

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

2 -----

3 JOINT LEGISLATIVE HEARING

4 In the Matter of the  
2022-2023 EXECUTIVE BUDGET ON  
5 MENTAL HYGIENE

6 -----

7

8 Virtual Hearing  
Conducted via Zoom

9

February 14, 2022

10 11:04 a.m.

11

PRESIDING:

12

Senator Liz Krueger

13 Chair, Senate Finance Committee

14 Assemblywoman Helene E. Weinstein

Chair, Assembly Ways & Means Committee

15

PRESENT:

16

Senator Thomas F. O'Mara

17

Senate Finance Committee (RM)

18

Assemblyman Edward P. Ra

Assembly Ways & Means Committee (RM)

19

Senator Samra G. Brouk

20

Chair, Senate Committee on Mental Health

21

Assemblywoman Aileen Gunther

Chair, Assembly Committee on Mental Health

22

Senator John W. Mannion

23

Chair, Senate Committee on Disabilities

24

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3 PRESENT: (Continued)

4 Assemblyman Thomas J. Abinanti  
Chair, Assembly Committee on People with

5 Disabilities

6 Senator Pete Harckham  
Chair, Senate Committee on Alcoholism

7 and Substance Abuse

8 Senator Diane J. Savino

9 Assemblyman Angelo Santabarbara

10 Senator John Liu

11 Assemblywoman Melissa Miller

12 Assemblywoman Mary Beth Walsh

13 Senator Sue Serino

14 Assemblywoman Chantel Jackson

15 Assemblyman Khaleel M. Anderson

16 Assemblyman Harry B. Bronson

17 Senator George M. Borrello

18 Assemblywoman Sarah Clark

19 Assemblywoman Nathalia Fernandez

20 Senator Michelle Hinchey

21 Assemblyman Philip A. Palmesano

22 Assemblyman Edward Gibbs

23 Assemblywoman Anna R. Kelles

24 Senator Mike Martucci

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3 PRESENT: (Continued)

4 Assemblyman Harvey Epstein

5 Assemblywoman Didi Barrett

6 Assemblyman Chris Burdick

7 Assemblywoman Judy Griffin

8 Assemblyman Erik M. Dilan

9 Senator James Tedisco

10 Senator Peter Oberacker

11 Assemblyman Jarett Gandolfo

12 Assemblyman Keith P. Brown

13 Senator Anna Kaplan

14 Assemblyman Edward C. Braunstein

15 Senator Simcha Felder

16 Assemblywoman Emily Gallagher

17

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Kerri Neifeld

8 Acting Commissioner

NYS Office for People With

9 Developmental Disabilities 120 125

(OPWDD)

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Dr. Chinazo Cunningham

11 Commissioner

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6 Donna March Tilghman

SAPIS Chapter Chairperson

7 Local 372 NYC Board of Education

Employees, DC 37 AFSCME

8 -on behalf of-

Substance Abuse Prevention and

9 Intervention Specialists (SAPIS)

-and-

10 Andrea Smyth

President & CEO

11 NYS Coalition for Children's

Behavioral Health

12 -and-

Matthew Shapiro

13 Director of Public Affairs

National Alliance on Mental

14 Illness of New York State

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6 Harvey Rosenthal

Executive Director

7 NY Association of Psychiatric

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Ruth Lowenkron

9 Director, Disability Justice

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10 NY Lawyers for the Public Interest

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11 Evelyn Graham Nyaasi

Steering Committee Member

12 Correct Crisis Intervention

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Mary Tanillo

14 Director

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5 Annette Montstream

Service Coordinator

6 Judicial Process Commission

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7 Jeffrey Berman

MICA Project Attorney, Mental

8 Health Unit, Legal Aid Society

-for-

9 Treatment Not Jail Coalition

-and-

10 Charles King

CEO

11 Housing Works

-and-

12 John J. Coppola

Executive Director

13 NY Association of Alcoholism

and Substance Abuse Providers

14 -and-

Dr. Angelia Smith-Wilson  
15 Executive Director  
Friends of Recovery New York  
16 -and-  
Allegra Schorr  
17 President  
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19 Rachelle Kivanoski  
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Advocate  
22 NY Self-Determination Coalition  
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23 BJ Stasio  
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24 Self-Advocacy Association  
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CEO

6 The Arc New York

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7 Michael Seereiter

President & CEO

8 New York Alliance for

Inclusion & Innovation

9 -and-

Winifred Schiff

10 Associate Executive Director

for Legislative Affairs

11 InterAgency Council of

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13 George Contos

CEO

14 YAI

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15 Sebrina Barrett

Executive Director

16 Association for Community

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1 CHAIRWOMAN KRUEGER: Good morning. I  
2 am State Senator Liz Krueger, the chair of  
3 the Senate Finance Committee, and I am  
4 cochairing today's budget hearing. This is  
5 Monday, February 14th -- Happy Valentine's  
6 Day. Our hearing today is on the mental  
7 hygiene sections of the Executive Budget.

8 Today is the 10th of 13 hearings  
9 conducted by the joint fiscal committees of  
10 the Legislature regarding the Governor's  
11 proposed budget for state fiscal year  
12 '22-'23. These hearings are conducted  
13 pursuant to the New York State Constitution  
14 and Legislative Law.

15 Today the Senate Finance Committee and  
16 the Assembly Ways and Means Committee,  
17 chaired by Assemblywoman Helene Weinstein,  
18 will hear testimony concerning the Governor's  
19 proposed budgets for the Office of Mental  
20 Health, the Office for People With  
21 Developmental Disabilities, the Office of  
22 Addiction Services and Supports, and the  
23 Justice Center for the Protection of People  
24 With Special Needs.

1           Following each commissioner's  
2           testimony there will be some time for  
3           questions from the chairs and relevant  
4           members of the fiscal committee and matching  
5           committee to the commissioner's topic.

6           I will now introduce members of the  
7           Senate, and Assemblymember Helene Weinstein,  
8           chair of the Assembly Ways and Means  
9           Committee, will introduce members from the  
10          Assembly.

11          In addition, Senator Tom O'Mara, the  
12          ranking member of the Senate Finance  
13          Committee, will introduce members from his  
14          conference, and I believe Assemblymember Ra

15 will do the same for his.

16 So starting out with the Senators who

17 are with us so far today -- and more and more

18 will be joining us as the day goes on -- I am

19 joined by Senator Samra Brouk, the chair of

20 the Mental Health Committee, Senator George

21 Borrello, Senator John Liu, Senator Tom

22 O'Mara, my ranker that I just mentioned,

23 Senator Diane Savino. Just double-checking

24 if I've missed anyone else. Senator Sue

1 Serino, Senator Tedisco. And I believe --

2 Senator Mike Martucci, Senator Oberacker. We

3 have a bunch jumping on right as I speak.

4 I think that's it for now, so let me

5 pass it to Tom O'Mara to introduce his

6 members, although I think I just introduced a

7 few. Sorry about that.

8 SENATOR O'MARA: I think you just did,

9 Liz, but that's fine. We got them in. Happy

10 Valentine's Day, everybody.

11 CHAIRWOMAN KRUEGER: Thank you. I got

12 carried away, Tom. I was on a roll.

13 And now turning it over to

14 Assemblymember Helene Weinstein to introduce

15 the Assembly.

16 CHAIRWOMAN WEINSTEIN: Thank you. We

17 have with us our Mental Health chair, Aileen

18 Gunther. Then Assemblymembers Anderson,

19 Bronson, Burdick, Clark, Dilan, Epstein,

20 Fernandez, Jackson and Santabarbara.

21 And let me turn it over to

22 Assemblyman Ra, the ranker on Ways and Means,

23 to introduce the members of his conference.

24 ASSEMBLYMAN RA: Thank you, Chair.

1 Good morning, everybody.

2 We are joined currently by

3 Assemblywoman Missy Miller, who is the

4 ranking member on our Committee on People

5 with Disabilities; Assemblyman Gandolfo, our

6 ranker on Mental Health, and Assemblyman

7 Palmesano. And I believe our ranker on

8 Alcoholism and Substance Abuse, Keith Brown,

9 should be along shortly as well. Thank you.

10 CHAIRWOMAN WEINSTEIN: Back to the

11 Senate.

12 CHAIRWOMAN KRUEGER: Thank you.

13 Okay. So we already had a weekend, so

14 just to remind everybody of the rules, the

15 commissioners will summarize their testimony

16 in 10 minutes or less. There's a clock for

17 everyone to keep their eye on, on the screen.

18 We have everyone who's testifying's

19 full testimony, so we can be following along

20 or we may have read it in advance.

21 After the commissioner testifies, the

22 chair of the relevant committee will have

23 10 minutes to ask questions. The rankers

24 will have five minutes. Everyone else will

1 have three minutes.

