Health Association in
3 New York State; and National Alliance on
4 Mental Illness.

5 And again, now everybody needs the new
6 rules since we're on the nongovernmental
7 panels. It's three minutes to present your
8 testimony, and all legislators are now equal
9 and they each get three minutes to ask their
10 questions. And their testimony has been
11 distributed.

12 So yes, chairs you're no longer
13 chairs, you're just like everybody else.

14 The testimony is online, full
15 testimony is online. And if you are a
16 legislator and need a copy, we probably have
17 a few we can hand you if you need them. Oh,
18 maybe we don't. Hold on. Maybe I was too
19 generous. No, I'm being told no, we don't
20 have copies. But if you go online, you'll
21 find it right now. Sorry.

22 All right, while we fight amongst
23 ourselves, I'm going to ask you to start.
24 Why don't we start on my left, your right, if

1 that's okay. Hi.

2 MS. HORTON: Good afternoon,
3 Assemblywoman Weinstein, Senator Krueger, and
4 members of the committee. I'm Sharon Horton,
5 executive director at National Alliance on
6 Mental Illness-New York State.

7 I speak on behalf of the one in four
8 New York families who are affected by a
9 diagnosed psychiatric disorder, and the
10 increasing number of those facing mental
11 health challenges every day.

12 Although I am new to this leadership
13 role, I am not new to the struggles families
14 face in accessing mental health services. I
15 am a mother of an adult son living with a
16 serious mental illness who has experienced
17 incredible trauma within broken mental health
18 and criminal justice systems.

19 For decades, NAMI-New York State has
20 pled for significant investments to be made
21 in both community-based and inpatient
22 services. We are delighted to say now we
23 feel heard and seen. We are beyond grateful
24 for Governor Hochul's commitment to make

1 mental health a top priority.

2 I'd like to praise the Governor's
3 intention to reverse the alarming decrease of
4 psychiatric beds. Since 2014, New York State
5 lost of 1,849 beds. A key component to
6 recovery is accessing psychiatric services as
7 quickly as possible, especially when
8 hospitalization is required. We hear tragic
9 stories from our members who had to wait days
10 in an emergency room for a bed, to find it
11 was located several hours away. Tragically,
12 this separates an individual from their
13 support network and places an incredible
14 burden upon the family. We applaud Governor
15 Hochul for seeing the need to return 1,000
16 psych beds.

17 NAMI-New York State also praises
18 Governor Hochul for advancing measures to
19 improve hospital admission and discharge
20 practices. These reforms are grossly
21 overdue.

22 I have seen firsthand the inadequacies
23 of admission processes as well as a lack of
24 competent discharge planning. On one

1 occasion in particular, after waiting hours
2 for evaluation in the ER, my son loped past
3 security outside his door, IV in his arm, in
4 paper pants and bare feet -- which resulted
5 in a traumatic outcome for him and our entire
6 family, with a second pickup order involving
7 untrained police, where my son was wrestled
8 to the ground, cuffs on his hands and feet,
9 asphyxiated from a sedative which his medical
10 record stated could not be administered.

11 UNIDENTIFIED LEGISLATOR: Can you
12 bring the mic a little closer to your face?
13 It's hard to hear back here, I'm sorry.

14 MS. HORTON: Sorry about that.

15 This negligence happens every day and
16 is unacceptable. We know hospitals do
17 incredible work saving lives every day.
18 There have been comprehensive guidelines
19 created for 911 calls to treatment for heart
20 failure and stroke. The same needs to be
21 done for mental health emergencies.

22 Please follow the Governor's lead to
23 hold hospitals accountable for providing
24 award-worthy mental health care equal to

1 physical healthcare. As an advocate with
2 NAMI-New York State and a mother who has been
3 yearning for this historic moment of
4 opportunity for so long, we can finally see a
5 light, we can see recovery, we can see help
6 and hope before us.

7 Now it's up to you. As we often say
8 in NAMI-New York State, hope begins with you.

9 Thank you.

10 CHAIRWOMAN KRUEGER: Thank you.

11 Next?

12 MR. COPPOLA: Good afternoon. Senator
13 Krueger, Assemblywoman Weinstein, and panel,
14 appreciate the opportunity to address you
15 this afternoon.

16 As I start, I want to just focus on
17 the human dimension for a second. I was
18 looking at the newspaper over the weekend,
19 and I saw a picture that stopped my eyes. It
20 was a picture of Joseph Reyes, and he was
21 holding a picture of Ralph Ortiz, who was a
22 60-year-old man who lived in the Bronx and
23 who had overdosed. It was his father.

24 And there was a couple of quotes in

1 that story where Joseph said that people are
2 dying at the saddest rate. And it struck me,
3 "the saddest rate" is not a phrase that we
4 often use. It's 47 percent, or 27 -- it's a
5 number. And he said that overdose is
6 happening and people are dying at a saddest
7 rate. He said, A lot of people are losing,
8 and it is sad.

9 And later on in the same story there
10 was a description of government response,
11 which was to start planning on how to address
12 these overdoses and also to have a laser
13 focus on inequity. And then one other quote
14 that caught my eye, from the Bronx Opioid
15 Collective Impact Project, which said, quote:
16 "We lack resources in the community."

17 The disconnect between the sadness
18 expressed by Joseph, the planning and laser
19 focus, and the community saying "We have a
20 lack of resources," is the same disconnect
21 that's contained in the Governor's budget
22 proposal. We requested an 8.5 percent
23 increase for the workforce. We got
24 2.5 percent. That is grossly inadequate,

1 okay? Grossly inadequate. And the fact that
2 there was an increase last year to build upon
3 is ancient history in the midst of the rising
4 costs that are impacting our workers.

5 The \$500 million that was requested
6 across the board by mental health and
7 addiction service providers -- which could
8 have been used to really strengthen the
9 foundation of the service delivery system,
10 strengthen the foundation of programs, and
11 increase the fiscal viability of many failing
12 agencies -- is just not something that can
13 happen.

14 The number "minus 240 million" should
15 not be in this budget next to local
16 assistance in the middle of a pandemic of
17 overdose and addiction. And just my plea to
18 all of you is that when you do your budget,
19 you look at that number. It should not say
20 minus 240 million. It should say something
21 much better than that, because I think you
22 have the creativity to come up with solutions
23 that will address the public health crisis
24 before us. 240 million minus is not

1 acceptable.

2 CHAIRWOMAN KRUEGER: Thank you.

3 MR. LIEBMAN: Well put.

4 Thank you. I very much appreciate
5 being here. Thank you to the chairs. My
6 name is Glenn Liebman. I'm the CEO of the
7 Mental Health Association in New York
8 State for many years. And our organization
9 represents 26 affiliates in 52 counties, most
10 of whom provide community-based mental health
11 services.

12 First I just want to reiterate what
13 Sharon said about what -- you know, as I
14 said, I've been doing this a long time. And
15 the fact that we have the resources in this
16 budget, it's a real credit to the Governor,
17 to Commissioner Sullivan. Whatever we're
18 talking about in terms of service structure,
19 when we're talking about parity, when we're
20 talking about children's services, kids'
21 services, beds, hospitals, et cetera,
22 et cetera, it really is an all-encompassing
23 budget that we're very pleased about.

24 I made the analogy in my report that

1 said it's like -- almost like the Beatles'
2 greatest hits, it's like it keeps going on
3 and on.

4 But using that same analogy, I will
5 say that for our workforce it's been a hard
6 day's night, and they've been working like
7 dogs.

8 We are -- these workers, as John said,
9 are the heart and soul of the work that's
10 done every day. And for them to get a
11 2.5 percent cost of living adjustment --
12 that's also for providers as well. It's not
13 just for the direct-care workers. But for
14 them to get a 2.5 on top of a 5.4 last
15 year -- yes, we acknowledge that the
16 Governor -- that's the first governor to do
17 it two years in a row. But we're really
18 hurting.

19 That 8.5 is a desperate need. It's a
20 clarion call for us to really make sure --
21 and everybody in our entire human service
22 system is calling for that 8.5. And we've
23 had 15 years, essentially, of neglect. We've
24 not had any cost of living adjustments at all

1 except for maybe one or two times over the
2 last 15 years. That's 30 percent relative to
3 the CPI. That's over \$600 million lost to
4 the system. Think of what the system would
5 look like. Think of how much less deaths of
6 despair we would have, how many people
7 would -- there would be less who would be
8 incarcerated, who would be homeless, who
9 would complete suicide. It's just -- it --
10 it's so essential.

11 The Governor's laid out a great
12 vision, but if you don't have the workforce
13 to operate within that vision, then there's a
14 lot of things that are failing.

15 And I will say that there is also hope
16 in terms of -- I mean, you all have been
17 incredibly innovative and supportive of COLAs
18 over the years. And there is a \$24 billion
19 Rainy Day Fund this year. I've never seen
20 anything like this in all my years. And so
21 there's money that's there. And I will say
22 we're talking about less than \$500 million to
23 go from a 2.5 to an 8.5.

24 So within the structure of this, we

1 certainly can advocate strongly that we get
2 from the 2.5 to the 8.5.

3 So thank you very much.

4 CHAIRWOMAN KRUEGER: Thank you.

5 Courtney?

6 MS. DAVID: Thank you. Can you hear
7 me? Okay, great.

8 Thank you, Chairs Krueger and
9 Weinstein, and good afternoon, everyone. I
10 am Courtney David. I am the executive
11 director for the New York State Conference of
12 Local Mental Hygiene Directors.

13 The conference represents the
14 directors of community services, the DCSs for
15 the 57 counties and the City of New York.
16 The DCSs have statutory responsibility under
17 Mental Hygiene Law for the planning,
18 development, implementation and oversight of
19 the mental health system services for adults
20 and children suffering from mental illness,
21 substance use disorder, and developmental
22 disabilities.

23 My testimony today focuses on the
24 conference's priorities to reform the state's

1 competency restoration process, provide an
2 8.5 percent COLA for the human services
3 workforce, and maintaining the role of the
4 local governmental units in local service
5 planning.

6 Strategic and thoughtful planning will
7 be critical to approaching the Governor's
8 budget proposals seeking to add new services
9 or expanding existing services in the current
10 operating environment. We must shore up the
11 foundations of the local systems. Without
12 it, these systems will continue to collapse,
13 and we will see more individuals with mental
14 health conditions interfacing with law
15 enforcement and the court system.

16 The conference and our colleagues over
17 at New York State Association of Counties are
18 advocating for amendments to Section 730 of
19 the Criminal Procedure Law to provide
20 much-needed improvements to the state's
21 current restoration framework. We sincerely
22 thank Chairs Brouk and Gunther for their
23 sponsorship of this bill.

24 Competency restoration are services

1 provided to an individual charged with a
2 crime who is found to lack the capacity to
3 participate in their own defense due to an
4 active mental illness or intellectual
5 disability. Many judges believe that they
6 are helping a defendant with mental health
7 treatment by ordering 730 restoration, but
8 this is simply not the case. Restoration is
9 not treatment.

10 While the majority of these defendants
11 can be restored within 90 to 150 days, there
12 have been cases of individuals languishing
13 for periods of three, six or 10 years.

14 The daily cost of restoration is over
15 \$1100 per day, and the statute requires the
16 counties to pay 100 percent of these charges.

17 Enactment of these reforms as part of
18 the final budget will not only assure these
19 defendants have the ability to receive the
20 most appropriate pathway to care, it will
21 provide a mechanism for local reinvestment.

22 Each and every day the county
23 directors work to find solutions to help
24 support strong mental health services.

1 was texting. Sorry.

2 Senator Mannion first.

3 SENATOR MANNION: Thank you,
4 Senator Krueger. I'm afraid of who that text
5 went to, then.

6 (Laughter.)

7 SENATOR MANNION: This is for anybody
8 on the panel. I asked a question previously
9 about CPEP programs. You know, due to the
10 challenges that we're facing, do you know of
11 CPEP programs that have reduced their number
12 of hours or closed or have, you know, longer
13 wait times?

14 MS. DAVID: I don't have specifics on
15 the numbers, but obviously I think we've seen
16 around the state that the availability for
17 beds in those CPEP hospitals has been very
18 difficult to obtain for folks.

19 MR. LIEBMAN: I don't have an answer,
20 but this is certainly something we can look
21 into as well. I don't have an answer.

22 SENATOR MANNION: And can you provide
23 for me a list of reasons why that has
24 occurred, in your opinion or otherwise?

1 MS. DAVID: Well, I think from the
2 county perspective obviously, you know,
3 there's -- there's a myriad of reasons,
4 right? We have an intense demand for crisis
5 services while exceeding the availability for
6 capacity in these hospitals. We have a
7 workforce crisis that we're also facing.

8 And so, you know, I think the capacity
9 level at the hospitals, you know, even not
10 just these 939 hospitals but just across the
11 board, is, you know, driving up -- driving up
12 the need. As well as, you know, there's a
13 real backlog on being able to have, you know,
14 that immediate access to service. So
15 ultimately it's -- it's just following
16 through the system, so --

17 SENATOR MANNION: Sure. And I ask
18 that with good intentions and to make sure
19 that I provide the opportunity, in the short
20 time that you have up here, to explicitly
21 state where we are and then, you know, help
22 us advocate for significant investment.

23 MR. LIEBMAN: It is, again, as
24 Courtney said, it's -- as you know, Senator,

1 so much of it is workforce. It's just
2 workforce. And it's, again, a great vision
3 that we're talking about more CPEPs coming
4 into the system. We applaud that. But if
5 you don't have the workforce to hire, we
6 already see what's going on with existing
7 systems.

8 So again, that's why we really implore
9 all of you -- and you know, you all get it,
10 that we really have to move that 2.5 to an
11 8.5.

12 SENATOR MANNION: Yes, agreed. And do
13 you believe it would be more effective to
14 focus less on the creation of new CPEPs or
15 expand the existing ones? Or because of the
16 crises that are existing, you know, those
17 workforce challenges are going to persist?

18 MS. DAVID: I mean, to my knowledge, I
19 don't know the number of CPEPs around the
20 state, but it's not many. So not every
21 county has a 939 hospital. So I think
22 creating access -- you know, expanding access
23 to more counties and to more regions I think
24 would be helpful.

1 SENATOR MANNION: Thank you.

2 CHAIRWOMAN KRUEGER: Thank you.

3 Assembly?

4 CHAIRWOMAN WEINSTEIN: Assemblywoman

5 Gunther.

6 ASSEMBLYWOMAN GUNTHER: Thanks for

7 being so patient today.

8 So, you know, we talk all the time,

9 Glenn, and each one of you, and honestly, you

10 know, the 2.5 was absolutely an insult.

11 Eight-point-five is what we need.

12 You know, many of the people -- I

13 don't know people out here, but they don't

14 work one job, but they have to go to two

15 jobs. And, you know, incidents happen when

16 people are tired. And honestly, a lot of

17 them are women, people of color. And it's

18 time for the second floor to start listening,

19 listening to the fact that they're saving

20 lives, they are preventing people from going

21 to jail more than anything -- our jails are

22 full, and a lot of times it's because people

23 don't get the healthcare that they need.

24 And at this point, you know, we have a

1 \$24 million Rainy Day Fund. You know, we
2 have to address the homelessness and make
3 sure that people have the access to the care
4 that they need. And I know all the work that
5 you do, we appreciate it, but we also would
6 appreciate if the Governor would increase the
7 amount of money to save lives and to get
8 people home where they belong. That's it.

9 MR. COPPOLA: Assemblywoman, if we're
10 serious about addressing workforce, it
11 provides us with an opportunity to address
12 structural racism and structural sexism.
13 Because you're absolutely right that the
14 workforce we're talking about is
15 predominantly women and predominantly people
16 of color in many of our programs.

17 ASSEMBLYWOMAN GUNTHER: That deserve a
18 living wage, that deserve to go home to their
19 families after eight hours of work.