2 With that, I would like to introduce

3 Dr. Ann Marie T. Sullivan, the commissioner

4 of the New York State Office of Mental

5 Health.

6 Good morning, Commissioner.

7 OMH COMMISSIONER SULLIVAN: Good

8 morning. Good morning.

9 I'm Dr. Ann Sullivan, commissioner of

10 the New York State Office of Mental Health.

11 Chairs Krueger, Weinstein, Brouk, Gunther and

12 members of their respective committees, I

13 want to thank you for the invitation to

14 address the OMH's '22-'23 budget.

15           As we all know, the last two years of  
16           the COVID pandemic have presented  
17           unprecedented challenges to the mental health  
18           of individuals and families across our state.  
19           The mission of the New York State Office of  
20           Mental Health is to promote the mental health  
21           of all New Yorkers, with a particular focus  
22           on providing hope and recovery for adults  
23           with serious mental illness and children with  
24           serious emotional disturbances.

1           With an estimated 40 to 50 percent of  
2           New Yorkers having a significant mental  
3           health impact from this pandemic, there is an  
4           increased need for timely and effective  
5           services that reach equally to all our  
6           communities. The pandemic has also alerted  
7           us to the increased need for mental health  
8           prevention and wellness, and the need to  
9           address any hesitancy about asking for help  
10          when needed.

11          Governor Hochul's Executive Budget  
12          this year provides an exceptional opportunity  
13          to build the mental health infrastructure  
14          needed to better support New Yorkers by

15 proposing a historic \$577 million increase to

16 the mental health budget.

17 From the very beginning of the

18 pandemic, our mental health care workers have

19 been on the front lines. The pandemic has

20 dramatically exacerbated concerns related to

21 recruiting and retaining essential workers.

22 The Governor's budget recognizes that we must

23 address the current hemorrhaging of our

24 workforce -- by not just saying that we owe a

1 debt of gratitude, but by actually paying the  
2 debt we owe.

3 This year's Executive Budget includes  
4 an historic 5.4 percent cost of living  
5 adjustment for community mental health  
6 providers licensed, designated and/or funded  
7 by OMH. The Governor's budget also includes  
8 legislation authorizing retention bonuses up  
9 to \$3,000 for full-time essential frontline  
10 workers. Additionally, the budget includes  
11 resources for the statutory minimum wage  
12 increases. These much-needed investments  
13 will help rebuild and grow the workforce,  
14 improve the career pipeline, and expand

15 access to services.

16 We also know that despite the

17 resources that we develop in the community,

18 there are individuals who are not able to

19 access those services without a great deal of

20 support. The Governor has launched the Safe

21 Options Support initiative to assist

22 individuals living with serious mental

23 illness who are homeless. Beginning with

24 individuals living in the subways of New York

1 City, the budget includes \$11 million in  
2 '22-'23 to develop 20 new Safe Options  
3 Support teams, with a multidisciplinary team  
4 of 12 staff, to reach thousands of homeless  
5 individuals using an evidence-based Critical  
6 Time Intervention model.

7 This investment in support services,  
8 combined with a two-year plan to provide for  
9 additional stabilization investments in  
10 community residential programs, provides for  
11 a comprehensive approach to housing the  
12 homeless.

13 The pandemic has had a particular  
14 impact on the mental health of young people

15 across the nation. In New York, between  
16 March and July of 2020, it is estimated  
17 tragically that 4,200 children lost a parent  
18 or caregiver to COVID, and early estimates  
19 show more than 6,000 deaths by suicide  
20 nationally in children and young adults  
21 during 2020.

22 This year's budget has several  
23 initiatives to address the mental health  
24 crisis among youth and families, including

1     \$10 million to fund the expansion of the  
2     Home-Based Crisis Intervention Program.  
3     Home-based crisis intervention provides  
4     short-term, intensive, in-home intervention  
5     services to a family in crisis as an  
6     alternative to admitting their child to a  
7     psychiatric hospital. The expansion will  
8     enable these programs to serve more than  
9     2,600 families each year, doubling the  
10    current volume.

11         Addressing the trauma caused by the  
12    pandemic in school-aged children is a  
13    priority. The Governor's budget includes  
14    \$10 million in new resources to invest in

15 school-based mental health to provide  
16 statewide learning and mental health grants  
17 to high-need school districts, including  
18 additional funding to expand access to mental  
19 health services in schools.

20 The funding will support the hiring of  
21 mental health professionals, the expansion of  
22 the almost 1,000 school-based mental health  
23 clinics, particularly in the most impacted  
24 communities, and other evidence-based mental

1 health supports for students and school

2 staff.

3 The budget also includes resources to

4 expand the NYS Trauma-Informed Network

5 throughout the child-serving system, to

6 address the range of experiences that may be

7 trauma-inducing for young children and their

8 families, especially since the start of the

9 pandemic.

10 And for those youth and families that

11 need intensive, brief residential supports,

12 there is increased funding to support our

13 residential treatment facilities and advance

14 the most innovative best practices.

15           OMH has been working diligently in  
16           collaboration with the Office of Addiction  
17           Services and Supports and stakeholders on the  
18           implementation of the 988 three-digit  
19           behavioral health hotline as a single point  
20           of entry for behavioral health crises, which  
21           will begin in July of this year. This year's  
22           budget includes \$35 million for FY '23 and  
23           grows to \$60 million in FY '24 in new  
24           resources for the expansion of call center

1 capacity, which builds on an already existing  
2 \$17 million in federal grants currently  
3 underway, for the necessary start-up  
4 resources to build that capacity and expand  
5 functionality to include 24/7 call, text, and  
6 chat capacity across the state as well as  
7 support linkages to New York's  
8 community-based crisis system.

9 To better serve New Yorkers, the  
10 crisis continuum includes expanded mobile  
11 crisis services, the development of crisis  
12 stabilization centers, and crisis residential  
13 programs.

14 The Governor's Budget includes

15 \$65 million in new resources in 2022-'23 and  
16 an additional \$39 million next year, as part  
17 of a two-year plan for investments in  
18 supported housing, single-room occupancy and  
19 community residence programs. The budget  
20 also includes \$36 million for full support  
21 for the residential pipeline, including  
22 almost 1,700 new supported beds.

23 The local capital budget includes  
24 \$60 million in capital funding to address

1 maintenance, repairs, and preservation  
2 projects for existing community beds. And to  
3 support the expansion of community care and  
4 crisis services, the 2022-'23 Executive  
5 Budget annualizes another \$22 million for  
6 Community Mental Health Reinvestment.

7 Additionally, the increased need for  
8 mental health services caused by the pandemic  
9 is addressed by enhanced clinic rates and  
10 additional resources designed to improve  
11 access to care. The Executive Budget also  
12 includes appropriations for the full  
13 reinvestment of \$74 million state share in  
14 projected recoveries, which represent OMH's

15 share of the reinvestment of managed care

16 savings recovered from managed care

17 organizations.

18 OMH will also be providing new

19 resources to expand the integration of mental

20 health services into primary care through

21 HealthySteps, an evidence-based prevention

22 program which improves health and behavioral

23 health outcomes. To expand capacity, OMH and

24 DOH will partner to provide Medicaid

1 reimbursement for dyadic services offering  
2 support for parent and child at the same time  
3 in these programs, and licensed behavioral  
4 health professionals will be fully integrated  
5 into pediatric well-child visits.

6 Building on the success of the crisis  
7 counseling services provided by New York  
8 Project Hope, this year's budget includes  
9 \$2.5 million in new resources to pilot a  
10 mental health wellness program designed to  
11 equip a community-based workforce of lay  
12 personnel trained in mental health to focus  
13 on wellness.

14 We also know that helping individuals

15 to become employed increases wellness and is

16 at the heart of rehabilitation and recovery.

17 This year \$2.5 million in new resources has

18 been budgeted to improve employment

19 opportunities throughout New York State

20 through a unique partnership between OMH and

21 the Department of Labor called the Employment

22 Services System, which is at the forefront of

23 Employment First initiatives.

24 Importantly, the Governor's budget

1 also includes \$7.7 million in funding for  
2 statewide coverage for the Joseph P. Dwyer  
3 Veteran Services Program that provides  
4 peer-to-peer support to vets.

5 Again, thank you for this opportunity  
6 to report on our efforts to address historic  
7 needs in response to a pandemic and to  
8 support and continue the work that we have  
9 jointly embarked upon to transform New York's  
10 mental health system.

11 I'm happy to answer any questions you  
12 have. Thank you.

13 CHAIRWOMAN KRUEGER: Thank you very  
14 much, Commissioner.

15 Our first questioner will be the chair  
16 of the Mental Health Committee, Senator Samra  
17 Brouk.

18 SENATOR BROUK: Good morning.

19 Good morning, Commissioner. Happy  
20 Valentine's Day. Thank you for joining us  
21 today.

22 First of all, I just want to  
23 acknowledge the fact that a lot of the things  
24 you just described are things that the state

1 has been working towards, certainly that I've  
2 been working towards for quite some time, so  
3 they're definitely positive and encouraging  
4 steps forward as we've been able to talk.

5 You know well that my priorities as  
6 chair have been threefold. One is rebuilding  
7 our mental health crisis system, specifically  
8 through that lens of racial justice. As many  
9 of us have seen, there is so much inequity  
10 and racism in the systems that we have  
11 existing, and so any rebuilding or  
12 reinvestment that we're doing, we want to  
13 make sure that we are righting those wrongs  
14 of the past.

15           Two is diversifying and growing our  
16           workforce. The Governor has done a lot for  
17           that in this proposal, and we're grateful for  
18           the 5.4 percent COLA. Of course we know that  
19           there's more to be done there with the  
20           \$500 million fund for really historic lack of  
21           payment to these folks.

22           And then, finally, services to our  
23           youth. I'm so glad to hear you highlight  
24           that in such a big way in your testimony,

1 that we are all under the understanding that  
2 we are in a crisis for our youth and their  
3 mental health. The Surgeon General  
4 understands that there's that crisis. And I  
5 would like us to do more than just have our  
6 school-based interventions. I think some of  
7 the things you outlined are going to be  
8 important in addressing those.

9 So thank you for some of those things  
10 coming through.

11 I want to hone in on one piece of the  
12 Executive Budget, specifically on Kendra's  
13 Law and some of the expansion that the  
14 Governor has proposed.

15 Can you just walk me through, first of  
16 all, roughly how many New Yorkers -- how many  
17 New Yorkers have been affected by Kendra's  
18 Law or under the AOT orders?  
19 OMH COMMISSIONER SULLIVAN: Currently  
20 there are about 3,400 New Yorkers, about 1400  
21 in the city and the rest upstate, who are  
22 currently on AOT orders. And the number of  
23 individuals over time who have received  
24 orders have been about 19,000. Kendra's Law

1 began in 1999.

2 SENATOR BROUK: And out of that,  
3 whether you have for the 19,000 or for the  
4 3,000 now, how does the racial makeup of  
5 those individuals affected relate to the --  
6 or reflect the demographics of the state  
7 overall?

8 OMH COMMISSIONER SULLIVAN: There's  
9 definitely a higher number in Kendra's Law of  
10 both Black and Hispanic than white members,  
11 both upstate and downstate -- a little bit  
12 higher downstate than upstate.

13 Sadly, those numbers also match the --  
14 pretty close to the number of individuals who

15 are generally in the public mental health  
16 hospitals and also in the community-based  
17 hospitals. So that disproportionate number  
18 is something that has been, sadly, in place  
19 for a long time and seems to be a part of the  
20 intensive services of the mental health  
21 system in New York.

22 So many factors may contribute to  
23 that. Some of them may be environmental, and  
24 some of them may be social determinants. But

1 it is something that needs to be looked at

2 very, very closely.

3 When there was a study done by Duke,

4 who looked at our AOT, they didn't feel that

5 AOT as a commitment, outpatient commitment,

6 was really being used disproportionately,

7 they felt it was just symptomatic of what's

8 unfortunately and sadly a part of our mental

9 health system.

10 SENATOR BROUK: And I can see that. I

11 think a lot of us see that. And I'm glad you

12 brought up social determinants of health.

13 This is -- you know, we can never look at

14 mental health as a silo, right? And this is

15 all part of, you know, someone's holistic  
16 life and the access they have to resources,  
17 how they're seen by emergency first  
18 responders, how they're seen by judges.  
19 We've seen it through the criminal justice  
20 system; we have a lot of reforms here in  
21 New York to correct some of those.

22 But I guess my question is, you know,  
23 with the understanding that I  
24 think especially since a couple of summers

1 ago, a lot of us have started to reckon with  
2 the fact that it is incumbent on us, as we  
3 expand and invest in these emergency  
4 resources, to make sure that we are righting  
5 these wrongs. So while it might not be the  
6 fault of AOT or something inherently wrong  
7 with Kendra's Law, the fact of the matter is  
8 there are people being disproportionately  
9 affected and losing control and the ability  
10 to voluntarily seek treatment.

11 So my question is as we think about --  
12 we know Kendra's Law is set to expire. The  
13 Governor's proposal both not only extends it  
14 but also expands its ability to be used

15 quite -- even easier than it's being used

16 now.

17 So what steps are you all looking

18 at -- you said you're looking into it. What

19 steps are you taking, especially now as we

20 think about potential extensions of this law,

21 to correct some of those systemic racial

22 injustices and to make sure that if we're

23 moving forward, we're actually going to

24 correct some of these things that we've seen?

1           And perhaps it not all lies in  
2           Kendra's Law, right? Perhaps there are  
3           alternatives that we need to be looking at to  
4           make sure that at the end of the day people  
5           are getting help they need, but in a way that  
6           makes sense for them and that is safe for  
7           them.

8           OMH COMMISSIONER SULLIVAN:  
9           Absolutely. I think what we're -- you know,  
10          this has to begin further downstream than  
11          when you get to Kendra's Law.

12          We are looking at all the new services  
13          that we're putting up, including the crisis  
14          stabilization centers and some of the other

15 crisis services, and the expansions. We're  
16 looking at the areas of the state most  
17 impacted and the areas in the state that are  
18 most in need. And I think that's where you  
19 begin. You really begin by looking and being  
20 very careful about where and how you set up  
21 services, and then you have to evaluate over  
22 time that you are really doing a good job of  
23 what you think you're doing.

24 And one of the things which we are

1 going to be putting out soon -- we have  
2 already done it to the state hospital system,  
3 and we'll now be going into the community --  
4 is something we're calling a diversity  
5 dashboard, where we really look at data to  
6 show us whether we are serving our  
7 communities well.

8 So for example, are Black and Hispanic  
9 individuals getting the same degree of  
10 primary care if they have mental illness as  
11 individuals who are white? And we're going  
12 to look at the data to show that throughout  
13 our system. We've already started to do that  
14 in the state hospital system and the clinic

15 system, and we'll be expanding it outside.

16 So we have to begin to right the

17 wrongs of what's been going on in not just

18 the mental health system, but throughout

19 healthcare, of the disparities in care which

20 exist between Black and brown communities and

21 the white communities. And some of that is

22 beginning to put our services in places and

23 to make sure that they are acceptable and

24 culturally appropriate for those areas.

1           You know, we can't design something  
2           that people won't come to. I mean, that's  
3           not going to help. And you see that. It's  
4           happened. I'm not going to say it doesn't  
5           happen. When we did Project Hope, New York  
6           Project Hope, we had a helpline. The  
7           helpline was a telephone line. The telephone  
8           line is primarily utilized by whites. There  
9           are Blacks and Hispanics who use it, but  
10          primarily the white population.

11          And then we thought, jeez, that's  
12          interesting, isn't it? And then we looked at  
13          what we were doing in our outreach, and we  
14          were not reaching the underserved

15 communities.

16 So what we did was we connected with  
17 grassroots organizations, went out and made  
18 sure that we were talking to the communities.

19 And currently the populations that are seen  
20 by New York Project Hope, 40 percent of the  
21 calls -- 40 percent of the contacts, not the  
22 calls, but the contacts are in our Black  
23 communities, and 38 percent in our Hispanic  
24 communities.

1           SENATOR BROUK: Thank you --

2           OMH COMMISSIONER SULLIVAN: So it can

3           be done. It can be done. We just need to

4           focus on it -- I'm sorry, Senator -- and make

5           sure that as we put out these services, we

6           are looking at disparities and making sure

7           that we're taking care of people who need it.

8           SENATOR BROUK: I couldn't agree more

9           on that. So because you brought data

10          collection up, I'm going to just quickly

11          pivot. And as brief as you can be as

12          possible, because we have so much to get

13          through. And I hate interrupting people,

14          frankly.

15           So I want to move on to the 988 bill,  
16           which is obviously a huge priority. Our team  
17           has worked on that last year, along with  
18           Assemblywoman Gunther, the other chairwoman.  
19           But you did mention data collection and  
20           reporting when it came to Kendra's Law. I  
21           agree, data collection is incredibly  
22           important when we're tracking who's  
23           benefiting from these. But one thing I was  
24           disappointed in, in the implementation plan

1 we saw for 988, it wasn't nearly as robust  
2 the type of data collection that we had  
3 originally wanted to see, specifically to  
4 make sure we're holding ourselves accountable  
5 for how we are treating hard-to-serve  
6 populations.

7 So do you plan on putting into effect  
8 a data collection reporting mechanism  
9 specifically on how you're treating different  
10 populations through 988?