20 MR. LIEBMAN: Absolutely. I just want
21 to add real quickly to that as well as that,
22 you know -- and obviously we've talked about
23 this a lot. But there's got to be a real --
24 you know, we shouldn't be coming back year

1 after year for a COLA. That's why we love
2 your bill in terms of like making sure it's
3 there every year. Because we shouldn't have
4 to fight for this. These are people who, as
5 you said, two, three jobs. They're
6 struggling. And they're doing great work.
7 you know, we always say this is
8 mission-driven work. But mission-driven does
9 not put food on the table. You really have
10 to employ our people, you have to give them
11 the money to be able to live lives where
12 they're doing -- they are doing great work,
13 so we need to make sure they have protective
14 factors around them.

15 ASSEMBLYWOMAN GUNTHER: We don't want
16 to see these people in jail. I mean, a
17 police force is not -- they go on a scene and
18 people are acting out and it doesn't lead to
19 good things.

20 So the fact of the matter is we need
21 to invest in this community, it's important,
22 and I think you'll see a decrease in people
23 ending up in jail and a decrease of --
24 usually mental health folks are the people

1 that are attacked, and it will lessen the
2 attacks on those that are vulnerable.

3 CHAIRWOMAN WEINSTEIN: Thank you.

4 To the Senate.

5 MR. COPPOLA: Thank you.

6 Senator Fernandez.

7 SENATOR FERNANDEZ: Thank you so much.

8 What do you think about criminalizing
9 fentanyl? And will it help combat the crisis
10 against opioids? And secondary question,
11 when has penalizing drug users ever been
12 helpful before?

13 MR. COPPOLA: So I didn't understand
14 the second part.

15 SENATOR FERNANDEZ: When has
16 penalizing drug users ever been helpful
17 before in our battle with addiction?

18 MR. COPPOLA: I think the answer to
19 both of those questions is what we're talking
20 about is a public health problem. We're
21 talking about people who have an addiction.
22 Many are people who were prescribed into
23 addiction, who have a legitimate health
24 concern and who were prescribed an opioid and

1 became addicted. That's what happens.

2 And so I think that the approach that
3 we take should be to really look at the
4 availability and the underutilization of
5 medication-assisted treatment as a response
6 to that crisis, and to look at treatment as
7 an alternative to incarceration.

8 The highest-risk group for people to
9 overdose are African-American men coming out
10 of the correctional system. We don't need --
11 and coming out of the correctional system is
12 an important piece of this. We don't need
13 approaches that put more people in prison.
14 If it's a public safety issue, okay, that's a
15 different conversation. But the public
16 health issue, we should be treating it in the
17 public health system and investing in
18 treatment, investing in harm reduction,
19 investing in prevention and recovery work.

20 SENATOR FERNANDEZ: Thank you.

21 And with my other time, there's been a
22 lot of conversation and maybe this is a
23 bigger conversation for another day, about
24 the merger of the two agencies. But today,

1 right now and in this budget, what can we do
2 to ensure that services are being provided
3 for those that might need substance use
4 disorder help and also mental health aid?

5 MR. COPPOLA: Well, I think there's a
6 lot of work going on right now that's looking
7 at this whole issue of integration of
8 services and to what extent do we ensure that
9 there's an expertise, a clinical expertise in
10 mental health programs to address the
11 addiction needs of the people that are
12 sitting in front of them.

13 And similarly, to address the mental
14 health, I thought that Commissioner
15 Cunningham, when she addressed the issue, she
16 highlighted the importance of the -- and the
17 number of people coming into our system. And
18 so I do think that it's an important thing
19 that the training for the people working in
20 our programs has to be across both issues.

21 SENATOR FERNANDEZ: Thank you so much.

22 MR. LIEBMAN: And I think that --

23 SENATOR FERNANDEZ: Go on. Go ahead
24 and answer.

1 MR. LIEBMAN: Thanks, John.

2 I think that where it really -- where
3 the rubber meets the road seems to be around
4 988. There seems to be this recognition
5 through 988 and recognition through the
6 urgent care centers within the framework of
7 behavioral health that there is the mental
8 health component and the substance use
9 component. And I hope that drills down to
10 other areas. I hope it certainly drills down
11 in school settings as well, where I think
12 we're really missing the whole discussion
13 around school mental health and substance use
14 services.

15 SENATOR FERNANDEZ: I agree. Thank
16 you so much.

17 CHAIRWOMAN KRUEGER: Thank you.
18 Assembly.

19 CHAIRWOMAN WEINSTEIN: Assemblyman
20 Gray.

21 ASSEMBLYMAN GRAY: Thank you very
22 much. I appreciate you all being here this
23 afternoon. We'll move quickly here.

24 Homelessness: It is driven by

1 substance use and behavioral health issues as
2 well as cost. And then housing instability
3 also perpetuates substance use. Do you
4 think -- do you think we're doing enough in
5 this budget to address that? I think we have
6 \$6.4 million in this year's budget. That
7 would be number one.

8 And then for Director David, if you
9 could speak to what do you think we should do
10 on CIT to get more participation from
11 law enforcement.

12 And lastly, first of all -- and then,
13 first of all, I'll address that I think the
14 2.5 percent inadequate; I support your
15 efforts there.

16 And telehealth for substance use,
17 that's -- you know, that community is very
18 manipulative, and so I think it's -- to me I
19 think it's a danger. But if you have
20 comments on that, I'd like to hear it.

21 And then vaping, if you have any
22 comments in terms of would you support
23 licensing retail outlets that sell vaping
24 products?

1 Thank you.

2 MS. DAVID: Any takers?

3 CHAIRWOMAN KRUEGER: Thank you.

4 Senator Oberacker.

5 MS. DAVID: I think -- can I answer
6 him?

7 CHAIRWOMAN KRUEGER: Oh, I'm sorry,
8 you had time. I apologize. Yes, please
9 answer.

10 MS. DAVID: So real quick, just with
11 regard to the housing question, I think
12 obviously all of our county directors realize
13 that there is a real need for housing from
14 all sides, right. And, you know, I know that
15 the Governor has supported the supportive
16 housing for another year. I know that
17 they're still severely underfunded, but, you
18 know, obviously we support increases to those
19 services.

20 As far as CIT, on the county level
21 I -- a lot of law enforcement are already
22 being trained in CIT. Obviously, you know,
23 our counties will work with the state on
24 pushing out those programs, but -- I get so

1 nervous by that bell. And so yes, we will
2 always support, you know, more funding and
3 access for CIT programs.

4 MR. COPPOLA: I think to add to the
5 housing dimension of what you were talking
6 about, I think that it's critical that we
7 look across systems. When people who are
8 housing-insecure, when they get treatment for
9 their addiction, they're able to move into
10 supportive housing and then into permanent
11 housing and from unemployment to employment.
12 So we're underutilizing, I think, the OASAS
13 system in helping to address the needs of
14 people who are unsheltered.

15 MR. LIEBMAN: And also just quickly,
16 when you asked your first question, is this
17 enough funding -- there's never enough
18 funding. I think that the mental health
19 budget is funded like we'd never seen it
20 before, but as we've talked about, the
21 workforce is integral to all this. And
22 again, it's a great budget, best I've seen in
23 my 20 years here. But if we don't have the
24 workforce to, you know, take care of all the

1 work that's got to be done, then ...

2 CHAIRWOMAN KRUEGER: And now I'm going
3 to stop you. I apologize, before.

4 Thank you. And now Senator Oberacker.

5 SENATOR OBERACKER: Thank you,
6 Madam Chair.

7 I don't know who's more excited, me to
8 ask my question or for you to have me ask my
9 question. But I thank you for that. And
10 thank you all for coming this afternoon.

11 You know, we talk a lot about database
12 decisions and harm reduction. I'm a member
13 of my local EMS squad. And one of the
14 interesting parts about it is we really don't
15 have true numbers as to the number of
16 overdoses that we see, and it's because of
17 how we calculate that. Overdoses are not
18 calculated -- in our county, at least, and
19 I'm sure across most -- if they don't result
20 in death.

21 And so one of the areas that I'd
22 really like to expand upon is I'm thinking I
23 have it worked out in my mind, if you will,
24 on how to really get the actual number. And

1 for me it would be potentially Narcan that is
2 used in the field. I was on a recent call
3 where we had two that we actually brought
4 back. And to me, that's an overdose.

5 But until we really get the true
6 number, until we really get what is really
7 going on out in the field, so to speak, I
8 don't think we can fully address it. Nor is
9 that reflected in our budget.

10 So I'm just wondering, is there some
11 way you can help me to help you get that
12 number?

13 MR. COPPOLA: I think we have to look
14 at the lack of coordination from one county
15 to the other across the state. Some counties
16 are plugged into national networks, some
17 counties are not.

18 The lessons learned from COVID in
19 terms of being able to talk about statistics
20 that happened yesterday, by far, you know,
21 sort of outweighs what's been achieved
22 relative -- it's not okay to be talking about
23 2021 rates. What about last week? What
24 about last month? What about two months ago?

1 Two months ago is even not adequate.

2 So we've really -- I think the idea of
3 standardizing how it's approached so that
4 we're not just talking about deaths, we're
5 talking about -- how many people are in
6 hospitals with brain damage as a consequence
7 of an overdose? How many people, as you
8 pointed out, have been saved by their friends
9 because of the availability of naloxone? It
10 has to be standardized and it has to be a
11 concerted effort.

12 SENATOR OBERACKER: Thank you for
13 that. And off this hearing, I would love to
14 have a further discussion on that to be to
15 maybe construct some piece of legislation
16 that would address that.

17 Again, thank you, and I cede the rest
18 of my time.

19 CHAIRWOMAN KRUEGER: Thank you.
20 Assembly.

21 CHAIRWOMAN WEINSTEIN: Assemblyman
22 Steck.

23 ASSEMBLYMAN STECK: Yes, thank you,
24 Madam Chair.

1 I happen to be a dissenter in this
2 Legislature; I do not believe there's
3 adequate revenue in the state. I believe
4 that for the last 40 years the financial
5 industry and the Bezos and the Musks of the
6 world have been siphoning off most of the
7 resources of this society. I think New York
8 is an extreme case of that. We are pouring
9 money into so-called public-private
10 partnerships which benefit the private and
11 the public gets screwed.

12 But that all having been said, I don't
13 realistically see that changing. The
14 New York State budget is a series of
15 partially funded programs.

16 So here's the question. The question
17 is if I wanted to make a recommendation of an
18 amount of money to be put in the budget --
19 not for all the things that you would like,
20 but for an increased reimbursement rate for
21 those in the substance abuse field who would
22 treat mental health disorders, co-occurring
23 disorders as well, would you be able to put a
24 number on that? And if so, what would it be?

1 MR. COPPOLA: So the number would be
2 500 million. The number was arrived at by a
3 cross-section of addiction and mental health
4 providers who looked at workforce as a
5 primary issue and would -- and also the
6 challenges of creating more funding equity
7 and addressing underserved communities. And
8 it was seen as a way to get at addressing
9 some of the huge gaps in services, the
10 disparities across systems, et cetera.

11 But that was a consensus, I believe
12 consensus opinion on the part of a good
13 number of advocacy organizations.

14 MR. LIEBMAN: Yup. Well said. I
15 agree.

16 One other thing, though, Assemblyman.
17 This is just kind of -- kind of a
18 long-term-vision piece, is that, you know, in
19 terms of dollars, John's right, we reached a
20 consensus around 500 million and certainly
21 going to 8.5 percent around the COLA.

22 But one of the other things that we
23 should be looking at -- and I don't think
24 it's necessarily aspirational -- but I think

1 we should be looking at what do we do
2 long term for our 800,000 people in the human
3 service sector. Why don't we have, much like
4 state workforce does, much like the police,
5 much like firefighters, much like teachers,
6 why don't we have some sort of pension
7 system? Why don't we have the ability for us
8 to -- in order to retain and recruit quality
9 staff, why don't we have some sort of
10 stepladder of -- a ladder where people can
11 move up and say, I've now been with this
12 nonprofit for 10, 15 years and I get X amount
13 upon my retirement? We should be looking at
14 things like that.

15 ASSEMBLYMAN STECK: Revenue.

16 CHAIRWOMAN WEINSTEIN: Senate?

17 CHAIRWOMAN KRUEGER: Thank you.

18 Senator O'Mara.

19 SENATOR O'MARA: Thank you.

20 Mr. Coppola, you've mentioned some
21 200-and-some-million-dollar cut. Can you --
22 I missed it when you said -- what aspect is
23 that?

24 MR. COPPOLA: That's the OASAS local

1 assistance budget. And again, I think the
2 commissioner explained that the -- there was
3 a -- part of that was the Opioid Stewardship
4 Fund and it was going to spread out over five
5 years. So there's a mathematical explanation
6 for why there's \$240 million less in local
7 assistance.

8 And I'm suggesting that if indeed it
9 was the case that you could take
10 \$246 million, because you already have it
11 someplace, and move that 240 someplace else,
12 I say, well, before we do that, we should ask
13 an extraordinarily simple question: Are
14 there any needs in the addiction service
15 delivery system right now that would benefit
16 by us using that \$240 million a little bit
17 differently?

18 And I'm not talking about the 240 that
19 got shuffled in other places or got used
20 differently, but --

21 SENATOR O'MARA: Is some of that money
22 money that wasn't spent last year that's
23 being reappropriated for this year?

24 MR. COPPOLA: Well, the category of

1 Aid to Localities minus 240 is -- is -- I'm
2 not sure of the mechanics. It might be
3 that -- I think if it was a reappropriation,
4 it would have showed up on that line and you
5 wouldn't have a minus 240.

6 SENATOR O'MARA: Okay. Because my
7 notes are showing some reappropriation of
8 about 200 million --

9 MR. COPPOLA: But I do think that we
10 have the creativity to ask that very simple
11 question. Like could this funding -- before
12 we go someplace else with it, could it be
13 used, could we use it for a different
14 purpose?

15 SENATOR O'MARA: Well --

16 MR. COPPOLA: Productively.

17 SENATOR O'MARA: I think we know the
18 answer to that, and there's a great need, and
19 it's there. You know, we can -- we can find
20 a billion dollars to support migrants in a
21 sanctuary city that invited them, but we're
22 not funding mental health programs.

23 MR. COPPOLA: And there was a billion
24 dollars, a billion dollars of new money as a

1 consequence of the expansion of gambling. A
2 billion dollars of new money into the state.

3 SENATOR O'MARA: In the last minute,
4 if you can, dual diagnosis, co-disorders.
5 Are we making progress on getting
6 practitioners in the field to enough levels
7 to be dealing with this? Because these dual
8 diagnoses, in everything I'm hearing, is kind
9 of some of the root causes of homelessness
10 and crime that we're seeing.

11 So what kind of progress are we making
12 in that area?

13 MR. LIEBMAN: I think there's progress
14 being made. I think there's one thing in the
15 budget that I am excited about -- well, I'm
16 excited about a lot of things. I think there
17 is -- and Commissioner Sullivan referenced it
18 this morning -- there is a sort of a version
19 of a CASAC for mental health. This is
20 something where paraprofessionals can be
21 working in the mental health field, coming up
22 and rising up the ladder in terms of the
23 progression in terms of, you know, moving up,
24 not necessarily with a college degree.

1 And I, like you, am encouraged and
2 enthusiastic that things have changed and
3 that we are having very real conversations
4 about how to improve our mental health
5 industry, really.

6 So I want to pick up on something that
7 you mentioned, Glenn. And surprise, it's
8 about workforce and it's about the COLA. And
9 the reason I want to bring it up is because
10 you said something that I think is worth
11 repeating. And it's this notion that in a
12 field where my fellow chairperson
13 Assemblywoman Gunther mentioned, it is a lot
14 of times women, a lot of times people of
15 color, a lot of times folks with multiple
16 jobs.

17 There's this notion that we believe,
18 the powers-that-be believe you have to be
19 passionate for this work. And I used to work
20 in the nonprofit sector and I remember
21 thinking, well, you're just so passionate and
22 you love what you do; you're not here for the
23 money. But it turns out you need the money
24 to support your family and to support

1 yourself and to pay back your student loans
2 and your rent and your groceries and the
3 like.

4 And so I am encouraged to hear you
5 talking about that, because I think we need
6 to get away from this idea that the passion
7 can pay the bills.

8 So I would love for you quickly to put
9 a fine point on why we need a higher COLA and
10 why it needs to be yearly.

11 MR. LIEBMAN: Well, I think we need a
12 COLA because, again -- and thank you for the
13 question, because our workforce is
14 desperately in need of support. As you said,
15 we can't just rely on mission. Mission has
16 to pay more than \$15 an hour.

17 We have people -- we are asking people
18 across the human service sector, across the
19 mental health sector, to do incredible work,
20 to do, you know, as you said, working two
21 jobs, doing all this stuff. And what they're
22 doing is they're helping the most vulnerable
23 New Yorkers. People with very difficult,
24 complex cases, they're helping them and

1 together to make sure that your voices are
2 heard in that as well.

3 MS. DAVID: Absolutely. I'll
4 definitely follow up with you on that.
5 Thanks.

6 CHAIRWOMAN KRUEGER: Thank you.

7 No other Assembly? Thank you.

8 I do have one question. So the mental
9 health commissioner earlier today testified
10 that they had a new program planned on mental
11 health associates, I believe is the term she
12 used. And she referenced that they were
13 taking a good idea from the substance abuse
14 world. So since you're all here together and
15 we know we have a desperate shortage of
16 mental health providers, is it a good idea?

17 MR. LIEBMAN: I have a bias because my
18 son is a CASAC, so I have a CASAC bias that
19 my son, as somebody who didn't traditionally
20 go to college or anything like that, went
21 through the paraprofessional approach and
22 went through and now he's in college, which
23 is great. But this was a line for him to be
24 able to go through. He was able to get his

1 CASAC, he was able to get -- go to school,
2 get his CASAC. Now he's actually on the job
3 training to get his -- move from a CASAC-T to
4 a full CASAC.

5 It is something that we've wanted to
6 see in mental health for many years. There
7 are many paraprofessionals in mental health.
8 We often talk in mental health about the
9 clinicians, the social workers, the
10 psychologists, the psychiatrists --
11 absolutely. But we need those other folks to
12 be in there every day.

13 So I think -- personally, it's an idea
14 I applaud. And I think that, again, it also
15 creates gradations where people can move up
16 the ladder, which I think is very hopeful.
17 And again, it's going to take time to mature
18 and figure it out, but I am very enthusiastic
19 about it.

20 CHAIRWOMAN KRUEGER: Anyone else?

21 MR. COPPOLA: I think if it's modeled
22 after the CASAC, it provides an opportunity
23 for people to come into the field.

24 But many times people with lived

1 experience who potentially were in a peer
2 role and want to move into a more clinical
3 role, it's an excellent opportunity to
4 compound the workforce.

5 It also gives people who have lived
6 experience in multiple systems, including the
7 corrections system, where I think OMH needs
8 to have much more flexibility in terms of
9 employing people who have had experience in
10 the justice system, in the criminal legal
11 system -- to make sure that they have access
12 to jobs as well.

13 MR. LIEBMAN: Very good point.

14 CHAIRWOMAN KRUEGER: In my, oh, few
15 seconds left -- is that okay?

16 CHAIRWOMAN WEINSTEIN: You're okay.

17 CHAIRWOMAN KRUEGER: So the Governor
18 vetoed a bill that surprised me, which would
19 have simply required that when courts were
20 ordering people with a substance abuse issue
21 into some kind of drug treatment plan, that
22 they weren't going to have to offer
23 non-religious-based programs.

24 So we know a lot of the 12-step

1 programs out there have a religious theme.
2 And it works great for some people, but not
3 everyone's comfortable with that.

4 Do you understand why the Governor
5 would veto simply saying you should have on
6 your list providers that are not religiously
7 based?

8 MR. COPPOLA: It doesn't sound to me
9 like it gives all of the options that people
10 should have. It would seem to me that if
11 some people feel comfortable in a different
12 kind of 12-step environment, that that would
13 be something -- and I think, right, it would
14 be -- I think it's helpful to offer people
15 all of the options.

16 CHAIRWOMAN KRUEGER: Thank you. My
17 time is up perfectly. Thank you.

18 Assembly?

19 CHAIRWOMAN WEINSTEIN: Yes,
20 Assemblyman Brown for three minutes.

21 ASSEMBLYMAN KEITH BROWN: Thank you,
22 Chairwoman.

23 John, if I may, I'd like to drill down
24 on some of the numbers that you talked about

1 in your opening. You talked about the minus
2 240 million. When the commissioner was here,
3 Dr. Cunningham was talking about the fact
4 that it was caused by Opioid Stewardship
5 funds. She didn't elaborate because we
6 didn't have time.

7 But could you like explain that a
8 little bit to members?

9 MR. COPPOLA: So my understanding is
10 that the Opioid Stewardship Fund was to
11 collect \$200 million. I believe that that
12 was kind of a one-time collection, which to
13 me I don't understand that at all. It seemed
14 to me like, well, why not every year?

15 But my understanding is that the
16 intention was that it be spent over a
17 five-year period and that the sort of the
18 decrease in the total number in the budget
19 accommodates the moving forward into future
20 fiscal years some of the \$200 million.

21 ASSEMBLYMAN KEITH BROWN: So was that
22 state money that was allocated previously,
23 or --

24 MR. COPPOLA: It was money that was

1 garnered from the pharmaceutical industry and
2 created this fund, and then the fund was
3 allocated to OASAS. And so I think the
4 budget process includes along with any other
5 funding that comes into -- that has
6 OASAS's name on it.

7 ASSEMBLYMAN KEITH BROWN: So -- but
8 that's different than the Opioid Settlement
9 money -- that since has come.

10 MR. COPPOLA: Correct. Correct.

11 ASSEMBLYMAN KEITH BROWN: And then you
12 mentioned something about half a million
13 dollars across OASAS. I wasn't sure -- I'm
14 not sure if I caught it completely, but you
15 were talking about the deficiencies in the
16 budget, what you meant by that.

17 MR. COPPOLA: So -- I mean, I think
18 OASAS has been underfunded for decades. It
19 was unusual that it would be the only state
20 agency cut in the years where things were,
21 you know, okay.

22 So I think, you know, you have a
23 commissioner, new commissioner, who's done a
24 really good job establishing an Office of

1 Diversity and an Office of Harm Reduction.
2 And my concern, is she going to be given the
3 resources that she needs to do both of those
4 really well? They were criticized when they
5 weren't doing it well, and then when they get
6 a commissioner who helps to create those
7 offices, does she get the resources to do it
8 adequately?

9 So again, I think that there is -- you
10 know, if you look at any part of the
11 system -- say, let's talk about recovery
12 homes -- and this is one of the problems I
13 have with this hearing. The commissioners
14 are in a position where the only thing they
15 can do is tell you all the good things that
16 are going on. They can't talk to you about
17 gaping holes in the system. So we talk about
18 recovery and all the nice recovery deals
19 we're going to do.

20 Well, how many counties do we have --
21 how many recovery centers should we have in
22 New York City? I think a lot. Not one in
23 each borough. Not 10 in each borough. We
24 should have a lot of recovery centers. They

1 should be all over the place. And we're
2 talking about 36 or 27 -- we're talking about
3 low numbers.

4 Harm reduction we've talked about
5 forever, and we do next -- the commissioner
6 was talking about thirty -- a small number of
7 programs. We need a lot more. There's so
8 many holes in the system that need to be
9 filled.

10 ASSEMBLYMAN KEITH BROWN: Great.
11 Thank you.

12 CHAIRWOMAN KRUEGER: Thank you.

13 I believe we are now both closed, both
14 houses. Yes?

15 CHAIRWOMAN WEINSTEIN: Yes.

16 CHAIRWOMAN KRUEGER: Okay. So I want
17 to thank you all very much for your hard work
18 on behalf of New Yorkers every day, and for
19 your testimony here this afternoon.

20 MR. COPPOLA: Thank you.

21 MS. DAVID: Thank you very much.

22 CHAIRWOMAN KRUEGER: I'm going to
23 excuse you, call up the next panel, which
24 is -- sorry, as we're moving along --

1 Citizens' Committee for Children, New York
2 Creative Arts Therapists, New York State
3 Coalition for Children's Behavioral Health,
4 and New York Association of Psychiatric Rehab
5 Services.

6 Good afternoon, everyone. Thank you
7 for being with us. Okay, let's start with my
8 left, your right, with Harvey first.

9 MR. ROSENTHAL: Good morning --
10 actually, good afternoon.

11 CHAIRWOMAN KRUEGER: Yup, afternoon.

12 MR. ROSENTHAL: So I put this on a
13 laptop; I kept cutting it to try to get to
14 three minutes. Wish me luck.

15 So I am Harvey Rosenthal. I'm a
16 person in recovery, long-term recovery. I
17 began my career in a mental hospital as a
18 patient in 1970. I've worked in the field
19 for 45 years since. I've been an advocate
20 for 30. And I represent people with -- tens
21 of thousands of people across the state who
22 are deemed to have serious mental illness.

23 And I will tell you that the
24 perspective that they have right now is

1 feeling blamed for the problems we're dealing
2 with. They're called hard to serve, frequent
3 flyers, noncompliant, public safety threat,
4 treatment resistant to people of color. This
5 is our job for not -- it's our failure to
6 engage people. And to help them live and
7 thrive in the community, and to see them as
8 people who need public health help as well.

9 In terms of the COLA, I've been
10 helping a woman who's had major symptoms.
11 She's had trouble, you know, with her
12 thinking and where she's going to live. She
13 was terrified of being in a hospital and
14 injected involuntarily. We couldn't find
15 crisis services in Albany or in Warren
16 County. They had the beds but they didn't
17 have the staff. She's in the hospital, she
18 got injected with medication. Shouldn't have
19 happened.

20 In terms of hospitals, I'm going to
21 take a different view here. I don't think we
22 can hospitalize ourselves out of this. I
23 don't think this is about more and more beds.
24 Change doesn't happen in a hospital. In some

1 cases it's \$3,000 a day to get medication.
2 It doesn't really cause change.

3 And more beds -- you have failed
4 discharges. The revolving door in these
5 hospitals is so cyclic. People are in and
6 out of these hospitals in 20 -- you know,
7 they're back five, 10, 15 times a year.

8 CHAIRWOMAN KRUEGER: (Mic off.)

9 CHAIRWOMAN WEINSTEIN: Pull the mic
10 closer.

11 MR. ROSENTHAL: They're back -- did
12 you get any of it? Want me to start again?
13 Okay. Five, 10, 15 times a year. So if
14 hospitals were working, you know, then why
15 are people leaving? It's the failure of the
16 discharge plan. The failure of the community
17 services.

18 And if I have a little time, I guess
19 I'll say when people leave, they need
20 something than they get now. When they leave
21 and it's not a failed discharge, they leave
22 with a person who will support them and
23 follow them into the community. That's a
24 peer bridger. We don't need warm hand-offs,

1 we need somebody to stay with people for a
2 period of time.

3 If people are in a crisis, we have
4 crisis stabilization centers, but that's only
5 for one day. We have peer crisis -- I'm
6 sorry, respite programs that will be for
7 28 days. We need more of them. I have the
8 cost of those in here.

9 We need -- and when people are
10 discharged during crisis, they need pathways
11 home. Housing often excludes people if
12 they're using or symptomatic. We have
13 models -- all of these are in New York, made
14 in New York. We have models that will take
15 people; we don't have enough of them. Not
16 just housing, but housing first.

17 We need a place to go. So a person to
18 be with, a place to live that will take you,
19 and a place to go. There's clubhouses
20 programs being increased in the city. We
21 don't have any upstate. They were all killed
22 off. So we need more of them.

23 And there's a bunch of criminal
24 justice bills that I -- that are in my

1 testimony that we should be also approving.

2 But we can do this in the community.

3 This obsession with hospitals is not going to
4 get it done. It's costly. Change doesn't
5 happen. We can help people before they go to
6 the hospital. And after, in a much better
7 way.

8 CHAIRWOMAN KRUEGER: Thank you.

9 Next?

10 MS. FAGEN: Hi. Thank you so much for
11 having me. I'm really happy to be able to
12 provide testimony today.

13 My name is Drena Fagen. I am a
14 licensed clinical social worker and a
15 licensed creative arts therapist. I've been
16 in the field for about 23 years. I'm a
17 co-owner and director of a private creative
18 arts therapy practice based in Brooklyn and
19 the Hudson Valley. We have 20 creative arts
20 therapists.

21 I'm so grateful, our whole team is so
22 grateful for this bill and efforts by the
23 Governor and the Legislature to close the
24 provider gap and to expand services. This is

1 a relentless mental health crisis, and we are
2 feeling it as an outpatient mental health
3 provider. Even though we are private, we
4 feel it too.

5 It's been really interesting to sit
6 here today and listen to all the discussion
7 about paraprofessionals and mental health
8 associates, and that's -- I'm actually here
9 to talk about a provision of the bill that I
10 find very concerning, and those two things
11 seem to be related.

12 Part Q intends to amend the Social
13 Services Law to allow Medicaid reimbursement
14 for licensed mental health counselors and
15 licensed marriage and family therapists. Our
16 concern is that the entire profession in
17 which I am licensed, licensed creative arts
18 therapists, is excluded from this bill.

19 There were four mental health
20 practitioner licenses all licensed at the
21 same time in 2005. We all have, at this
22 point, almost 20 years of experience in the
23 field. The other field that I'm not
24 representing but is also missing from this

1 bill is licensed psychoanalysts.

2 Not including qualified, licensed
3 therapists who already are licensed in this
4 state -- this seems to undermine the state's
5 effort to solve the current crisis.

6 Creative arts therapists are on the
7 frontlines after tragic events like mass
8 violence, natural disasters. They commonly
9 work with veterans with PTSD. They're in all
10 these hospitals that he's talking about.

11 One of my early jobs was working with
12 sexually abused kids in an outpatient mental
13 health facility. And the only reason I could
14 work there was because it was grant-funded.
15 It was grant-funded by an international
16 organization, not even a national
17 organization. That may actually still be
18 going on, because there is no line of funding
19 for us within the clinic model.

20 After 9/11, our therapists were the
21 first to be activated to provide immediate
22 support and their services were covered by
23 commercial insurances -- and that was before
24 we were licensed.

1 So our value as clinicians is known,
2 but it's not being leveraged in our state,
3 and it's very confusing to me. We have
4 master's degrees and specialized skills that
5 are effective for folks where talk therapy
6 may not serve them well. Or they may feel
7 stigmatized by the standard mental health
8 model, especially children, people from
9 different cultures, immigrants, et cetera.

10 In my quick last little bit here, I
11 want to read an email that we get so many of
12 these at our practice: "I'm a foster mother
13 to a 4-year-old girl. We've been trying to
14 get her into therapy for months, and her law
15 advocate just recommended we reach out for
16 creative arts therapy services. She is on
17 MetroPlus Medicaid. Can you accept it? If
18 not, can you prorate your rate so we can be
19 seen?"

20 I have more, but that's my time.

21 Thank you.

22 CHAIRWOMAN KRUEGER: Thank you.

23 Good afternoon.

24 MS. CRISTALLI: Thank you. Good

1 afternoon. I'm Maria Cristalli, and I serve
2 as the president and CEO of Hillside and the
3 board chair of the New York State Coalition
4 for Children's Behavioral Health.

5 Our coalition represents approximately
6 40 provider organizations serving youth and
7 families throughout New York State. And
8 here, on behalf of them, we're thrilled with
9 the investments that the Governor and her
10 budget is making in mental health. Certainly
11 concur with lots of the programs that were
12 highlighted by the commissioner this morning.