11 OMH COMMISSIONER SULLIVAN: Yes. Yes.

12 And I know it isn't in the bill, but yes, it  
13 will be. And all the data will be broken  
14 down by, you know, race and ethnicity,

15 et cetera. And we'll be looking at that data  
16 and will be clearly parsing it to understand  
17 who's using the services and how well we are  
18 providing them. Yes, absolutely.

19 And I know it's not in, but it will  
20 be.

21 SENATOR BROUK: Where will that be  
22 available? Is that going to be publicly  
23 available?

24 OMH COMMISSIONER SULLIVAN: Yes. Yes,

1 absolutely.

2 SENATOR BROUK: Wonderful. I can't

3 fit anything possibly in 35 seconds, and I

4 know Senator Krueger will cut me off. So

5 thank you, Commissioner. I look forward to

6 speaking with you more on a lot of these

7 issues, and appreciate what you've done so

8 far.

9 OMH COMMISSIONER SULLIVAN: Thank you.

10 Thank you, Senator.

11 CHAIRWOMAN KRUEGER: And thank you for

12 handing back your 22 seconds, Samra,

13 appreciate it.

14 I want to introduce some other

15 Senators who joined us: Senator Michelle  
16 Hinchey, Senator Pete Harckham, Senator John  
17 Mannion, Senator Anna Kaplan, Senator Simcha  
18 Felder. And I'm now going to turn it over to  
19 the Assembly to introduce and call the next  
20 chair.

21 CHAIRWOMAN WEINSTEIN: We've been  
22 joined by Assemblymembers Gibbs, Braunstein,  
23 Kelles, Barrett, Griffin.

24 And we go to our Mental Health chair,

1 Aileen Gunther, for 10 minutes.

2 ASSEMBLYWOMAN GUNTHER: Hi, and good

3 morning. How are you?

4 OMH COMMISSIONER SULLIVAN: Good

5 morning. Good morning.

6 ASSEMBLYWOMAN GUNTHER: So Samra asked

7 some questions that were going to be similar

8 to mine, so I won't be repetitive.

9 So first of all, she did touch on the

10 COLA of 5.4 percent. And beyond this fiscal

11 year, will we be extending that out year

12 after year? You know, there has been such --

13 they've really suffered from such low wages

14 for so long, I just want to assure that this

15 is only the beginning, not the end.

16 OMH COMMISSIONER SULLIVAN: This

17 current COLA of 5.4 percent is -- that's

18 permanent. However, whether there will be an

19 additional COLA next year, that will be

20 decided next year.

21 ASSEMBLYWOMAN GUNTHER: Well, I hope

22 that you will advocate for that. Because

23 it's been so long, it's mostly a woman's

24 profession -- and I would encourage you, 5.4,

1     you know, when you -- it's a step in the  
2     right direction, but we need a lot more  
3     steps. We've got to go up to the top of the  
4     steps soon.

5             So the second thing I wanted to ask  
6     you, in HMH, Part B establishes that New York  
7     State will join the Interstate Medical  
8     Licensure Compact and Interstate Nursing  
9     Licensing.

10            Does this proposal impact the  
11    behavioral health service system?

12            OMH COMMISSIONER SULLIVAN: Yes, it  
13    should make it easier for individuals to move  
14    and serve clients in New York State. You

15 know, sometimes that's a bit of a deterrent

16 because New York State has been a little

17 cumbersome in terms of getting your licenses

18 renewed or started. So I think basically,

19 yes, it should help. It should help.

20 ASSEMBLYWOMAN GUNTHER: I know for

21 myself I got my nursing license in

22 California. And so when I came back, I had

23 to go through that horrible process.

24 The Executive Budget also proposes

1 Article VII language to provide bonuses of  
2 \$3,000 to healthcare and mental health staff.  
3 And we already mentioned the COLA. Are there  
4 any other proposals in the budget that would  
5 help behavioral health service providers  
6 recruit and retain their employees, such as  
7 loan forgiveness or a rate increase that  
8 would allow them really to increase their  
9 salaries either way? Is there anything for  
10 that?

11 OMH COMMISSIONER SULLIVAN: Yeah,  
12 there's a number of proposals. Well, from  
13 the block grant -- or from the SAMHSA block  
14 and the FMAP, there are dollars which will be

15 going out in terms of giving providers the  
16 ability to do things like additional bonuses  
17 for retention, tuition reimbursement,  
18 individuals -- perhaps hazard pay, whatever  
19 those providers are doing. So that's all  
20 being figured out in terms of -- I think  
21 it's almost \$25 million in the block grant  
22 and then there's another input from the FMAP.

23 In addition to that, some of those  
24 dollars which also came from the federal

1 government are going to be used to try to  
2 grow the mental health workforce pipeline,  
3 with some stipends for individuals who  
4 would -- for example, working with CUNY and  
5 SUNY for like \$10,000 stipends of individuals  
6 who will then work for two years in a mental  
7 health program anywhere that's funded by  
8 Medicaid.

9 So those kinds of initiatives are  
10 there and moving out to help enable growth of  
11 the mental health field.

12 And then in addition, there's a number  
13 of rate increases, which are really very  
14 important. There's going to be an additional

15 rate increase, I believe another 5 percent on

16 top of the 5.4 percent for clinic services,

17 which raises the clinic rate, and also

18 increased -- rate increases for PROS Act and

19 our residential services.

20 So those are all embedded in a

21 contribution of funding from federal and also

22 the savings that were attributed from the

23 managed care companies in terms of the MHLR

24 and BHT. And LR. So there is an increase in

1 rates.

2 As you said, Aileen, getting those  
3 rates up helps providers then be able to pay  
4 the salaries that enable them to recruit more  
5 people.

6 ASSEMBLYWOMAN GUNTHER: They're still  
7 low, though, Dr. Sullivan. But, you know,  
8 they're climbing a little bit, but are still  
9 very -- you know, if you live in New York  
10 City, they're working in two different places  
11 because they can't afford to live unless they  
12 do.

13 So I also want to go into child mental  
14 health. And most of our schools at this

15 point -- and many of our schools -- I know in  
16 the budget there are increases in social  
17 workers. But, I mean, there really needs to  
18 be some standard at this point. Our  
19 children, because of the COVID isolation, the  
20 anxiety of the parents, are -- are impacting  
21 the children.

22 So what are we going to do between  
23 those children from 5 to 17 years old,  
24 they've missed school, isolation, they're

1 talking about young children that have worn  
2 masks and the fact that they're emotionally  
3 kind of stunted, they don't see smiles, they  
4 don't see sad faces. So what are we going to  
5 do to invest in this generation of children?

6 We are in trouble, in my mind.

7 OMH COMMISSIONER SULLIVAN: I think  
8 there's been a -- you know, as you said,  
9 there's been a serious impact on our youth  
10 from this pandemic. There's --

11 ASSEMBLYWOMAN GUNTHER: Delayed  
12 language -- delayed language is part of it.

13 OMH COMMISSIONER SULLIVAN: Yes.

14 ASSEMBLYWOMAN GUNTHER: I mean, it

15 goes through the gamut. And I think that  
16 between mental health and I think education,  
17 we have to be more than just proactive.  
18 There was a doctor, I'm going to pronounce  
19 her name wrong, Dr. Murthy, M-U-R-T-H-Y, she  
20 did -- U.S. Surgeon General, and she talked  
21 about isolation and loneliness, anxiety,  
22 stresses, the economic stresses. And really  
23 we should be worried. And the investment --  
24 we should at this point start that

1 investment.

2 There aren't the social workers in

3 school. We cannot wait for this. We don't

4 have psychiatrists, they don't take Medicaid.

5 There are so many different things that I

6 really -- you know, we've talked about other

7 things, but I'm worried about our children

8 and this generation. And what are we going

9 to do? Psychiatrists don't take my health

10 insurance. So what are we going to do to get

11 these children the care that they need, get

12 social workers back in the school, get a

13 registered nurse in every school? This is

14 what we have to do going forward. I mean, I

15 want your help.

16 OMH COMMISSIONER SULLIVAN: Thank you.

17 And you'll -- you will have our help.

18 First of all, we have now in the

19 schools about a thousand school-based

20 clinics, and we're going to be growing those

21 school-based mental health clinics. I think

22 that's the most effective way in some ways to

23 have an impact in the schools.

24 Secondly, we'll be working with the

1 Department of Ed, and they have received a  
2 large -- \$100 million to look at putting, as  
3 you said, Aileen, some social workers and  
4 others in the schools. And we work jointly  
5 with them.

6 The third thing is we're doing a --

7 ASSEMBLYWOMAN GUNTHER: When you say

8 they work jointly, I -- that word to me is  
9 the most important word. A lot of times we  
10 dictate from the top-down. We're still doing  
11 it. We're still doing it. You're telling  
12 people how to run their schools or what their  
13 children need. And you know what, it's a  
14 top-down -- I want to see who is getting the

15 money, how it's going to be spent, and what

16 innovative way can we have to recharge

17 children, as well as within our community.

18 Those are the things. You can throw

19 as much money as you want. I want to know

20 process and program.

21 OMH COMMISSIONER SULLIVAN: Well --

22 ASSEMBLYWOMAN GUNTHER: And I know

23 you're used to it, you've been under the

24 tunnels and everything else. But we don't do

1 it. We don't do it. We're not doing it.

2 You know? We have to be -- we have to change

3 our ways.

4 OMH COMMISSIONER SULLIVAN: I agree.

5 And just to highlight one program that

6 we're going to be -- it's the doubling of our

7 home-based crisis intervention services.

8 That serves about 1300 families across the

9 state now. In the budget we're going to go

10 to 2600 families. So that's something very

11 concrete that will grow within the next year.

12 And that provides intensive home-based

13 services for the families that are in the

14 most crisis. And that will be --

15 ASSEMBLYWOMAN GUNTHER: That's an

16 itty-bitty number, though.

17 OMH COMMISSIONER SULLIVAN: Well, it's

18 a --

19 ASSEMBLYWOMAN GUNTHER: We're in one

20 of the largest crises that we've had in I

21 don't know how long. That's an itty-bitty

22 number. We have to -- you know, instead of

23 giving it to capital programs, you know,

24 let's build these programs to make people

1 healthy. And you know what? New York State  
2 will save a boatload of money.

3 OMH COMMISSIONER SULLIVAN: The --

4 ASSEMBLYWOMAN GUNTHER: I know that

5 the -- there also, with the Joseph P. Dwyer,

6 you have 7.7 million to fund the statewide

7 expansion, which I thank you for.

8 The home-based crisis intervention

9 program expansion is phenomenal, and I hope

10 that we can work together. And I hope that

11 the Governor is aware that the needs in the

12 mental health community are so great, greater

13 than ever.

14 And I'm willing to work with all of

15 you, but I feel like my last word would be,

16 don't -- don't legislate from the top down.

17 Please legislate from the bottom up, because

18 that's the only way we're going to solve any

19 of these problems.

20 OMH COMMISSIONER SULLIVAN: Thank you.

21 CHAIRWOMAN KRUEGER: Thank you. Am I

22 cutting you off, Aileen, or were you done?

23 ASSEMBLYWOMAN GUNTHER: No, you're not

24 cutting me off. My big mouth is shut now.

1 (Laughter.)

2 CHAIRWOMAN KRUEGER: I did not say

3 anything to that effect, just for the record.

4 I Was just double-checking that I was not

5 cutting you off. Thank you.

6 Our next Senator is Senator Jim

7 Tedisco, ranker on Mental Health, for five

8 minutes.

9 I know he was here until just a second

10 ago. Jim, are you here? Oh, his chair is

11 empty. I think that's a sign he's not with

12 us. So I'm actually going to jump over him

13 to Senator John Liu, and we'll come back.

14 Hi, John. Are you ready?

15 SENATOR LIU: Thank you, Madam Chair.

16 I'd be happy to take over the minutes that

17 the ranker has.

18 CHAIRWOMAN KRUEGER: Sorry, can't do

19 that.

20 SENATOR LIU: Okay. Well, I tried.

21 But Commissioner, thank you very much.

22 I appreciate the thoughtfulness about -- in

23 your comments about the mentally ill and

24 those who need additional services and

1 resources.

2           Unfortunately, in the Asian-American  
3 community we have seen our share of  
4 individuals who fall under that category, and  
5 I hope that your department will undertake  
6 every effort to provide that kind of  
7 assistance, support and services to  
8 individuals who unfortunately have been a  
9 danger to themselves and to others. And  
10 unfortunately, in at least a couple of  
11 incidences just this past month, having  
12 tragic circumstances, including the killing  
13 of a person in Chinatown yesterday morning  
14 and the shoving of Michelle Go onto the

15 subway tracks about a month ago.

16 At the same time, the Asian-American

17 community, as you're well aware of, has been

18 facing a crisis of anti-Asian attacks,

19 bigotry, bias incidents. And that also has

20 had an effect on the mental health of the

21 community. I'm wondering if there's anybody

22 in your office or any team that's been put

23 together to assess the impact of the ongoing

24 anti-Asian hate on the community, and what

1 resources or what services your department  
2 may be able to provide.

3 OMH COMMISSIONER SULLIVAN: Well,  
4 thank you, Senator Liu.

5 And yes, within the department we have  
6 an Office of Diversity and Inclusion, which  
7 has been looking at the needs of communities  
8 that suffer from racism, suffer from hate, as  
9 you said, and suffer from those very tragic  
10 societal influences that can cause the tragic  
11 events that have happened recently.

12 And that group is working on the  
13 various marginalized communities throughout  
14 the state, including the Asian community.

15           We've been working with, for example,  
16           a group of providers in the Lower East Side  
17           of New York City who serve, largely, the  
18           Asian community. They have come to us, and  
19           we've been working with them on helping them  
20           screen and work with individuals who are  
21           coming in with anxiety and depression  
22           secondary to the incredible pressures that  
23           are happening right now in the Asian  
24           community. And we are keeping track of the

1 number of -- the access of -- the ability for  
2 our Asian population, our Asian members in  
3 the state to access services, especially in  
4 hard-hit areas like New York City.

5 So we are definitely working with the  
6 communities, and we will continue to work  
7 with them.

8 SENATOR LIU: Commissioner, I'm happy  
9 to hear that you're working with these  
10 organizations, many of which are probably  
11 more equipped -- better equipped than  
12 government, whether they be state or city  
13 government, to reach these communities and  
14 provide that relief.

15 Do you think that there are enough  
16 resources for these organizations, or might  
17 your department be able to help with more  
18 resources?

19 OMH COMMISSIONER SULLIVAN: Well, we  
20 share what resources we have. I think we're  
21 kind of assessing how many -- what the  
22 resource need is. We're constantly -- and I  
23 know that the Governor is very concerned with  
24 making sure that we deal with the trauma that

1 everybody has experienced, both from the  
2 pandemic and the results of the pandemic.

3 So yes, we're evaluating the resources  
4 that are needed. And there may be more  
5 needed; it's not clear yet. But we are  
6 looking.

7 SENATOR LIU: Thank you so much.

8 Thank you, Madam Chair.

9 OMH COMMISSIONER SULLIVAN: Thank you.

10 CHAIRWOMAN WEINSTEIN: We go now to  
11 the Ways and Means ranker, Assemblyman Ed Ra.

12 ASSEMBLYMAN RA: Thank you, Chair.

13 Good morning, Commissioner. Thank you  
14 for your testimony.

15           So the pandemic has drastically  
16           changed the working environments for both  
17           healthcare workers and first responders.  
18           These individuals, as you know, have put in  
19           endless hours, had to navigate all the  
20           changing mandates, and seen and dealt with  
21           immense loss and tragedies. And I think it's  
22           imperative, as the pandemic winds down, that  
23           these individuals are not forgotten and we  
24           continue to provide services and programs

1 that will help them deal with the mental

2 strain the pandemic has caused.

3 Our conference for many years has been

4 a major proponent of the Joseph P. Dwyer

5 Program that helps veterans receive mental

6 health services, and we are very glad to see

7 the program is expanded and included in this

8 year's Executive Budget. And we would like

9 to see perhaps a portion of the \$2 billion

10 reserve for COVID-19 public health response

11 included in the Executive Budget to be used

12 to seed and create a similar program and

13 services to help healthcare workers and first

14 responders deal with the mental health

15 impacts from the pandemic.

16 What would your thoughts be about

17 perhaps using some portion of that money

18 that's reserved for COVID response and relief

19 to seed some type of program for those

20 populations?

21 OMH COMMISSIONER SULLIVAN: Well, we

22 are working with -- we have a fairly

23 extensive, what we call a trauma-informed

24 network that has been funded and has been

1 funded in this year's budget by the Governor  
2 for \$10 million to expand. And what that  
3 does in particular is work with the  
4 individuals who -- frontline workers -- it  
5 works with others as well, but a lot of  
6 workers, frontline workers who have  
7 experienced the trauma of the pandemic.

8 And I think that those resources are  
9 important for individuals who have  
10 experienced the kind of loss and the kind of  
11 pain that our frontline workers have  
12 experienced.

13 We've also used a lot of those  
14 resources from New York Project Hope to also

15 work with frontline workers and have the  
16 availability of working with them in terms of  
17 dealing with the trauma that they've  
18 experienced.