13 But I do want to emphasize a few areas
14 that were part of my written testimony.

15 First and foremost, parity. A parent
16 called me last week from the emergency room.
17 We've heard a lot about that in the
18 newspapers and stories today. She's been out
19 of work, her husband out of work, to try and
20 manage her son's behavior. She's been unable
21 to get services. She has commercial
22 insurance, and she's not able to access some
23 of the services that families that utilize
24 Medicaid are.

1 We can change that with parity. It's
2 very important. We have a wonderful service
3 array called the Child and Family Treatment
4 and Support Services, and that allows for
5 peer support, assessment, skill building.
6 Let's expand the access to include more
7 families, to avoid going to the hospital and
8 costly out-of-home placement.

9 The other point that I want to
10 emphasize today is workforce. Workforce at
11 our organization -- and I know I speak for
12 many of my colleagues that are part of the
13 coalition -- we have several hundred openings
14 and, for Hillside, several hundred out of
15 1800 staff. We can't deliver current
16 services and the future services that the
17 Governor is looking to expand.

18 What should we do? The 8.5 percent
19 COLA, thank you for the support today for
20 that. It's really important. Let's include
21 more disciplines in there, though. Let's
22 also include domestic violence workers.
23 Let's include prevention workers and health
24 home care managers. Critically important to

1 the services that are provided for children.

2 Loan forgiveness. The commissioner --
3 I was delighted to hear that she talked about
4 expanding mental health practitioners in the
5 loan forgiveness program. We need to make
6 sure that happens. That is really important
7 for our staff of color that want to move on
8 to roles that require education. It's also
9 important to have programs for them and our
10 direct service workers that fund full
11 scholarships for underserved communities.

12 We at Hillside have a workforce that
13 represents the populations that we serve.
14 Many organizations do the same. However,
15 their mobility into leadership roles needs to
16 be resourced.

17 And we really appreciate the support
18 of the Legislature and are happy to take
19 questions when it's time. Thank you.

20 CHAIRWOMAN KRUEGER: Thank you.

21 And last? Hi.

22 MS. BUFKIN: Good afternoon. My name
23 is Alice Bufkin. I am the associate
24 executive director of policy and advocacy at

1 Citizens' Committee for Children. We're a
2 multi-issue children's advocacy organization
3 dedicated to ensuring every New York child is
4 healthy, housed, educated and safe.

5 We also help lead the Healthy Minds,
6 Healthy Kids Campaign, which is a statewide
7 coalition of families, advocates, providers
8 focused on ensuring every child has access to
9 the behavioral health services that they
10 need.

11 Thank you, chairs and members of the
12 committees, for holding today's hearing. I
13 want to first echo what so many before me
14 have said, which is it is significant and
15 meaningful to have behavioral health elevated
16 in the way it is in the Executive Budget.
17 And it gives hope for a truly transformative
18 system moving forward.

19 In particular, CCC supports funding
20 targeted towards children and adolescents,
21 including funding for school-based mental
22 health clinics, HealthySteps and home-based
23 crisis intervention, youth suicide prevention
24 and wraparound services. However, we must

1 also underscore the reality facing thousands
2 of families across the state, a result of
3 chronic underinvestment in the children's
4 behavioral health system.

5 Children are sitting on waitlists for
6 months, half a year, a year -- and some of
7 them won't get off those waitlists until it's
8 too late. Death by suicide is the second
9 leading cause of death for children age 15 to
10 19. Rates of anxiety and depression have
11 risen significantly during COVID. Provider
12 shortages are overwhelming, and --

13 ASSEMBLYWOMAN GUNTHER: Can you slow
14 it down just a little bit?

15 MS. BUFKIN: Sure, I'm sorry. It's
16 that three-minute mark, trying to hit it.

17 ASSEMBLYWOMAN GUNTHER: (Inaudible.)

18 MS. BUFKIN: No, of course, I'm so
19 sorry.

20 Provider shortages are overwhelming,
21 and finding timely mental health supports for
22 families is isolating, exhausting, and often
23 impossible.

24 This is why we first ask that at least

1 half of the proposed billion dollars for
2 behavioral health funding be invested in
3 services for children and families. It's
4 clear that we have inadequate funding across
5 the board. But it is a historical
6 reality that when funding amounts are
7 unspecified, the minority goes to children
8 and families.

9 Our state is unfortunately in a
10 never-ending cycle where children and young
11 people fail to get the mental health supports
12 they need, they cycle in and out of ERs and
13 hospitals, and then they become adults who
14 also can't get the mental health supports
15 they need. We have to break this cycle by
16 investing in more upstream services.

17 We also want to reiterate what so many
18 have said and will say again. We cannot
19 address chronic waitlists and access issues
20 without having the staff to provide services.
21 We join others in supporting the 8.5 percent
22 human services COLA, having reimbursement
23 rates that match the cost of care, and having
24 recruitment and retention strategies,

1 especially those that support bilingual and
2 BIPOC staff.

3 We also strongly support providing
4 \$5.5 million for flexible state funding for
5 family and youth peers that are providing
6 services outside of Medicaid.

7 And finally, we greatly appreciate the
8 Governor's proposal to address issues of
9 network adequacy and parity. Commercial
10 insurers continue to operate with impunity in
11 our state, maintaining deeply inadequate
12 rates that result in a deeply inadequate
13 provider network, ultimately contributing to
14 the number of children who are sent to ERs,
15 forcing families to choose between therapy
16 and basic needs, and subsidizing their
17 practices on the backs of Medicaid.

18 To truly ensure these practices are
19 addressed, the state must invest more in
20 parity and network adequacy enforcement, and
21 hold managed care companies responsible for
22 the contracts they've committed to, including
23 enforcing the COLA from last year.

24 And I'll just say in general we really

1 urge the parity between commercial insurance
2 rates and APG Medicaid rates.

3 Thank you so much for your time.

4 CHAIRWOMAN KRUEGER: Thank you very
5 much.

6 Our first questioner, Senator Samra
7 Brouk.

8 SENATOR BROUK: Thank you.

9 Hi. Good afternoon. I have to start
10 with a shout out to my Rochester rep here.
11 Maria, thank you for joining, thank you for
12 being a voice for Hillside and so many
13 children who get such good care through
14 Hillside, but also in your position here as
15 board chair.

16 And it's so great to see Harvey. I'm
17 sorry I missed your speaking portion, but I
18 do have a question for you. And it's great
19 to see everyone else as well.

20 I do have a question, Harvey,
21 specifically about peer programs. I know
22 that we were very encouraged to see the
23 inclusion of INSET in the Governor's budget,
24 but I know that we've also discussed the need

1 to include peers in more places, right, of
2 intervention. Can you talk about some places
3 you see where we could expand peer services?

4 MR. ROSENTHAL: Absolutely.

5 First I want to thank Mrs. Gunther.
6 You funded the peer INSET program for three
7 years, the Governor picked it up finally.
8 It's a big coup for peer engagement, engaging
9 people who otherwise would have been in,
10 under Kendra's Law, forced treatment.

11 So everything I mentioned earlier,
12 Senator, is really peer-run, and they are a
13 gamut, if you engage people voluntarily. But
14 these are peer-run, the agencies are
15 peer-run. And that's the difference between
16 inserting a peer, you know, anywhere and
17 calling that a peer program. It's not.

18 So I would say the engagement service,
19 like INSET, is really critical. I would say
20 also the crisis respite program we mentioned
21 earlier. You funded the subsidization
22 centers, but again it's only one day. There
23 are respite programs for 28 days where people
24 should go. We need a lot more of them.

1 We also need -- where did I have it
2 here. The peer bridger programs, which we
3 created, helped thousands of people who left
4 state hospitals but also local hospitals.
5 People need to leave with a peer bridger from
6 a local hospital. They keep sort of coming
7 back. We've got to find a way to fund a lot
8 of them.

9 And clubhouses and recovery centers
10 are places where people need to go during the
11 day. All of them are peer-run.

12 SENATOR BROUK: Thank you.

13 My next question is to Maria. You
14 know, speaking about the mental health loan
15 repayment program -- and I know that there
16 was a request to try to expand that program.
17 Can you go into a little more specifics -- as
18 much as you can in 40 seconds --

19 (Laughter.)

20 SENATOR BROUK: -- about who that
21 would include and how that helps?

22 MS. CRISTALLI: Well, you know,
23 Senator Brouk, thank you. I would tie it
24 back to our expanded scope of license -- so

1 licensed mental health practitioners, our
2 licensed clinical social workers, our
3 licensed marriage and family therapists,
4 behavioral health analysts. We want to make
5 it as wide as possible, because all of the
6 services that were talked about most from
7 this morning utilize multidisciplinary teams.
8 So we need to make sure they have an avenue
9 for getting their education and repaying back
10 their loans.

11 SENATOR BROUK: Well done.

12 In my last seven seconds, I just want
13 to put a finer point on that. I think what
14 we've seen is these kind of artificial
15 boundaries, right, around who gets paid more
16 and who doesn't, and clearly that doesn't
17 work.

18 Thank you.

19 CHAIRWOMAN KRUEGER: Thank you.

20 Assembly.

21 CHAIRWOMAN WEINSTEIN: Assemblywoman
22 Gunther.

23 ASSEMBLYWOMAN GUNTHER: So I'll be
24 quick.

1 You know, we talk a lot about
2 hospitalizations, we talk about chronic --
3 the emergencies that happen. You know, if we
4 would invest the money at the beginning when
5 people need help, we could keep people out of
6 beds in OMH, we could keep people out of
7 hospitals and the emergency room, which is
8 really expensive. Add on the ambulance, keep
9 adding it on.

10 And instead of providing safe
11 housing -- safe housing where, you know, the
12 ultimate goal would be to have someone in
13 that safe housing that would know how to work
14 with people that had disabilities or mental
15 health -- a history of mental health issues.

16 You know, I think that other countries
17 have really done things like this. They've
18 done that. And, you know, I'm hoping that
19 Kathy Hochul is listening, because I'd rather
20 invest our taxpayer money in the health and
21 safety of people, rather than see them in
22 jail because they're combative when someone
23 goes after them and they're paranoid.

24 There are so many things we could talk

1 about. And we've seen it happen where
2 someone's dragged into the emergency room.
3 It's all terrible, and it's more and more
4 traumatic for the person that's suffering.

5 So I just think it's so important to
6 think about putting the money in on the front
7 end. Give people places to live, get them
8 access to the care that they need, you know,
9 and we'll stop seeing -- you know, to have a
10 man in uniform -- I like police officers; my
11 dad was. But to have a man in uniform come
12 up to you and be the person first on the
13 scene is frightening for so many. And it
14 isn't because -- I just feel that. And
15 Harvey, I don't know if you disagree or agree
16 with me --

17 MR. ROSENTHAL: No. Well, I just want
18 to say, Senator Brouk has a bill called
19 Daniel's Law that would -- it wouldn't be the
20 police that would come out, it would be
21 mental health workers, EMTs --

22 ASSEMBLYWOMAN GUNTHER: But they're
23 still, in small communities, coming. And you
24 know that.

1 MR. ROSENTHAL: Yeah.

2 ASSEMBLYWOMAN GUNTHER: You know, and
3 they get the call, you know that they come to
4 the scene.

5 But I just wish we'd invest our money
6 appropriately.

7 MR. ROSENTHAL: One last thing. You
8 know, we spoke out against the mayor's
9 proposal in New York. You mentioned it's
10 international. I got interviews with
11 Denmark, Spain, Germany -- people can't
12 believe what we're doing in this country.

13 ASSEMBLYWOMAN GUNTHER: I know. In
14 Europe they just -- it's completely,
15 completely different.

16 CHAIRWOMAN WEINSTEIN: Senate.

17 CHAIRWOMAN KRUEGER: Thank you.

18 Senator John Mannion.

19 SENATOR MANNION: Thank you.

20 Hello, Maria, how are you?

21 MS. CRISTALLI: Good morning. Good
22 morning.

23 SENATOR MANNION: I will give you as
24 much time as possible to talk about -- as far

1 as 853 schools, the challenges as far as you
2 face, how we fund them, and any
3 recommendations you might make to the
4 Legislature or the Executive regarding how
5 best to fund them.

6 MS. CRISTALLI: Well, Senator Mannion,
7 I appreciate that.

8 We operate 853 schools, and we're very
9 pleased to see a study that's commissioned in
10 the Executive Budget to study the rate
11 methodology that is decades, years old. We
12 were pleased -- parity is really important to
13 us; we were pleased with the increases from
14 last year.

15 But we need to be on par with our
16 public school partners. We are serving
17 children in those schools with complex needs,
18 increased acuity, and that is just happening
19 more and more. And those children, some of
20 them are day students, some are residential
21 students. But that study is ever so
22 important to get commissioned so that we can
23 work our way to a different rate methodology
24 and at the same time parity with public

1 school increases are so critically important.

2 Thank you.

3 SENATOR MANNION: Thank you. And I
4 stand with you and support that parity. And
5 hopefully -- some of the issues that were
6 lined out regarding the Executive Budget
7 recommendation as far as that rate study goes
8 are concerning. I'm sure they're concerning
9 to you. Is there anything you'd like to
10 share regarding what the cost-neutral dynamic
11 of that would mean for schools like you,
12 under your purview?

13 MS. CRISTALLI: Oh, my goodness, I'm
14 not sure I've had the time to go into it
15 today. But what I would say is it is so
16 critically important when we think about what
17 the students need and the resources that
18 we're provided to serve them.

19 You know, one of the areas that I also
20 want to highlight here in terms of workforce
21 is teachers and competition, not only for the
22 resources to serve these children but for the
23 resources in teaching and teaching
24 assistants. Critically important that we're

1 able to compete.

2 SENATOR MANNION: And as a result of
3 the lack of parity over a period of time,
4 regardless of the recent significant
5 investment that has been committed to by the
6 state, are you able to serve the, you know,
7 population to the extent that the need is out
8 there or that the requests come in for
9 Hillside?

10 MS. CRISTALLI: We certainly are able
11 to serve many children, but they're children
12 with complex needs that we're not able to
13 serve because of the resources that are part
14 of that system, that is correct.

15 SENATOR MANNION: Thank you.

16 MS. CRISTALLI: Thank you.

17 SENATOR MANNION: And are you -- can
18 you speak, in 15 seconds, to the number of
19 853 schools that have had to contract or
20 close in the past 10 years or so?

21 MS. CRISTALLI: I cannot speak
22 statewide, Senator. I can tell you that we
23 closed an 853 school in that time period.
24 But certainly we can get back to you with the

1 number statewide.

2 SENATOR MANNION: Thank you.

3 CHAIRWOMAN KRUEGER: Thank you.

4 Assembly.

5 CHAIRWOMAN WEINSTEIN: Assemblyman

6 Steck.

7 ASSEMBLYMAN STECK: Yes.

8 Mr. Rosenthal, I had a meeting recently with
9 a man who's been in the field of housing for
10 people with mental health conditions for a
11 very long time. He runs an organization
12 known as Rehabilitation Support Services.
13 And he said about 20-some-odd years ago they
14 used to operate 28-day or 30-day housing
15 programs with support for people who had come
16 out of hospitalization, weren't ready for
17 outpatient treatment, and OMH did away with
18 it on the ground of supposedly -- probably
19 for monetary reasons -- but on the ground of
20 supposedly encouraging independent living.

21 So I certainly would concur that a lot
22 of the folks, including those which are under
23 the jurisdiction of my committee -- that is,
24 people with concurrent disorders -- are not

1 ready right away for independent living and
2 outpatient treatment. They do need the
3 support that you spoke of, and we're
4 certainly trying to advocate for that.

5 MR. ROSENTHAL: I do want to say,
6 though, that it's delicate because everybody
7 can recover, and it's not like everybody
8 needs to be put in a segregated environment.
9 Maybe people need a bit longer and have it
10 incremental. But I wouldn't want it to be
11 people need to be in an institution in their
12 community because they need so much support.
13 We know how to move people along.

14 I know the housing program you're
15 talking about. It was a good one. And I'm
16 not sure why it was taken down. But right
17 after that program there should have been
18 more.

19 ASSEMBLYMAN STECK: Yeah, I think one
20 of the difficulties, as Chairwoman Gunther
21 said, is that if people aren't ready for
22 independent living, they're out and they
23 can -- they get them either if they're
24 inclined -- in criminal activity or they're

1 back in the mental health ward of the
2 hospital far too quickly. So there is a need
3 for what I would call intermediate care.

4 MR. ROSENTHAL: There is. And we ran
5 peer bridger programs in the city, engaged
6 people, like you say, in and out, in and out,
7 and engaged them with peer support and
8 reduced their return to the hospital by
9 47 percent with community-based peer support.

10 So all along there's a spectrum of
11 intensity.

12 ASSEMBLYMAN STECK: Thank you.

13 CHAIRWOMAN WEINSTEIN: Thank you.
14 Senate.

15 CHAIRWOMAN KRUEGER: Thank you.
16 Senator Rolison.

17 SENATOR ROLISON: Thank you. Thank
18 you, Chair.

19 The 39th District's in the
20 Hudson Valley, and when I heard you say
21 Hudson Valley, obviously it piqued my
22 interest immediately, because I have not
23 heard of the New York Creative Arts
24 Therapists. I'd like to know a little bit

1 more about that.

2 MS. FAGEN: Sure. Well, we're a
3 private -- we're a corporation licensed as a
4 creative arts therapy practice. We
5 originally started in Brooklyn, and then I
6 moved to the Hudson Valley, so of course I
7 expanded there.

8 We have eight therapists in the
9 Hudson Valley location, and we have a waiting
10 list. We always have a waiting list. So
11 we're not even a clinic, and we have a
12 waiting list. And we have nowhere to refer
13 the people on our waiting list.

14 But we see children, adults, families,
15 sort of a myriad of issues, whatever's coming
16 our way. We're affiliated with the
17 Philipstown Hub. Are you -- the hub is a
18 nonprofit that popped up in Philipstown to
19 help people find care. And we have a good
20 relationship with them because we're one of
21 the people they reach out to to find care.
22 And then we often can't provide the care
23 either. So they're sort of the hub of
24 discovering places, and they've actually

1 submitted written testimony in support of
2 what I'm here talking about, because it's
3 frustrating for all of us.

4 I mean, I guess, to tell you more
5 about it, we do take some commercial plans.
6 We take --

7 SENATOR ROLISON: That's -- if I can
8 interrupt for just one second, because we've
9 got to make it in 40 seconds, on the funding.

10 MS. FAGEN: On the funding. So we're
11 a private business --

12 SENATOR ROLISON: I know you were
13 going there, so please --

14 MS. FAGEN: We're a private business,
15 so we can't -- we're not nonprofit, so we
16 can't get -- we can't get grants or anything
17 like that. So we are primarily a
18 fee-for-service kind of structure. All of
19 our therapists are salaried. And frankly, we
20 don't pay them enough money. But we pay them
21 based -- we're capped at whatever the
22 insurance companies are paying us.

23 And we do have a fair amount of people
24 who self-pay. So that's useful. And a fair

1 amount of people who use out-of-network.

2 But for our particular license,
3 licensed creative arts therapists, we
4 actually are shut out from -- not shut out.
5 I mean, insurance companies have the -- sort
6 of the ability to decide whether they want to
7 take our license or not take our license.

8 And that recently was derailed and
9 vetoed out of a bill. So now we have this
10 opportunity, I feel like, in this budget bill
11 to kind of get that back. Because we're a
12 resource that can take the weight -- if
13 commercial plans are paying for our services,
14 then that takes the weight off of the state
15 paying for services, right? I mean, I don't
16 really all the way understand that. But that
17 sounds true to me.

18 We take one health -- we take one
19 Medicaid plan. Healthfirst Medicaid does
20 accept licensed creative arts therapists in
21 network; all the other managed care Medicaid
22 plans do not accept licensed creative arts
23 therapists.

24 So there's essentially this patchwork.

1 with you or don't agree with you. So maybe
2 there's going to be some clarification. I
3 agree with you that we can't hospitalize this
4 whole thing away. But I do believe that
5 there is a place for hospitalization. I
6 certainly feel very comfortable today knowing
7 where my daughter is, she's safe, and that
8 they have the ability to handle any situation
9 that comes up. Where when she was put into
10 group homes, where she was never successful,
11 she was back to -- with the police and
12 shipped back and all.

13 But the one thing I do want to say,
14 and I'm glad you brought it up, is I did not
15 get a chance to talk to Dr. Sullivan about
16 the fact that in the hospital that I'm
17 involved with, and that's the only one I can
18 speak about -- and it's a big one, right, the
19 Rockland Psychiatric Center -- they are not
20 taking advantage of family, friends, caring
21 individuals to help these people come out.

22 I haven't ever been called by the
23 Office of Mental Health for my opinion and/or
24 even told -- I'm told afterwards about the

1 medications, I'm told afterwards that she's
2 shipped out to a group home. And it's one of
3 those places where you can go -- I think what
4 you were talking about -- to find help to
5 have these people transfer out, you know,
6 successfully and so on like that.

7 So I just wanted to mention --

8 MR. ROSENTHAL: I would like to talk
9 to you about that, what you're talking about,
10 that particular situation.

11 I wasn't trying to say hospitals are
12 always wrong or we shouldn't have a thousand
13 more beds. Let's not delude ourselves,
14 though, that by getting somebody off the
15 street and putting them in a hospital is
16 going to work. The people are coming back
17 too quickly. It's the discharge plan or what
18 happens afterwards.

19 ASSEMBLYMAN EACHUS: Right, great.
20 Great. Thank you.

21 MR. ROSENTHAL: Yeah, thank you.

22 CHAIRWOMAN WEINSTEIN: Senate.

23 CHAIRWOMAN KRUEGER: Thank you.

24 Senator Lea Webb.

1 SENATOR WEBB: Hopefully it's working.

2 Can you hear me?

3 MR. ROSENTHAL: Mm-hmm.

4 CHAIRWOMAN KRUEGER: As close as you
5 can get to the microphone.

6 SENATOR WEBB: Okay, I'll come in
7 closer.

8 So thank you all for the great work
9 that you do. I'm very familiar with Hillside
10 and I've actually had family members who have
11 utilized Hillside's services. And, you know,
12 I know it's very challenging to navigate a
13 lot of these resources, especially community
14 members who are in underserved areas, whether
15 it's rural -- and most certainly through a
16 racial and ethnic lens.

17 I heard someone mention the crisis
18 with the respite program. And so I wanted to
19 ask what resources would be helpful to help
20 to address this particular issue?

21 MS. CRISTALLI: Well, I think
22 certainly rate adequacy is one of them. So
23 when we think about the Medicaid services
24 that were launched in 2019 as part of the

1 Medicaid redesign for children, we have
2 benefited lately from a 25 percent enhanced
3 rate.

4 But looking at those rates again is
5 critically important for respite services,
6 for youth peer advocacy, for the clinical
7 services and for the skill-building services,
8 because those services -- I go back to what
9 Assemblymember Gunther also mentioned. If we
10 have prevention and community-based services
11 in homes that we can wrap around and support
12 families, then they won't need or they may
13 not need high-end services, including the
14 removal from their own home with their
15 family.

16 So taking a look at those services,
17 making sure the rates are adequate -- I know
18 as a provider, and I speak for my colleagues,
19 the rates are not currently adequate. So we
20 need to look at those. We need to look at
21 urban versus rural differences and to take a
22 look at them because they hold promise to
23 helping families and young people in their
24 homes, and also to make them available to

1 commercially insured individuals. That's
2 key.

3 SENATOR WEBB: I think those are very
4 valuable, especially when you think about the
5 marketing of these services, because not many
6 folks may be even aware that they actually
7 could become a respite provider even within
8 their own families.

9 Which takes me to my last question. I
10 know I'm close to time. The commissioner
11 mentioned earlier that there's a
12 multi-million-dollar commitment for
13 marketing. And I was just curious how those
14 funds are going to impact, you know, the
15 promotions for some of the services that you
16 all are providing, to your knowledge.

17 MS. CRISTALLI: It's a good question.
18 I'm not really sure how it's going to impact
19 the providers. But we're certainly
20 interested in learning more.

21 CHAIRWOMAN KRUEGER: Thank you.
22 Assembly.

23 CHAIRWOMAN WEINSTEIN: Assemblywoman
24 Simon.

1 ASSEMBLYWOMAN SIMON: Thank you very
2 much.

3 I wanted to follow-up with --
4 Mr. Rosenthal, with your comment about the
5 clubhouse model. As you know, in New York
6 City there's been a proposal to deal with
7 this issue of those people with serious
8 mental illness who come in contact with the
9 criminal justice system and are often
10 homeless, et cetera.

11 MR. ROSENTHAL: Yeah.

12 ASSEMBLYWOMAN SIMON: And as you know,
13 I have a bill to address, I think, some of
14 those issues more productively.

15 But I do know that they have now just
16 recently talked about the clubhouse model,
17 which I had also talked about with the
18 administration. And I'm curious if you're
19 familiar at all with that proposal and how
20 that model can be used effectively. So for
21 my purposes, how I can kind of advocate with
22 the administration for the appropriate -- or
23 expanding the clubhouse model. If you have
24 any comments on that.

1 MR. ROSENTHAL: Well, I'm not sure I
2 got it, but clubhouses are well -- I ran a
3 clubhouse for 10 years here in Albany. I
4 think the clubhouses in New York City, which
5 are going to be expanded, are really
6 terrific. The mayor's behind it. And like
7 you say, they've really grown to embrace
8 wellness and criminal justice reform and
9 things like that.

10 I'm not sure I -- I mean, in the city
11 there's going to be money for that. Upstate
12 is what I came to talk about. No money
13 upstate.

14 ASSEMBLYWOMAN SIMON: Well, obviously
15 I think it's a model we need to use in other
16 places as well. But I was curious if you
17 were familiar enough with the currently
18 operating clubhouse --

19 MR. ROSENTHAL: I am.

20 ASSEMBLYWOMAN SIMON: There's Fountain
21 House in my district, there's Greater
22 Heights.

23 MR. ROSENTHAL: I'm very close with
24 them.

1 ASSEMBLYWOMAN SIMON: And if you had
2 any sort of guidance for us on that.

3 MR. ROSENTHAL: I'll come see you
4 about that, yeah.

5 ASSEMBLYWOMAN SIMON: Thank you, I
6 appreciate it very much.

7 MR. ROSENTHAL: I do a lot with them.
8 I do a lot with Fountain House in particular.

9 Thank you for being a rights champion
10 last year.

11 ASSEMBLYWOMAN SIMON: Thank you.

12 CHAIRWOMAN KRUEGER: Any other
13 Senators? And any other Assemblymembers?

14 Then we are going to close this panel.
15 Thank you very much for your participation
16 today and for your hard work for New Yorkers
17 every day.

18 I'm going to call up the next panel,
19 Panel D, for those of you keeping track:
20 New York County Defender Services; Center for
21 Alternative Sentencing and Alternative
22 Services; Coalition of Medication-Assisted
23 Treatment Providers and Advocates.

24 And again, for those watching, if you

1 are on Panel E, you want to perhaps get into
2 the room or closer to the front for when we
3 call you up also. And that is Families
4 Together in New York State; New York Alliance
5 for Inclusion and Innovation; and the
6 New York State -- I guess a New York State
7 resident, excuse me.

8 Good afternoon. Let's start from your
9 left, my right -- yes. No, your -- that's
10 right? Yes. I may have said it backwards,
11 but that's who I mean. My left, your right.
12 Sorry.

13 MS. BAJUK: Hello. I'm Katherine
14 Bajuk. I'm a 29-year public defender, the
15 mental health attorney for New York County
16 Defender Services, and a survivor of violent
17 crime.

18 Passing the Treatment Not Jail Act and
19 allocating another \$60 million to expand
20 treatment courts will build stronger and
21 safer communities throughout the state. It's
22 also less costly than incarceration. Per
23 OCA, for every dollar invested in treatment,
24 you yield \$2 in savings. Treatment is more

1 effective and efficient, but we need to build
2 that out. Just the other day in Mental
3 Health Court, I had an incarcerated client's
4 case adjourned seven weeks out. That is not
5 efficient.

6 The act also reduces incarceration and
7 involuntary commitment, which
8 disproportionately affects people of color,
9 LGBTQIA, and other marginalized communities
10 that I represent. Our state needs this act.
11 One out of five people, and over half our
12 incarcerated population, have mental
13 illness -- yet hundreds of thousands of
14 people go without treatment every day.

15 And because of ignorance about and
16 stigma around mental illness, people showing
17 symptoms are overpoliced and criminalized.
18 Then they're warehoused in violent and
19 drug-filled jails and prisons, where people
20 without preexisting conditions develop mental
21 health issues and people with come out more
22 destabilized. When released, it's without
23 structured or sufficient discharge planning,
24 without stable housing or healthcare. And

1 this is proven to create recidivism.

2 This is a public health crisis which
3 must be met with a public health solution.
4 And the Treatment Not Jail Act is that
5 solution. It expands Article 216 to include
6 anyone with a functional impairment.

7 I'm going to skip that and just tell
8 you this. I'm also one of the 75 percent of
9 crime victims who support treatment for
10 people charged with violence. And that's
11 because if I were to meet one of my
12 assailants again, I know I would feel safer
13 if they'd received treatment instead of more
14 destabilizing jail.

15 Thank you.

16 CHAIRWOMAN KRUEGER: Thank you.

17 MS. SCHORR: Good afternoon. Thank
18 you for the opportunity to testify here
19 today. I'm Allegra Schorr. I'm the
20 president of COMPA, which is the Coalition of
21 Medication-Assisted Treatment Providers and
22 Advocates.

23 COMPA represents medication-assisted
24 treatment providers and opioid treatment

1 programs across New York State. That
2 includes hospital-based as well as
3 freestanding community providers.

4 Opiate treatment programs are the only
5 providers licensed to provide methadone
6 treatment. Methadone saves lives, and
7 medication for opioid use disorder saves
8 lives. And as you're aware, deaths from
9 overdoses have increased drastically across
10 our state. New York has exceeded the
11 national average for overdose deaths, and
12 it's crucial to recognize that while overdose
13 deaths tripled for white New Yorkers, the
14 rates increased fivefold for Black
15 New Yorkers and quadrupled for Latino
16 New Yorkers. We need -- it quadrupled,
17 quadrupled for Latino New Yorkers. We need
18 to do better. We have to do better.

19 New York needs to approach the opiate
20 use crisis with a renewed level of urgency
21 and investment. Our response must begin by
22 addressing the workforce shortage and the
23 skyrocketing operating costs, so that access
24 to medications for opiate use disorder can be

1 maintained and expanded. And as you've
2 repeatedly from my colleagues today, an
3 8.5 percent COLA and a \$500 million
4 reimbursement increase is required to retain
5 our workforce and keep our programs open.

6 The Governor's budget includes
7 provisions to address network adequacy.
8 That's good news, but it doesn't go far
9 enough. A person with commercial insurance
10 in need of methadone treatment checks their
11 policy coverage, and they find they're
12 covered for methadone treatment. Then that
13 person goes to an opioid treatment program
14 and finds that the provider is not in network
15 because there's no contract between the
16 health insurance plan and the provider.

17 And that's not because the provider
18 didn't ask for a contract. That's because
19 there's no requirement that the health plan
20 contract with the provider. So the person
21 who has the coverage can't actually get the
22 treatment that they need because the
23 insurance plan has not contracted with the
24 provider.