19 So there's a lot of work going on  
20 currently. And I think that, you know, we  
21 have to assess what else is needed over time,  
22 and we will look at that. But I think that  
23 we need to be very open to the prevention we  
24 need with frontline workers, but then also to

1 have the mental health services available if  
2 they need them, and have easy access to  
3 mental health services, which is the other  
4 issue that the budget builds upon.

5 ASSEMBLYMAN RA: Thank you for that.

6 So going back to the Dwyer program,  
7 though, you know, I think it's a great thing  
8 that the Governor has included it in the  
9 Executive Budget. I think this is, you know,  
10 a program that everybody supports, and it  
11 shouldn't ever be kind of used as a, you  
12 know, political football like the former  
13 governor used to use it. So I definitely  
14 applaud the Governor including it and the

15 expansion of it as well.

16 Do you know, you know, how many

17 additional counties will be able to be

18 included with this additional funding? Are

19 we going to be able to expand it statewide to

20 all counties that don't currently have

21 programs? Or how will that work in terms of

22 selecting these counties and disbursing the

23 funding?

24 OMH COMMISSIONER SULLIVAN: We think

1 we'll be able to expand it to all the  
2 counties that don't have the programs now,  
3 with the funding. That's the goal, and we'll  
4 make sure that happens.

5 I think that the Dwyer program is  
6 exceptionally effective with veterans.  
7 Peers, we know, veterans talking to former  
8 veterans is the best way to help them,  
9 especially in that transition from service  
10 back to the community.

11 So yes, the intent is here to have it  
12 in every county across the state.

13 ASSEMBLYMAN RA: Great. Thanks so  
14 much.

15 Madam Chair, I will give back my

16 minute and a half.

17 CHAIRWOMAN WEINSTEIN: Great.

18 We've been joined by Assemblywoman

19 Gallagher, and back to the Senate.

20 CHAIRWOMAN KRUEGER: Thank you very

21 much.

22 And I don't believe I see Senator

23 Tedisco back yet, so we are going to continue

24 to move along until we find him, with Senator

1 Borrello.

2 SENATOR BORRELLO: Thank you,

3 Madam Chair. And thank you, Commissioner,

4 for being here.

5 You know, we've had a lot of talk

6 today about Kendra's Law, and I'm glad to

7 hear that. But for me, Kendra's Law is

8 actually very personal. It's named after

9 Kendra Webdale. And her and I grew up

10 together and went to school together in the

11 little town of Fredonia. And I can tell you

12 that her tragic death back in 1999 shocked

13 our whole community.

14 And, you know, last year we tried to

15 strengthen Kendra's Law in the budget process

16 and allow those -- a lot of that was just

17 stripped out. It was -- we were talking

18 about civil rights of potentially those

19 folks. But the reality is is that the civil

20 rights of Kendra Webdale and now, tragically,

21 Michelle Go were stripped away in an instant

22 by someone that should just not have been on

23 the streets.

24 And that's really what this is about,

1 because Kendra's Law is great, but from what  
2 I understand, it's grossly underutilized.  
3 You've got about 40 percent of people in  
4 New York City, the most seriously mentally  
5 ill, are going untreated. And these tools  
6 are effective. It's been proven to reduce  
7 homelessness and arrests and violence and  
8 incarceration in about 70 percent of the  
9 time.

10 So my question to you is, you know,  
11 it's great to talk about strengthening it,  
12 but are we actually going to do it? And what  
13 specifically are we going to do to ensure  
14 that this law is utilized to help those

15 people that are suffering such severe mental

16 crises?

17 OMH COMMISSIONER SULLIVAN: Yeah,

18 thank you, Senator.

19 You know, just -- you're absolutely

20 right that Kendra's Law has been tremendously

21 effective in terms of decreasing

22 hospitalizations, decreasing violence,

23 decreasing homelessness.

24 So I think it's a very effective use

1 of what some people consider a reduction in  
2 rights, but I think what it does is really  
3 help individuals get their lives on track and  
4 do better.

5 Basically Kendra's Law, we're asking  
6 first of all for a five-year extension again,  
7 so that the law continues. And then there  
8 are a couple of things that will make it, I  
9 think, as you said, utilized more.

10 One is when someone is coming off  
11 Kendra's Law, there's a six-month period that  
12 we're requesting that it would be easy --  
13 essentially, by going back to court without  
14 having to go back to the original criteria --

15 to have someone go back and see the judge  
16 again if, during that six-month post-Kendra's  
17 Law there is a significant return of symptoms  
18 or inability to care for yourself.

19 It's interesting that the law -- the  
20 law has certain requirements, and basically  
21 during that particular -- as you come off,  
22 and you don't want to be able to go back to  
23 those original requirements, because they may  
24 not be applicable. So that's one way to be

1 able to help individuals who may need the  
2 help after they leave Kendra's Law.

3 The other is to have video  
4 conferencing available for physicians to  
5 testify. A major issue with making Kendra's  
6 Law timely for individuals is physician  
7 availability. We all know about the crisis  
8 of physician shortages, especially  
9 psychiatrist shortages across the state. So  
10 that video conferencing will be extremely  
11 helpful.

12 And then the third is just to ensure  
13 that when someone has been put under Kendra's  
14 Law, they are on AOT, that they can easily

15 get the records from their hospitalization.

16 And that has been a little bit of an issue

17 relative to some HIPAA requirements. By

18 putting that in statute in New York State,

19 that means that all that information will be

20 available to the AOT team if you've been

21 hospitalized, that the hospitals can give

22 that information. And that's very important

23 in terms of doing a good job for AOT.

24 So those are the proposals which are

1 currently in to extend and also to hopefully  
2 be able to expand the use of Kendra's Law  
3 appropriately -- always appropriately -- for  
4 individuals who are in need.

5 SENATOR BORRELLO: Thank you so much.

6 And I know Senator Savino is also hot  
7 on this issue as well, and I appreciate  
8 everyone's support. This should be a  
9 bipartisan issue to try and get those folks  
10 help.

11 Thank you.

12 CHAIRWOMAN KRUEGER: Thank you.

13 Back to the Assembly.

14 CHAIRWOMAN WEINSTEIN: We have the

15 ranker on Mental Health, Assemblymember

16 Gandolfo, for five minutes.

17 ASSEMBLYMAN RA: Chair, I think he had

18 to hop off.

19 CHAIRWOMAN WEINSTEIN: Okay, so then

20 we will go to -- thank you. We'll go to

21 Assemblymembers who will be three minutes

22 each, but the first, who's been waiting

23 patiently, is Assemblymember Fernandez.

24 ASSEMBLYWOMAN FERNANDEZ: Thank you so

1 much, Chair.

2 And thank you, Commissioner, for being

3 here today.

4 I want to echo, first off, the

5 comments of our Senate chair and our Assembly

6 chair of Mental Health about the need to

7 really address what's happening in our

8 schools. We know that children have been

9 suffering, and I commend you for making sure

10 that that is in the budget. But to follow

11 off Aileen Gunther's concerns, we really want

12 to make sure that money is going to the

13 communities that need it, that our schools

14 are implementing it well. And I trust that

15 you will make sure that happens, and you hear

16 our concerns.

17 But in regards to mental health and

18 our prison systems, I didn't hear you mention

19 anything about making sure that those that

20 are incarcerated are getting the help that

21 they need. We know that Rikers Island in

22 New York City is the biggest in the city, if

23 not the state, when it comes to being a

24 mental health hospital.

1           So in the midst of a very public  
2           conversation about the intersection between  
3           mental health and crime, currently 50 percent  
4           of incarcerated people at Rikers qualify for  
5           mental health services. Rikers, by default,  
6           is one of the largest mental health  
7           facilities in the country, as I said. How  
8           can we better support people suffering from  
9           mental health challenges with the criminal  
10          legal system and better end this cycle of  
11          incarceration to make our communities safer?

12          OMH COMMISSIONER SULLIVAN: I think in  
13          the prison system, which is the place where  
14          the Office of Mental Health has our services,

15 and we are responsible for the services in  
16 the prison system, I've done a number of  
17 things which I think Rikers could easily --  
18 well, Rikers could consider in terms of the  
19 city providing these kinds of services.

20 First of all, we have a continuum of  
21 services that includes hospital -- which  
22 Rikers also has, because it refers to Health  
23 + Hospitals. But then we have crisis beds,  
24 we have intensive beds for individuals, for

1 inmates, and we also have an established  
2 clinic system, almost, of treatment within  
3 the prison system.

4 You need to have mental health  
5 services that reach all levels of mental  
6 health intensity in the prison system.

7 The second thing we have -- and I  
8 think Rikers has some of this, but it's very  
9 important -- is for individuals -- again, in  
10 the prison system, people stay for a longer  
11 period of time. So before they leave, we  
12 have specialized units for individuals with  
13 significant mental illness where they get  
14 specialized treatment and readiness for going

15 back into the community.