1 And I'm asking you to fix this.
2 Please require commercial insurance plans to
3 contract with all the opioid treatment
4 programs and MAT providers in their area.
5 Because we can't save lives if people can't
6 access our treatment.

7 Thank you very much.

8 CHAIRWOMAN KRUEGER: Good afternoon.

9 MS. CHAIT: Good afternoon. I'm
10 Nadia Chait. I'm the senior director of
11 policy and advocacy at CASES. And thank you
12 for the opportunity to testify today.

13 CASES serves over 9,000 New Yorkers
14 annually, and we are dedicated to serving
15 individuals who have both serious mental
16 illness and involvement with our criminal
17 legal system.

18 And as my colleague testified earlier,
19 we strongly support Treatment Not Jails. And
20 I want to talk more about what treatment
21 looks like and why we believe supporting
22 folks with serious mental illness and
23 criminal legal system involvement in our
24 community and not in our prisons and jails.

1 CASES is one of the largest providers
2 of assertive community treatment in the
3 state, and so we were very excited to see the
4 expansion of ACT teams in the Governor's
5 budget. But we encourage some of those
6 ACT teams to be specifically dedicated to
7 folks with criminal legal system involvement.

8 We operate an ACT team called
9 Nathaniel Assertive Community Treatment.
10 It's the only OMH-licensed alternative to
11 incarceration in the state. It serves people
12 who are facing felony charges and up to a
13 year in prison, and we prioritize intakes
14 from people who have been deemed incompetent.

15 This program is incredibly successful
16 at helping those that we serve, and at
17 creating true community safety. We see a
18 70 percent decrease in recidivism among those
19 that we serve. And of those who enter the
20 program on a violent felony arrest, less than
21 5 percent have a new violent felony arrest
22 during their time in the program.

23 There's a 70 percent decrease in
24 homelessness, a 49 percent decrease in

1 psychiatric hospitalization, and a
2 225 percent increase in employment. And yet
3 there is only one of these programs in the
4 entire state. We are only able to serve
5 individuals in Manhattan and Brooklyn. No
6 one else in the state who is facing these
7 sorts of charges and this level of serious
8 mental illness has access to this service.

9 So we strongly encourage at least two
10 additional teams. We would like to serve
11 more people in Brooklyn, and we see a
12 significant need in the Bronx, where we have
13 programs. Our programs are in New York City,
14 so that's what I can talk about specifically
15 for us. But I am sure there's a need for
16 more around the state.

17 We also have Forensic Assertive
18 Community Treatment teams. We have three of
19 those. Those are folks who have criminal
20 legal system involvement but might not be
21 facing longer charges or might not have
22 current charges but are kind of cycling in
23 and out of our jails and prisons. And it
24 funds additional staff to really bring and

1 integrate criminal legal services and mental
2 health treatment. And those teams are very
3 effective.

4 And in my little time left, I would
5 also say that we strongly support the
6 expansion of Certified Community Behavioral
7 Health Clinics in the budget.

8 We were one of the providers that had
9 a SAMHSA grant to implement that model for
10 two years, and it really helped us to provide
11 the holistic services that are needed for the
12 individuals that we serve, specifically
13 coordination with the criminal legal system,
14 with probation and corrections and all of
15 those different actors. And without that
16 grant funding, our clinic operates at a
17 \$700,000 annual deficit, which leaves us
18 struggling to keep our doors open.

19 Thank you.

20 CHAIRWOMAN KRUEGER: Thank you.

21 Senator Fernandez.

22 SENATOR FERNANDEZ: Thank you so much.

23 I just have to go back to the
24 statement that you said in your opening,

1 Ms. Allegra, about the quadrupling rate of
2 Latinos going through overdose and the
3 five-time rate of black New Yorkers going.

4 Is there a -- I mean, I know there's
5 many reasons, but is there a source or reason
6 aside from just access as to how these
7 numbers got so high?

8 MS. SCHORR: I'm sorry, I missed the
9 last part.

10 SENATOR FERNANDEZ: Is there a source
11 or a reason as to how and why these numbers
12 got so high amongst these demographics?

13 MS. SCHORR: Well, I think at the
14 beginning of the opioid crisis white
15 New Yorkers, white Americans were hit
16 hardest. But as time has gone on, that's
17 clearly changed dramatically.

18 And the reason -- I'm not sure exactly
19 what the reason is. I think it's multilevel,
20 multifaceted. But the reality is we have to
21 address those issues. Certainly poverty,
22 certainly a lack to get to the kind of access
23 and medication that's needed in the
24 communities that are suffering. I think

1 those are critical items.

2 SENATOR FERNANDEZ: Thank you.

3 Second question, semi-separate from
4 it. But has there been any research to
5 emerging therapies in medicine, different I
6 guess -- I guess different drugs, if you
7 will, to help curb -- I know we said
8 methadone is vital, and I agree with you it
9 is lifesaving. But has there been any other
10 trials done of different types of medicines
11 and drugs?

12 MS. SCHORR: Yeah, there's -- I mean,
13 there are the three medicines that are used
14 for opioid use disorder. I'm sure there's
15 some things in the pipeline right now.
16 There's also different formulations. I know
17 Sublocade was mentioned earlier today; that's
18 a buprenorphine product that's injected. And
19 I think that we're also finding that there is
20 underutilization of medications for alcohol
21 use disorder, which is separate from the
22 opioid use, and there are some trials going
23 on underway for medications for stimulants.

24 But at the moment, these are the three

1 that we have, and they're underutilized.

2 SENATOR FERNANDEZ: Okay, thank you.

3 CHAIRWOMAN KRUEGER: Thank you.

4 Assembly.

5 CHAIRWOMAN WEINSTEIN: Assemblyman

6 Steck.

7 ASSEMBLYMAN STECK: I would like to
8 ask Ms. Schorr, you had indicated -- and I
9 had statistics to this effect as well -- that
10 nationwide, overdoses have been somewhat in
11 decline but in New York, they've been
12 increasing still.

13 What do you think the reasons are for
14 that?

15 MS. SCHORR: Clearly the overdoses
16 are -- the big driver is fentanyl. And we're
17 not only seeing fentanyl in our programs --
18 and I would say that at the beginning,
19 fentanyl -- many, many people talked about
20 they didn't realize they were taking
21 fentanyl, it wasn't something that they were
22 seeking.

23 As time's gone on, we're seeing more
24 and more people who are actually seeking

1 fentanyl. Which is really a function of
2 how -- what the pull is for that kind of
3 drug. And we're also seeing, I think as
4 the -- we're seeing xylazine, more and more
5 different illicit drugs combined into
6 different kinds of drugs that people are
7 taking, sometimes they're not aware of. So
8 if you're not aware, then you're really at
9 risk.

10 I also think that the need to make
11 sure that these medications for someone who
12 is in treatment, that they're really utilized
13 and that they're accessible. Because if
14 you're trying to do this on your own, or
15 you're trying to do this cold turkey, you put
16 yourself at much greater risk for overdose
17 because your tolerance goes down, you think
18 you're going to be okay, and then you go out
19 because it's just too much to try to defeat
20 on your own. And that's when you're really
21 vulnerable to overdose.

22 ASSEMBLYMAN STECK: Why do you think
23 New York is any worse in these ways than
24 other places?

1 MS. SCHORR: Well, I mean, New York is
2 certainly one of the bigger, larger states
3 that we're seeing. I think that we have to
4 really get behind our -- I don't think at
5 this point that we've really put fully all
6 hands on deck. And unfortunately, the
7 Governor's budget really is a flat budget
8 when you're looking at the treatment and the
9 opportunities to reckon with opioid use
10 disorder and substance use and these
11 overdoses.

12 CHAIRWOMAN KRUEGER: Thank you.

13 Any other Senator?

14 Ah, Senator John Mannion.

15 SENATOR MANNION: Thank you all for
16 being here today.

17 I have a bill that passed our house.
18 It's a Narcan bill, basically. In all public
19 settings where there is an AED required, they
20 would also carry a supply of Narcan. Can any
21 of you speak to -- you know, I know it's my
22 bill, but the practicality or feasibility or
23 availability of it being easily accessible
24 for public institutions -- or not easily

1 accessible to be able to carry that product.

2 MS. CHAIT: Senator, I can say in our
3 programs -- I actually don't know if we have
4 AEDs, but I do know that we have Narcan
5 available in every single one of our offices
6 on every floor. We've had that for a number
7 of years. It was not complicated to
8 implement.

9 MS. SCHORR: Yeah, I totally support
10 that bill, Senator. I think that Narcan is
11 very simple, very simple to administer if
12 you're in the unfortunate position of having
13 to do so. Essentially it's a nasal spray.

14 And we need to take some of the
15 mystery and the fear out of it so that people
16 understand that this is a lifeline. So I
17 would strongly support increasing that
18 access.

19 MS. BAJUK: If I could just add, I
20 think that we would all support that.

21 I think what needs to be done, though,
22 is more education and more training of
23 public-facing institutions of how easy it is
24 use and how it's not going to cause legal

1 issues for the people trying to administer
2 aid.

3 SENATOR MANNION: Thank you.

4 And I know that myself, my own office
5 has conducted a Narcan training in
6 partnership with volunteer fire departments,
7 and I'm -- from my social media access I
8 believe many of my colleagues have done that
9 as well.

10 Not that this is anyone's area of
11 expertise in front of me, but what would be
12 the cost of one, you know, supply, one dose
13 of Narcan, if you were to estimate?

14 MS. SCHORR: I actually don't know
15 that number right now --

16 SENATOR MANNION: Sure. Sorry about
17 that.

18 MS. SCHORR: -- but we can get back to
19 you on it for sure.

20 SENATOR MANNION: Yes, that's fine.

21 Thank you. Thank you, Madam Chair.

22 CHAIRWOMAN KRUEGER: Assembly? You're
23 done?

24 Senator Oberacker.

1 (Pause; laughter.)

2 SENATOR OBERACKER: It's okay, we're
3 just carrying on a conversation, you know.
4 So thank you, and my apologies to -- to --

5 CHAIRWOMAN KRUEGER: There are two
6 Oberackers? No, no, no.

7 SENATOR OBERACKER: No, thank goodness
8 there's not, Madam Chair. Thank you.

9 One of the questions I have, I think I
10 heard recently that there was actually some
11 work being done on a vaccine for fentanyl.
12 Has anyone heard anything maybe potentially
13 more about that? You know, as a food
14 scientist and as an R&D, you know, guru, I
15 guess, I'm really interested in that part of
16 what's going on.

17 MS. SCHORR: I did see the media
18 coverage on the vaccination idea. And I
19 don't think that they're very far along at
20 this point, but it's certainly promising. So
21 we can only be hopeful that that will end up
22 being successful.

23 SENATOR OBERACKER: Is that something
24 we should be maybe looking at here too a

1 little bit? I know R&D dollars are usually
2 hard to kind of justify in some way, shape or
3 form. But, I mean, the overall good of
4 something like this I think would far
5 outweigh some of the dollars that would be
6 put towards it.

7 MS. SCHORR: I think, to -- Senator,
8 honestly, the issue I think is that we
9 actually have very good medications. And
10 they're very effective, they have been
11 studied for years. The problem is we're not
12 using them as much as we should. And we
13 need -- so I think we're really looking at
14 stigma, education and access. And those are
15 the things that will I think turn the corner.

16 More medications would be great, but
17 more medications that sit on the shelf and
18 people don't use aren't going to help anybody
19 either.

20 SENATOR OBERACKER: I agree with you
21 on those notes. Thank you very much.

22 CHAIRWOMAN KRUEGER: Thank you.
23 Assembly?

24 CHAIRWOMAN WEINSTEIN: No more.

1 CHAIRWOMAN KRUEGER: And no more
2 Senators. So I think -- just checking.

3 I thank you very much for your work on
4 behalf of all New Yorkers, and thank you for
5 being with us today.

6 ALL PANELISTS: Thank you.

7 CHAIRWOMAN KRUEGER: And our next
8 panel -- actually, apparently No. 16 is ill
9 and can't join us. So the New York Alliance
10 for Inclusion and Innovation, and a New York
11 State resident named Jim Karpe.

12 And for people who have been keeping
13 their scorecards ready, the final panel is
14 next, and so those people might want to start
15 heading down. So Panel F: RISE Housing and
16 Support Services; Association for Community
17 Living; Care Design New York; New York
18 Disability Advocates; and The Arc New York.

19 (Off the record.)

20 CHAIRWOMAN KRUEGER: And who are you,
21 sir?

22 MR. KARPE: I'm Jim Karpe.

23 CHAIRWOMAN KRUEGER: Okay. So do we
24 not have the New York Alliance for Inclusion

1 and Innovation? Did they not hear me ask
2 them to come up? Perhaps we have mis -- we
3 have mislaid them at the moment.

4 So why don't you start?

5 MR. KARPE: Okay. Let me just make
6 sure the mic's okay.

7 CHAIRWOMAN KRUEGER: Yes.

8 MR. KARPE: Good.

9 So thank you so much for sticking
10 around. This is obviously a marathon, and
11 Senator Krueger, you have to do this I guess
12 19 more times?

13 So thank you all for being here.
14 Thank you for your attention. You have my
15 written testimony.

16 There's a lot of problems in the OPWDD
17 service delivery system. I'm here with one
18 very specific ask to the Legislature, which
19 is that you end the authorization for managed
20 care investigation. The Executive Budget
21 calls for extending for yet another five
22 years this investigation, which has already
23 gone on for a decade and has distracted us
24 from the real work of doing real improvement

1 in the lives of individuals. So please,
2 don't extend it, end it.

3 There's block-and-tackle work that
4 needs to be done, and we've been distracted
5 from that by this tale that managed care is
6 coming. The advertisement said managed care
7 will solve all of our problems.

8 Unfortunately, the advertisement is
9 not true. The evidence is in. Texas paid
10 for and published two studies that looked at
11 every example, every example across the
12 country of applying managed care to long-term
13 supports and services. And their conclusion
14 was very simple. There's no consistent
15 increase in quality, no consistent increase
16 in access. Sometimes it makes things a
17 little better, sometimes it makes things a
18 little worse.

19 What it does every single time is
20 increase cost. Here in New York State we
21 paid Deloitte to do a study of what would
22 happen if we moved long-term supports and
23 services into managed care. Deloitte
24 concluded it would cost \$200 million extra

1 per year forever to pay for the small army of
2 administrative people at the MCOs. That
3 report was not released.

4 OPWDD itself did a study of PHP, the
5 pilot program here in New York State. That
6 report showed, among other things, that they
7 achieved only about one-third of the expected
8 enrollment. That report was not released.

9 We don't need more studies. The
10 evidence is in. The stakeholders, the family
11 stakeholders are united in their opposition.

12 So please, help OPWDD concentrate on
13 their block-and-tackle work. Don't extend
14 it, end it.

15 Thank you.

16 CHAIRWOMAN KRUEGER: Thank you.

17 I see that we've been joined I believe
18 by the second panelist. Yes.

19 MR. SEEREITER: Good afternoon. I'm
20 Michael Seereiter with the New York Alliance
21 for Inclusion and Innovation.

22 My comments today will be focused on
23 the OPWDD budget. I'd like to start by
24 thanking the Governor for not continuing the

1 era of complete neglect under the previous
2 administrations. The Governor's proposed
3 2.5 percent COLA is better than zero percent
4 and the cuts that we've seen in previous
5 years.

6 But 5.4 percent plus 2.5 percent is
7 nothing to be proud of. Five-point-four
8 percent last year was laudable and is a good
9 start, as it was reflective of inflation.
10 Two and a half percent, in the context of an
11 8.5 percent inflation environment, is frankly
12 embarrassing. The Executive Budget doesn't
13 even provide enough for I/DD services to keep
14 up, let alone catch up from years of neglect.

15 Eight-point-five percent is the bare
16 minimum needed, and we ask that you include
17 that in your one-house budget proposals.

18 We also request that the Governor
19 include a \$4,000 increase for
20 nonprofit-employed direct support
21 professionals, or DSPs, to address the
22 17 percent vacancy rate and 30 percent
23 turnover rate in nonprofit-employed --

24 ASSEMBLYWOMAN GUNTHER: (Inaudible.)

1 MR. SEEREITER: Four thousand dollar
2 increase for direct support professionals,
3 direct support wage enhancement. That's to
4 address the 17 percent vacancy rate and the
5 30 percent turnover rate amongst nonprofit-
6 employed direct support professionals.

7 These numbers are down from just
8 six months ago, clearly demonstrating that
9 the investments from last year's budget were
10 effective. We had really high hopes, quite
11 frankly, given that the Governor's own OPWDD
12 published a strategic plan in November
13 wherein it articulates as goal number one to
14 improve the recruitment, retention and
15 quality of the direct support workforce by,
16 quote, investing in the workforce.

17 Instead, adding insult to injury,
18 quite frankly, the Governor gave
19 state-employed direct support professionals
20 increases and left DSPs who work for
21 nonprofits -- who also provide 85 percent of
22 the services in our I/DD services system --
23 out in the cold.

24 Frankly, it's a slap in the face. And

1 it only exacerbates the exodus of direct
2 support professionals from the nonprofit
3 service delivery system.

4 But it's even worse than that. Fewer
5 OPWDD-employed direct support professionals
6 are Black and Latinx than among DSPs employed
7 by nonprofit employers. And fewer OPWDD
8 employed DSPs are female than among direct
9 support professionals employed by nonprofits.

10 While maybe not intentional, the
11 raises for state-employed DSPs without
12 corresponding raises for nonprofit-employed
13 DSPs is just another example of the bias and
14 racism that has infected our society and now
15 our government.

16 If it is not corrected in your
17 one-house budget proposals, it will only
18 exacerbate the generational cycles of poverty
19 that trap these New Yorkers -- who are
20 primarily Black, Latinx and female -- in
21 low-wage work and feed the racial and gender
22 disparities in our state.

23 Last year I shared with you stories of
24 DSPs doing five consecutive 24-hour shifts,

1 people with disabilities hospitalized for
2 bowel impactions and many other stories. If
3 the DSP crisis is to be addressed, we're
4 going to need at least the 8.5 percent COLA,
5 and the direct support professional wage
6 enhancement --

7 CHAIRWOMAN KRUEGER: Thank you.

8 MR. SEEREITER: -- would go further to
9 address these issues.

10 CHAIRWOMAN KRUEGER: We'll have to cut
11 you off, sorry.

12 MR. SEEREITER: Thank you.

13 CHAIRWOMAN KRUEGER: We have the full
14 testimony.

15 I want to first just double-check with
16 the Senate. Any questions?

17 Senator John Mannion.

18 SENATOR MANNION: Thank you both for
19 being here today. And I appreciate all of
20 your support and advocacy. I am going to
21 avoid the 8.5 percent increase that we are
22 discussing, as a year and a half ago, if I
23 remember correctly, we spent five and a half
24 hours discussing that. So now we're down to

1 2 minutes and 39 seconds.

2 So I'll direct this to Jim, which is
3 in your testimony you reference a piece about
4 long-term supports and services. And I just
5 wanted to give you some time to at least
6 speak to that element of, you know, the
7 overriding picture that you led with.

8 MR. KARPE: Sure. I mean, long-term
9 supports and services are the things that
10 help people live in the community.

11 For example, I'm the father of two
12 young adults with I/DD. My son is supported
13 by a job coach and works at Trader Joe's.
14 He's also supported by a housing subsidy from
15 OPWDD. And these are the things that simply
16 can't get managed down. No matter what
17 happens, my son needs a place to live. He
18 needs something to do all day.

19 The old adage that an ounce of
20 prevention is worth a pound of cure? That
21 thing which managed care is based on, it
22 doesn't work when you apply it to housing and
23 today's services.

24 SENATOR MANNION: Thank you, Jim.

1 Just a follow-up. In what you
2 submitted you listed a number of
3 organizations here in a box. So my guess
4 is -- because I didn't get a chance to fly
5 through it -- is that they have also signed
6 on to your statement and request regarding
7 managed care?

8 MR. KARPE: They have not. There
9 simply wasn't time to organize that. We have
10 the three letters which they did sign up to
11 that are included in that testimony.

12 SENATOR MANNION: Yes. I didn't mean
13 to put you on the witness stand. I just want
14 it for clarification purposes, honestly, for
15 myself as well. So I appreciate that.

16 You as a parent have seen -- staying
17 on managed care, you as a parent have seen
18 this sort of pseudo-transition into it. Do
19 you believe that it has a direct impact, just
20 the transition that we're going through, on
21 services that are being provided to your
22 children?

23 MR. KARPE: Oh, absolutely. I mean,
24 it's been a tremendous distraction to the

1 system.

2 The family -- the independent family
3 groups have submitted time and time again
4 suggestions to OPWDD of things that could be
5 done, and the response is we don't have the
6 bandwidth to handle it. And the reason they
7 don't have the bandwidth is they're dealing
8 with things like the CCO transition, the --
9 so thank you.

10 SENATOR MANNION: Thank you. My
11 apologies to Michael.

12 CHAIRWOMAN KRUEGER: Assembly? Any
13 other Senators?

14 I just have one quick question.

15 So the reports that you were
16 referencing, do you know, are those available
17 on websites for us to find?

18 MR. KARPE: Yeah, the two Texas
19 studies are in -- there's a link to them in
20 my testimony. There's also a link to what I
21 was able to FOIL of the FIDA evaluation. It
22 doesn't make very much reading, though.

23 CHAIRWOMAN KRUEGER: Thank you very --
24 both of you, thank you very much for your

1 testimony today. Appreciate it.

2 MR. KARPE: Appreciate it.

3 CHAIRWOMAN KRUEGER: And our last
4 panel: RISE Housing and Support Services;
5 Association for Community Living; Care Design
6 New York; New York Disability Advocates; and
7 The Arc New York. We'll make sure everybody
8 can get into their seats.

9 Good afternoon.

10 PANELISTS: Good afternoon.

11 CHAIRWOMAN KRUEGER: I don't think
12 I've ever actually said good afternoon to a
13 panel when it's still actually afternoon.

14 (Laughter.)

15 CHAIRWOMAN WEINSTEIN: Certainly not
16 the last panel.

17 CHAIRWOMAN KRUEGER: Not the last
18 panel. That's what I meant, the last panel.

19 So let's start with my left, your
20 right, and introduce yourselves and we'll
21 just go down the row.

22 MS. BARRETT: Hi, I'm Sebrina Barrett,
23 the executive director for ACL. Thank you.

24 ACL members provide community-based

1 mental health housing for more than 40,000
2 New Yorkers with severe mental illness.
3 Housing providers are persevering through
4 many ongoing challenges such as crippling
5 inflation, sustained workforce shortages, and
6 serving aging residents who are experiencing
7 significant medical concerns.

8 This is our reality. We face a
9 \$96 million shortfall, the amount needed to
10 put us where we were years ago. Governor
11 Hochul inherited a mental health system that
12 boasts an exceptional mission powered by
13 exceptional staff. But for many years our
14 system has received inadequate resources. We
15 support her plan to develop 3500 new housing
16 units, but we need the staff to support them.

17 Also important: Governor Hochul has
18 followed through on her promise to include
19 39 million for rate increases for existing
20 homes. This is important because even though
21 we're developing new beds, we can't risk
22 losing the homes that we're currently
23 operating.

24 And the risk is real. We face a

1 25 percent staff vacancy rate due to the
2 inability to pay a living wage. We face
3 numerous rising costs for operating expenses.
4 And the people who depend on us require a
5 higher level of care because they are
6 experiencing more complex concerns due to
7 multiple co-occurring mental and physical
8 conditions.

9 The 39 million will help us close a
10 96 million gap. But we also risk making the
11 gap bigger unless we address inflation.
12 Let's talk about the COLA. While we are
13 grateful for the 2.5 percent in the proposed
14 budget, it isn't enough. We have bills to
15 pay. We held a rally yesterday, and
16 Assemblywoman Gunther was great to join us.

17 Our service providers told us that
18 everything has gone up: Groceries, up
19 34 percent. Health insurance, up 11 percent.
20 Transportation, 34 percent. Building
21 maintenance, 35 percent. Utilities,
22 15 percent. Math is not my strong suit, but
23 even I know that 2.5 percent won't cover the
24 bills, let alone leave enough where we can

1 raise wages and help us recruit and retain
2 staff.

3 Please build on the Governor's funding
4 plan, which includes the 39 million for our
5 rate increases. We need that 8.5 percent
6 COLA.

7 Finally, more than 40 percent of our
8 residents are age 55 and older and are
9 experiencing significant medical conditions.
10 Our housing models were not made to address
11 these concerns. The only place for these
12 folks to go are expensive hospitals, because
13 nursing homes won't admit residents with a
14 severe mental illness.

15 Last year the Legislature passed a
16 bill to create a commission to study aging in
17 place, but it was vetoed because it was not
18 included in the budget. This year please
19 include a task force on aging in place so
20 that we can start to address these concerns.
21 The number of residents with medical
22 challenges is growing, and we can no longer
23 delay the action needed to ensure they can
24 age in place with grace and comfort, in their

1 homes, for as long as possible.

2 Thank you.

3 CHAIRWOMAN KRUEGER: Thank you.

4 Next?

5 MS. NEWELL: Make sure you can hear me
6 here. Good afternoon, and thank you all for
7 allowing me to come speak to you today.

8 My name is Sybil Newell. I'm the
9 executive director of RISE Housing and
10 Support Services.

11 RISE has been helping people living
12 with mental health, substance use and other
13 life challenges for nearly 50 years. Our
14 mission is to help these people remain safe
15 and healthy and in the community through
16 housing and other supportive services.
17 During those almost 50 years, it's become
18 obvious that we as a community could be doing
19 a lot more to help that very vulnerable
20 segment of the population.

21 So I've come here today to ask the
22 Legislature to commit funding to support a
23 new type of psychosocial program we're
24 developing called Homebase. We've received

1 federal funding for the physical construction
2 and now we're seeking support for the
3 operations of programs like these.

4 Homebase is a low-barrier psychosocial
5 program that will provide a supportive and
6 safe community for vulnerable citizens.
7 We'll use an evidence-based model to operate
8 the program, which will address a key social
9 determinant of health: Social connectedness.

10 As we know, people's relationships and
11 interactions with community members can have
12 a major impact on their health and
13 well-being. Due to psychiatric disabilities,
14 addictions, trauma or complex socioeconomic
15 factors, these vulnerable individuals find it
16 nearly impossible to hold a job, volunteer,
17 attend school, or even participate in the
18 more structured day programs that may be
19 available.

20 Our hope is that the Homebase program
21 will combat the stigma and isolation which
22 has only been exacerbated by the COVID-19
23 pandemic and will provide opportunities for
24 people to develop skill sets and a natural

1 support system to help create a path to
2 recovery and success. In addition to
3 reducing the use of more costly emergency
4 services and enhancing public safety, other
5 beneficial outcomes include a significant
6 decrease in hospitalizations, incarcerations,
7 and involvement with the criminal justice
8 system, and improved mental and physical
9 health and improved overall well-being.

10 These kinds of results are backed by
11 statistics that demonstrate how providing
12 opportunity and services to individuals in
13 need is far more effective than treatment or
14 incarceration alone. Investing in
15 low-barrier psychosocial programs up-front
16 will save the healthcare and law enforcement
17 systems money overall.

18 Homebase will fill a conspicuous gap
19 in the continuum of behavioral healthcare by
20 creating a space that welcomes all
21 individuals in need of a place to belong,
22 regardless of their diagnosis, addiction, or
23 other life challenges. We have to remember
24 to provide services that address the whole

1 person, to provide opportunities for
2 individuals to make connections, create
3 pathways to success, and develop strengths
4 and skills, not to simply provide treatment.

5 Thank you for our time.

6 CHAIRWOMAN KRUEGER: Thank you.

7 Next speaker?

8 MR. GEIZER: Good afternoon. Thank
9 you. I'm Erik Geizer, CEO of the Arc New
10 York, the largest provider of supports and
11 services for people with I/DD in New York
12 State.

13 You've been hearing all day how our
14 system is in crisis. Quite frankly, you've
15 been hearing it year after year after year.
16 I'm here today to tell you what this crisis
17 truly means for the people we support, what
18 20,000 direct support vacancies means to a
19 single person, how one in three DSPs leaving
20 the workforce devastates the people in their
21 care.

22 We operate chapters in every county of
23 this state. They are living this crisis.
24 These are just a few of their stories.

1 Cole aged out of his school program in
2 June 2020. He has been waiting for an
3 opportunity to continue his life. As a young
4 adult, imagine being confined in your
5 apartment waiting for someone to help you
6 explore your future. Now 22, Cole is unsure
7 that will ever come.

8 One of our chapters hasn't been able
9 to transition a single young adult from
10 school to community supports in three years.
11 A stack of requests goes unanswered.

12 David currently lives with his
13 parents. They're in their nineties. They
14 have failing health. Within a year, David
15 has to decide whether he'll be placed in a
16 residential home or try to live at home
17 independently. Staffing shortages have
18 prevented him from starting his community
19 habilitation program. If he cannot develop
20 these skills in a year, he will be forced
21 into a residence. That loss of independence
22 will be devastating to him and, furthermore,
23 it will cost the state tens of thousands of
24 dollars more every year.

1 Time and again we have not had enough
2 staff to cover a home when someone needs to
3 go to the hospital, so they go to the
4 hospital for emergency care. They go alone.
5 They go scared. They go confused.

6 Lauren refuses to bathe for days on
7 end because she's uncomfortable with
8 substitute staff providing intimate support.

9 Jacob, who started his life in
10 Willowbrook, and struggles to trust people,
11 will only eat with people he knows well. He
12 relies on total support for eating his pureed
13 diet. Strangers were filling in; he stopped
14 eating.

15 This is not acceptable to me. It is
16 not acceptable to the providers across the
17 state who are trying to provide quality
18 supports and services without the resources
19 to do so. It's not acceptable to the people
20 we support who see the system crumbling
21 beneath them.

22 So today I ask all of you: Is it
23 acceptable to you? Not just as a legislator,
24 as a human being, is it acceptable to you?

1 It shouldn't be. Yet through underfunding
2 and inaction, New York continues to accept
3 it.

4 You are the ones that have the power
5 to change this. You can stand up and say,
6 this is not okay. You can include resources
7 into our system. You can provide parity for
8 our staff. You can go to the table and say
9 this issue is non-negotiable. You can begin
10 to restore dignity and care for New Yorkers
11 with disabilities. So do that. Do it.
12 Anything else is unacceptable.

13 Thank you.

14 ASSEMBLYWOMAN GUNTHER: Thank you.

15 CHAIRWOMAN KRUEGER: Thank you.

16 And our next witness is Veronica
17 Crawford, a self-advocate from Care Design
18 New York.

19 MS. CRAWFORD: Good afternoon,
20 everyone. Hello. My name is Veronica
21 Crawford. I am a self-advocate and I work at
22 Care Design NY and lead our peer empowerment
23 group.

24 Today I would like to discuss staff

1 turnover and how it is affecting the mental
2 health of people with disabilities. I would
3 like to give people with disabilities a
4 voice.

5 Many people with disabilities live in
6 residential homes. Some live in an apartment
7 by themselves. And almost all rely on staff
8 support for daily living skills. Staff
9 provide the individuals with maintaining
10 social, emotion, physical and medical needs.
11 Staff also help the individual have a voice
12 and help them advocate for what they want.
13 The staff teaches the individual new skills
14 and resources. People with disabilities need
15 and rely on them for help.