16 And then we have a whole host of

17 after-care services that include once people

18 leave the community, which includes some

19 specialized housing, some specialized

20 forensic teams, et cetera. So you need that

21 kind of continuum of services.

22 Now, jails, people do not stay as

23 long, so those things could be abbreviated.

24 But I think within -- it's something for

1 places of the jail system to consider putting  
2 those mental health services in place. We  
3 feel that that has been effective in the  
4 prison system, where we're responsible for  
5 the mental health care.

6 ASSEMBLYWOMAN FERNANDEZ: Okay. Well,  
7 I could say too that Rikers certainly needs  
8 more assistance in getting those services, as  
9 well as other prisons in the state.

10 But are you familiar with the  
11 Treatment Not Jails legislation that's  
12 currently pending in the Assembly and the  
13 Senate? And what are your thoughts about  
14 expanding community-based, court-mandated

15 treatment options for people facing criminal

16 charges?

17 OMH COMMISSIONER SULLIVAN: I think

18 expanding the ability to divert individuals

19 with mental illness from prisons and jails is

20 tremendous. I think we need to be thinking

21 more and more about that in various ways. I

22 can't comment on the particular legislation,

23 but that process of diversion, the intercept

24 model, which looks at all the places where

1 individuals with serious mental illness  
2 intercept into the justice system. And at  
3 each point you can help with diversion, you  
4 can do it pre-arraignment, post-arraignment,  
5 there's all kinds of ways.

6 But the services have to be set up.

7 So that kind of work that helps individuals  
8 not get into incarceration, but get the  
9 services they need in the community. And we  
10 have done some of that work across the state  
11 with grants out of the SAMHSA funding that we  
12 get. And they've been very successful.

13 So yes, it's very important to come up

14 with ways to intercept, in quotes,

15 individuals entering the criminal justice  
16 system, and then to give them the services so  
17 they don't come back and they don't end up  
18 returning to the criminal justice system.

19 CHAIRWOMAN WEINSTEIN: Thank you,  
20 Commissioner.

21 ASSEMBLYWOMAN FERNANDEZ: I agree.  
22 Thank you so much.

23 CHAIRWOMAN WEINSTEIN: Thank you.

24 CHAIRWOMAN KRUEGER: Thank you.

1 Still not seeing Senator Tedisco, so

2 moving to Senator Savino.

3 SENATOR SAVINO: Thank you, Senator

4 Krueger. Good to see you, Commissioner.

5 I want to go back to the discussion on

6 Kendra's Law. I know a lot has been said

7 about it. And I think you said it yourself:

8 When Kendra's Law works, it works. But it

9 doesn't always work. And in fact there's

10 been a lot of discussion around how we amend

11 it, how we improve it, how we extend it.

12 And so I've been doing some work on

13 that, speaking to providers, speaking to

14 psychiatrists, speaking to the head of the

15 New York City Health and Hospital  
16 Corporation, the head of Greater New York  
17 Hospital. And there's a couple of things  
18 that have come to my attention. One, of  
19 course, has been the disinvestment in  
20 hospital beds. Over the past 10 years we've  
21 closed many psychiatric beds in the state  
22 system, and we disincentivized the public  
23 hospitals and we disincentivized the  
24 nonprofits because of the reimbursement rate

1 for psychiatric beds.

2 But what has come to my attention

3 clearly, after speaking to all of them, is

4 the flaw is in the definition under Mental

5 Hygiene Law that allows a hospital to retain

6 a patient. Section 9.39 of the Mental

7 Hygiene Law says that a patient can be

8 retained if it can be proven by clear and

9 convincing evidence that the patient is

10 mentally ill and in need of further care and

11 treatment because they are a danger to

12 themselves and others. It's a deliberately

13 vague statute that only applies at that time.

14 And so many people are brought into

15 the emergency room or into a psychiatric  
16 emergency room, like that individual who  
17 pushed Michelle Go off the subway platform,  
18 because they are clearly a danger to  
19 themselves or other people. But as it's been  
20 demonstrated to me in my discussions with  
21 providers, the minute that person either is  
22 provided with medication or with food or  
23 something else, they are no longer in that  
24 state and they cannot be retained, but they

1 clearly need hospitalization.

2 So would you support changing the

3 definition of what makes someone a danger to

4 themselves or others to expand it to them

5 being a danger because their mental illness

6 makes them incapable of taking care of

7 themselves, tending to their ability to

8 obtain food, clothing, shelter, taking their

9 medicine, so that they could get the

10 necessary mental health services they need to

11 stabilize them?

12 OMH COMMISSIONER SULLIVAN: Thank you.

13 You know, there's been a lot of

14 discussion about commitment law. And I think

15 that you have to be very, very cautious --

16 SENATOR SAVINO: Absolutely.

17 OMH COMMISSIONER SULLIVAN: -- with

18 commitment law, and very, very careful.

19 I do think there is part of a current

20 statute, which is the 9.27, which allows for

21 a two-physician certificate. And that

22 two-physician certificate for involuntary

23 treatment is not as immediate and as

24 stringent as what is described in the 9.39

1 emergency admission criteria. It has not  
2 been used, in my view, as well as it could be  
3 for many of the individuals that you're kind  
4 of describing. It talks to substantial harm,  
5 but it doesn't talk to immediacy.

6       And I think one of the things that we  
7 are in the process of doing is working with  
8 emergency rooms and others to begin to think  
9 about using that statute.

10       Expanding the statute -- I know  
11 there's a lot of discussion about it. I  
12 think it has to be very, very thoughtful and  
13 careful because of expanding the issue of  
14 civil rights, which I know you appreciate. I

15 know you do. But this particular -- there  
16 are ways, I believe, within -- and also in  
17 case law there is case law of a couple of  
18 cases, one was Billie Boggs and one was Larry  
19 Hogue, which did allow looking at history as  
20 a reason for committing someone for a stay in  
21 a psychiatric hospital. And that has not  
22 been utilized as much as I think it could be.

23 So I think that education is something  
24 that we are definitely going to be working on

1 with our providers across the system.

2 SENATOR SAVINO: Thank you. My time

3 is up, but I would love to follow up with you

4 on this, Commissioner.

5 OMH COMMISSIONER SULLIVAN: Thank you.

6 Thank you, Senator Savino.

7 CHAIRWOMAN KRUEGER: Thank you.

8 Assembly.

9 CHAIRWOMAN WEINSTEIN: We go to

10 Assemblywoman Barrett, three minutes.

11 ASSEMBLYWOMAN BARRETT: Thank you,

12 Chairs.

13 And thank you, Commissioner. Thank

14 you for being here.

15           And as the chair of the Assembly's  
16           Committee on Veterans Services, I too want to  
17           say how grateful we are to the Governor, and  
18           I'm sure your influence, to include Dwyer in  
19           the budget and the increase in the amount of  
20           money to really expand this to -- across the  
21           state. And I know we're requesting some  
22           money as well for programs that will help  
23           take those who are training to work in Dwyer  
24           to the next level. So hopefully, you know,

1 we'll be able to expand that program.

2 I have two questions, and I'm going

3 to, you know, just ask them and then let you

4 answer.

5 One is -- the most important for me is

6 really what are we doing to ensure workforce

7 for our rural communities. I mean, every

8 meeting I have with people, whether it's

9 school districts or businesses or everything,

10 we're talking about mental health as just a

11 crisis-level challenge. But as one of the

12 doctors I spoke to from -- I think it was

13 Westchester said, everybody is asking for

14 a -- particularly, in this case, children, a

15 pediatric psychiatrist, but no one's ever  
16 seen one. And, I mean, I think that's  
17 really -- you know, that sort of captures  
18 what's going on. We don't have pediatric  
19 beds at all in the two counties that I  
20 represent. There's a shortage of workforce.  
21 If you want to bring in experts into the  
22 school system or if you want to offer even,  
23 you know, therapy, there aren't therapists  
24 around.

1           So how are we -- what in the budget  
2           are you doing to ensure that we have a -- you  
3           know, a pipeline, or at least a plan, to  
4           start offering and being able to serve the  
5           people in districts like mine?

6           And then the other question -- I'm  
7           sorry, quickly -- is also where do we stand  
8           with that merger of the two -- of your office  
9           and OASAS? I know that came up last year,  
10          and I didn't know if that was still in the  
11          works.

12          OMH COMMISSIONER SULLIVAN: Okay,  
13          thanks.

14          First, on the rural side, I think

15 there's two things. One is the expansion of  
16 telehealth, which I think can be extremely  
17 helpful in this area. It's not the total  
18 solution, but I think it can be extremely  
19 helpful and will enable a lot of work in both  
20 schools and also connections between, for  
21 example, as you say, pediatric psychiatrists  
22 to be able to do consultations with general  
23 psychiatrists, to also do the work themselves  
24 through telehealth, et cetera.