16 There are just not enough direct
17 support professionals to support people.
18 With only one staff or no staff supporting
19 them, they feel isolated and cannot be a part
20 of the community. One staff member cannot
21 support all individuals. During the
22 pandemic, even now, people often cannot go to
23 a program or leave the house to go out in the
24 community due to lack of staff. They have no

1 social interaction the staff help to provide.

2 Being by yourself or in your home is a
3 struggle for many people. This leaves the
4 individuals feeling isolated. This increases
5 anxiety, causes many unwanted behaviors, and
6 increases mental concerns.

7 People with disabilities see their
8 staff as a valuable resource. The staff are
9 there to help them live a good quality of
10 life. We want people with disabilities to be
11 a part of the community and have new
12 experiences, learn and feel a part of the
13 world, and have good mental health.

14 Increasing hourly wages for DSPs would
15 decrease staff turnover and promote positive
16 everyday life for the individuals they
17 support. I would like everyone to consider
18 adding a \$4,000 wage increase for the direct
19 support professionals that assist the
20 disability community every day. I would like
21 this to be added to the 2023 budget.

22 Thank you for taking the time to
23 listen, and I hope you can be a voice for the
24 DSP staff and the disability community.

1 Thank you for your time in listening.

2 CHAIRWOMAN KRUEGER: Thank you for
3 being with us. Thank you.

4 Next, and last on the panel.

5 MR. ALVARO: Okay. Good afternoon.
6 I'm Mike Alvaro. My day job is with the
7 Cerebral Palsy Associations of New York
8 State. But I'm here on behalf of NYDA, which
9 is a coalition of seven provider
10 organizations. We represent 85 percent of
11 the field, essentially all the providers in
12 the disability field. We support about
13 115,000 people with intellectual and
14 developmental disabilities.

15 I'm not going to add a lot to what
16 you've already heard, but I just want to make
17 sure that I follow up on some of the
18 information you got from the commissioner
19 this morning.

20 Yes, we were thankful to get two
21 investments in -- through the COLA in the
22 first two years of this administration.
23 That's very, very helpful for us. But that
24 came after 11 years and a total of a

1 1.2 percent COLA in investment in this field.

2 If we had been part of the Medicaid
3 program, there would have been -- just gotten
4 the regular increases that the Medicaid
5 program got, there would have been a
6 billion-dollar investment over those 11 years
7 in our field. That did not take place.

8 The 5.4 percent is welcome and it is
9 absolutely critical. We need to build on
10 that. We are at a point right now where our
11 staffing shortages are such that we have a
12 17 percent vacancy rate. That has gone down.
13 It's gone down because we were able to add
14 dollars to the salaries of the people that
15 work for us.

16 However, there's still a 31 percent
17 turnover rate. That costs the field about
18 \$100 million a year. That's an expense that
19 we take out of what could be supports and
20 services for people with disabilities.
21 Thirty percent -- and there's a real-world
22 impact on those vacancies. Having about one
23 in five staff people not there has an impact.
24 We are not able to open new programs. We

1 have 38 percent of our providers having
2 reduced or closed services because of that
3 shortage.

4 And the other point that I want to
5 make is this is not a one-and-done kind of
6 thing. Because of that long period of time
7 where we didn't have the investments we need,
8 we really need an investment now and an
9 ongoing commitment. What we're looking for
10 is the 8.5 percent. We think that, tied to
11 the CPI, makes sense. It's a real world, we
12 all live in the world, we know what's
13 happening with expenses. We want to make
14 sure that we get a full 8.5 percent.

15 But we're also looking for the
16 investment that was just talked about. We
17 need to invest in our workforce. The state
18 found it within their plans to support their
19 workers doing the same work that our guys do,
20 and they gave them an investment, an
21 increase, of between \$4,000 and \$6,000. Very
22 similar to what we were asking for.

23 We're looking for that. That's a
24 \$2 an hour increase in the wages for our

1 DSPs. So it's the 8.5 percent COLA plus the
2 \$4,000 investment in our staff.

3 CHAIRWOMAN KRUEGER: Thank you.

4 I know that Senator Mannion has some
5 questions, and Senator Brouk as well.

6 SENATOR MANNION: Thank you all for
7 your testimony today, to everyone that
8 testified today and, in a very short period
9 of time, trying to articulate the crisis that
10 we're in the midst of.

11 I can say for myself that in my budget
12 priority letter I asked for an 8.5 percent
13 cost-of-living adjustment and a \$4,000 salary
14 increase, and I encourage all my colleagues
15 to do so.

16 Mike, I also don't envy you in having
17 to follow Veronica.

18 (Laughter.)

19 SENATOR MANNION: But, Veronica, if
20 you don't mind, can you share some of the
21 changes or experiences that you no longer
22 have the opportunity to participate in, or
23 others that you know well have lost? Because
24 what you hear, is there simply not enough

1 staff to provide these programs?

2 MS. CRAWFORD: Yes. Well, I imagine
3 that a lot of people in the disability
4 population are feeling very isolated, not
5 available to go to day programs, and only
6 being able to go and like access the
7 community like just a one-and-done situation.

8 I would like people with disabilities
9 to be able to do more than that, to be able
10 to have more access to their communities,
11 because their staff makes that available to
12 them. Their staff is a valuable resource to
13 them. Without that, they are -- like they're
14 isolated.

15 SENATOR MANNION: And we know that
16 when you're isolated, when you're not
17 engaging in an enriched environment, it's all
18 the other things that we have talked about
19 earlier today as it relates to mental health.
20 People who are in the disabilities population
21 also suffer when they cannot have enriched
22 experiences, and it is impactful.

23 Thank you, Veronica, for your
24 testimony.

1 I can't emphasize enough the impact
2 that not having staff has, and it is present
3 today, as we do not see any DSPs testifying.
4 Nor did we a year and a half ago when we
5 conducted a hearing. And it is not without
6 consideration for their input; it's because
7 those that remain are working. Thank you.

8 CHAIRWOMAN KRUEGER: Thank you.
9 Assembly.

10 CHAIRWOMAN WEINSTEIN: Assemblyman
11 Eachus.

12 ASSEMBLYMAN EACHUS: Thank you.

13 Erik, just one explanation. You
14 mentioned that it costs -- with the turnover
15 it costs like \$100 million?

16 MR. GEIZER: That's right.

17 ASSEMBLYMAN EACHUS: And which could
18 be put into obviously programs and so on like
19 that.

20 MR. GEIZER: Absolutely.

21 ASSEMBLYMAN EACHUS: Can you explain
22 how the turnover costs that?

23 MR. GEIZER: Sure.

24 Well, obviously there are a lot of

1 requirements when we bring people on board --
2 extensive training, time to get people up to
3 speed in terms of their job requirements.
4 We're also, on the back end, covering those
5 shifts. We are -- double-shifts, double
6 overtime. So all of those things start to
7 add up.

8 And a survey that we did in
9 conjunction with NYDA did demonstrate that it
10 was about \$100 million in costs for the
11 current turnover rate that we have.

12 ASSEMBLYMAN EACHUS: Thank you.

13 CHAIRWOMAN KRUEGER: Thank you.

14 Senator Brouk.

15 SENATOR BROUK: Thank you.

16 Hi, everyone. Thank you so much for
17 taking this time to bring your testimony.

18 My question is going to go to Sebrina.
19 You know, I think you were very informative
20 around some of the housing initiatives that
21 the Governor has put forward. But one thing
22 that has come up several times as we've been
23 discussing this budget amongst my colleagues,
24 and with you as well, is the aging population

1 living in our mental health housing.

2 So I would love for you to expand a
3 bit on how we could better serve that
4 population through budget proposals this
5 year.

6 MS. BARRETT: Yeah, we really need a
7 task force that could start bringing together
8 experts from not just Mental Health but
9 Aging, Health, Housing, and have a
10 conversation about what this population
11 needs.

12 Our housing goes along an entire
13 continuum. People start with 24/7 care, they
14 end up in apartments. They're living longer,
15 which is wonderful, but with that comes
16 multiple co-occurring medical conditions. We
17 surveyed our members; it's mobility,
18 hypertension, dementia, COPD. Our models
19 that were created in the 1980s and 1990s
20 weren't created to -- with a staffing model
21 to help these residents who are aging.

22 Nursing homes are not able to take
23 these folks because they won't admit people
24 with mental illness. I talked to a member --

1 this number right. It's 40 percent of
2 residents --

3 MS. BARRETT: More than 42 -- well,
4 about 42 percent are age 55 and older, and
5 then a third of them are age 65 and older.
6 And that was a survey we did a year ago.
7 Folks are going to continue -- we have
8 40,000 residents, and every year those folks
9 are going to get older and older. So this
10 problem's only going to exacerbate until we
11 do something about it.

12 SENATOR BROUK: Thank you.

13 CHAIRWOMAN KRUEGER: Assembly.

14 CHAIRWOMAN WEINSTEIN: Assemblywoman
15 Gunther.

16 ASSEMBLYWOMAN GUNTHER: (Mic off.) So
17 about two weeks ago -- my daughter Mary Alice
18 had a best friend, and her best friend was
19 away at camp. And, you know, she came over
20 all the time. So to make a long story short,
21 while she was there her mother passed away.
22 And after she passed away, this young girl
23 was never herself.

24 So my daughter lives in Texas, but I

1 keep in contact with this girl because she
2 came over all the time, we used to make
3 movies. She was an amazing, brilliant girl.

4 So I talked to her last week and she
5 lives someplace in Middletown, probably you
6 know the place that she probably lives at.
7 And she was asking me to come and pick her up
8 for lunch and those kinds of things. And I'm
9 thinking about that she has such potential to
10 actually live on her own, to be able to not
11 be in a group home, but there's nowhere for
12 her to go. I mean, I'd like to wrap her up
13 and bring her to my house, but I really can't
14 do that.

15 But I was just thinking about her, and
16 after I got off the phone I called my
17 daughter Mary Alice and I said how sad I was,
18 this vibrant young woman and she's in a place
19 where she has no freedom -- I mean, they take
20 her to the mall or to like a Shop-Rite. But
21 like -- and occasionally a movie. But
22 nothing really fun. And it's because they
23 don't have a lot of direct care
24 professionals -- that, you know, it's costly,

1 those kinds of things.

2 But I just -- you know, I think that
3 sometimes we have a lot of money, we talk
4 about the budget of New York State, but I
5 think sometimes you have to really have
6 interaction with these folks. And it gives
7 you a sense of empathy. And, you know, I
8 mean -- when I got off the phone I called my
9 daughter Mary Alice and I said, I'm just like
10 so sad, you know, that this is what Sabrina
11 has at this point.

12 So, you know, I think that, you know,
13 we do need more money but we need more people
14 from the hierarchy to make this a focus.
15 And, you know, it's about human life and it's
16 about quality of life, it's about allowing
17 people who have the potential to work to work
18 and give them the transportation to get to
19 work. And we're just not doing that right
20 now.

21 That's all I've got to say.

22 CHAIRWOMAN KRUEGER: Thank you.

23 Senator O'Mara.

24 SENATOR O'MARA: Yes, thank you.

1 Ditto on what Aileen just had to say.

2 Thank you all for being here, for your
3 advocacy today. I can assure you that you
4 have a lot of advocates in this Legislature
5 for these issues.

6 You know, I just met last week with a
7 couple of ARCs in my district, which is a
8 rural Southern Tier Finger Lakes district,
9 with the talk of the homes being closed down
10 because there's no bodies to service them --
11 lowering and lowering the amount of available
12 spaces because of the lack of the workforce.
13 It's very frustrating.

14 The budgeting process is all about
15 priorities. Every year it is. And we say
16 that every year in, year out. But it really
17 is. Going to put our money where our mouth
18 is? We're not. Frankly I'm astounded at
19 what's been presented by the Executive at
20 this point. And we will find out over the
21 next month whether that's negotiating
22 strategy, making the Legislature buy these
23 things back, or whether she's just really
24 that out of tune with the I/DD community and

1 the needs that are so great out there.

2 So we'll be fighting for you. Thank
3 you.

4 MULTIPLE PANELISTS: Thank you.

5 CHAIRWOMAN KRUEGER: Thank you very
6 much.

7 I think we have no more questions from
8 either house -- oh, excuse me.

9 CHAIRWOMAN WEINSTEIN: Assemblyman
10 Manktelow.

11 ASSEMBLYMAN MANKTELOW: (Mic off.)
12 Thank you, Chairwoman. (Inaudible.)

13 (Exchange off the record.)

14 ASSEMBLYMAN MANKTELOW: It is now.

15 (Laughter.)

16 ASSEMBLYMAN MANKTELOW: Sorry about
17 that.

18 Mike, back to what you said, 8.5
19 percent, what does that equate to dollarwise
20 in our budget? How much money are you
21 looking for?

22 MR. ALVARO: Okay. The 8.5 percent is
23 the total investment of a hundred and -- wait
24 a second, I got this. I had it here right in

1 front of me two seconds ago, so -- oh, here
2 it is.

3 The 8.5 percent is \$235 million state
4 share for the COLA. And for the \$4,000
5 investment, it's \$126 million state share.

6 Now, that is in line with the
7 \$50 million that was found for the 15 percent
8 of the state workers. If you take that
9 15 percent that that \$50 million represents
10 that was invested for them, this is what
11 we're looking for for the other 85 percent.

12 ASSEMBLYMAN MANKTELOW: And your
13 workers do the exact same thing as state
14 workers, correct?

15 MR. ALVARO: It's similar. It's very
16 close. What they ended up asking for ended
17 up being very similar to what our ask was,
18 yup.

19 MR. GEIZER: To put it in real dollar
20 terms, the average DSP in the state-operated
21 workforce makes about \$24 an hour. The
22 average DSP in the nonprofit sector makes 16.
23 They make 50 percent more than we do for
24 the -- basically the exact same work. It's

1 unconscionable.

2 ASSEMBLYMAN MANKTELOW: I would like
3 to talk to you afterwards on -- really
4 because we don't have enough time.

5 But -- and Veronica, I want to say
6 thank you for your testimony this afternoon.
7 And --

8 MS. CRAWFORD: You're welcome.

9 ASSEMBLYMAN MANKTELOW: And I know how
10 important staff is. Can you explain to us
11 again how important staff is, dependable
12 staff, staff that's there all the time with
13 you? Can you explain that to us?

14 MS. CRAWFORD: Yes. Basically the
15 staff are just like a valuable asset to not
16 just me but to the disability community.
17 They're an advocate for them, they take them
18 out in the community. You know, they help
19 with transportation, appointments, their
20 well-being.

21 We need them. One staff in
22 residential homes cannot do that. Even two
23 in staff, that's not enough taking care of
24 everybody living in a residential home that

1 has disabilities.

2 We need to be the voice for them, and
3 we need to make a change and be the voice.

4 ASSEMBLYMAN MANKTELOW: Veronica,
5 thank you so much for your testimony and what
6 you said here today. And it means a lot to
7 all of us. And we do need to make this a
8 priority in New York State for you and
9 everyone else.

10 So thank you all for your testimony.

11 Thank you.

12 MS. CRAWFORD: You're welcome.

13 CHAIRWOMAN KRUEGER: So now I believe
14 there are no more questions from the Assembly
15 or the Senate, unless I'm hearing
16 differently. And I want to thank all of you
17 for your very hard work on behalf of
18 vulnerable New Yorkers and for coming here
19 today to testify. And I agree with all of my
20 colleagues that the work you do is
21 extraordinary and the amount of money we seem
22 to have for you is never quite the right
23 number.

24 So with that, I'm going to thank you

1 for your participation, and I'm going to
2 officially close down this hearing and tell
3 everyone that you don't have to come back
4 here tomorrow, even though you're used to
5 coming to this room each and every day,
6 because our next hearing won't be until
7 Monday, February 27th, 11:30 a.m.,
8 Higher Education.

9 I thank my colleagues as well and
10 thank all the staff for their incredible
11 work.

12 CHAIRWOMAN WEINSTEIN: Thank you all.

13 (The budget hearing concluded at
14 3:44 p.m.)
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