1 We're in the process of expanding that

2 significantly. And --

3 ASSEMBLYWOMAN BARRETT: Well, we have

4 to do that with expanding broadband, because

5 we don't necessarily have that effectively.

6 OMH COMMISSIONER SULLIVAN: Yes. Yes.

7 It has to have the broadband and the

8 telehealth, but also telephonic is also

9 something which has been paid for with

10 Medicaid in the budget. That's in there.

11 The telephonic care would be paid for.

12 Now, they can't -- you have to have an

13 initial assessment, but after that telephone

14 care as well as telehealth like this. So

15 that's one big thing.

16 The other is we are doing this

17 outreach and recruitment. And one of the

18 issues for individuals who would take a small

19 stipend in order to go into mental health --

20 and we're working -- that's across the state.

21 That's statewide. So those stipends will be

22 available with colleges and universities as

23 we go up through the state, and those

24 stipends are to work then in the mental

1 health field for more than two years  
2 afterwards, depending upon the stipend. And  
3 we hope that will encourage people to work in  
4 the mental health field, get to like rural  
5 areas, et cetera.

6 So I think there's a number of things  
7 that we're doing in the rural area.

8 On the merger issue, at this point in  
9 time that is not something that's being  
10 considered.

11 ASSEMBLYWOMAN BARRETT: Thank you.

12 CHAIRWOMAN WEINSTEIN: Back to the  
13 Senate.

14 CHAIRWOMAN KRUEGER: Thank you.

15 Senator Tedisco, are you back there

16 with us? You have your camera off, so I'm

17 just double-checking. No?

18 I'm going to move on to Senator

19 Hinchey.

20 SENATOR HINCHEY: Thank you, Chair.

21 And Commissioner, it's great to see

22 you. Thank you.

23 I echo some of the sentiments of

24 Assemblymember Barrett, especially on the

1 telehealth piece. So I hope we can all work  
2 together on that.

3 And also Senator Savino touched on one  
4 of my questions. As you know, we lost all of  
5 our mental health beds in the City of  
6 Kingston under the guise of COVID surge.

7 Those beds moved multiple hours away for the  
8 people who used those services. And we know  
9 that we are not the only community that is  
10 facing this.

11 So my question is twofold. One, what  
12 is your plan to make sure those beds come  
13 back? Because right now there is no plan.  
14 The hospital has removed them entirely,

15 they've shifted them. Under their

16 Certificate of Need, they are supposed to

17 have them. So what is the plan from the

18 state to make those beds come back?

19 And then additionally, we know that

20 those beds moved because of the low

21 reimbursement rates. And so I know we're

22 having conversations generally about Medicaid

23 reimbursement rates, but have you

24 specifically asked the Governor for -- or us,

1 for that matter -- for increased  
2 reimbursement rates for mental health  
3 services?

4 OMH COMMISSIONER SULLIVAN: Yes,  
5 across the state there have been hundreds of  
6 beds that closed due to COVID or migrated due  
7 to COVID, and we're looking at every one  
8 carefully. And even in the specific instance  
9 you're talking about, we will not approve  
10 beds changing or moving -- nothing has come  
11 forward for our approval unless we're  
12 absolutely sure that the community still gets  
13 the services they need. So I know that  
14 there's still negotiations about those

15 particular beds.

16 But across the state, yes, with COVID

17 numbers of beds were closed. We are looking

18 to reopen all those beds. And if they are

19 not to be reopened, then exactly what are the

20 communities proposing in terms of providing

21 the services that could make the difference?

22 And we are really pushing to make sure those

23 beds come back online.

24 You're absolutely right that the

1 reimbursement is one of the issues. A couple  
2 of years ago we significantly reimbursed  
3 child beds so that their rates went up about  
4 25 percent. As of August of '21, there was a  
5 10 percent increase to the rates for the  
6 psych beds, psychiatrist adult beds across  
7 the state. On Medicaid, I'm talking about  
8 Medicaid increase. Medicaid is the primary  
9 payer for a lot of the psych beds. So a  
10 10 percent increase. So that's there.

11 And we're also working with the  
12 commercial insurers to pay a parity for  
13 mental health services, to make sure that  
14 they are paying similarly for mental health

15 inpatient -- this is for commercial  
16 insurance. So yes, there is an issue with  
17 rates, and we are working very hard to make  
18 sure that those rates are adequate to make  
19 sure that we can reimburse for the services  
20 that are so needed.

21 SENATOR HINCHEY: Just to say, in my  
22 last 20 seconds, it should not be on the  
23 community to figure out how to backfill the  
24 beds. Right? Like we have to get these

1 hospitals to bring them back. It should not  
2 be how is the community going to then fill  
3 those services. Which is maybe not what you  
4 meant to say, but it sounded like what you  
5 said.

6 So I look forward to communicating  
7 with you further on that. Because again, we  
8 know also the mental health reimbursement  
9 rates were significantly lower than any  
10 other -- outside of detox, significantly  
11 lower than any other reimbursement rates as  
12 well. So thank you.

13 OMH COMMISSIONER SULLIVAN:

14 Absolutely. No, it's not up to the

15 community, absolutely not. What I meant was  
16 that sometimes community-based services can  
17 be established that sometimes -- I'm not  
18 saying in your instance -- sometimes can have  
19 an impact that would allow perhaps a lowering  
20 of beds. We always have to consider that  
21 when we look at community services versus  
22 beds. But no, it's not up to the community  
23 to make those services real, that's up to us.

24 SENATOR HINCHEY: Thank you.

1 CHAIRWOMAN KRUEGER: Thank you.

2 Assembly.

3 CHAIRWOMAN WEINSTEIN: Assemblyman

4 Burdick.

5 ASSEMBLYMAN BURDICK: Thank you.

6 And thank you, Dr. Sullivan.

7 I have a few questions regarding OMH

8 services in cooperation with DOCCS. And you

9 had provided testimony in September 2020 in a

10 State Senate hearing, and I'd appreciate a

11 brief update on those services, the caseload,

12 suicide prevention, use of telepsychiatry and

13 additional ways to use technology, and, you

14 know, just generally the challenges your

15 office is facing and how you're dealing with  
16 them -- and would greatly appreciate a  
17 written update, if that might be possible.

18 OMH COMMISSIONER SULLIVAN: Yes,  
19 surely. We'll be glad to give you a written  
20 update.

21 In terms of working with DOCCS, I  
22 think the working relationship is very good.

23 I just want to say a couple of things  
24 you brought up -- one was suicide prevention.

1 We have, in the past year, now we have the --  
2 maybe two years -- the director of suicide  
3 prevention in DOCCS, which works with us.  
4 That has been very, very helpful in terms of  
5 looking at the issues that the inmates face  
6 in terms of the stress that can lead to  
7 making suicide attempts and, sadly, some lost  
8 by suicide.

9 So basically that director helps. We  
10 have also got a peer-to-peer program, which  
11 is now in three -- I believe it's three  
12 prisons. That's inmates who work with  
13 individuals who have made suicide attempts.  
14 When they leave the intensive service they're

15 in and go back to general population. And we  
16 have been putting that forward. We also do a  
17 lot of work with -- it's a model that was in  
18 Rhode Island which was very successful with  
19 inmates, and it's now in three of our  
20 prisons.

21 And we also do a lot of work with our  
22 staff and with DOCCS on training to recognize  
23 the issues, signs and symptoms that could  
24 bring someone issues with being at risk for

1 suicide, suicide attempts. One is  
2 transitions. When inmates move from one  
3 place to the other, we know it's a risky  
4 time. And also changes at home. Things that  
5 are happening outside of the prison can also  
6 be a risky time. So that's some of the work  
7 that is going on.

8 In terms of the general services, we  
9 also have our discharge units, which are  
10 working very well at helping individuals who  
11 have serious mental illness get ready for  
12 leaving. About three to five months before  
13 they leave, they're in those units to help  
14 them get ready to transition back into the

15 general population. And we do extensive  
16 discharge planning and case management for  
17 those individuals when they leave.

18 And the --

19 ASSEMBLYMAN BURDICK: And what's the  
20 caseload, if I might ask?

21 OMH COMMISSIONER SULLIVAN: The  
22 caseload right now is 8,000 individuals. Of  
23 those 8,000, about 20 percent -- I mean, I'm  
24 sorry, 9 percent of the 8,000 -- 10 percent

1 of the 8,000 are seriously mentally ill. But

2 8,000 is the total caseload at this point in

3 time. I believe about 30,000 inmates, but I

4 might not have that number right.

5 ASSEMBLYMAN BURDICK: Yeah, so that's

6 a fairly high percentage of those

7 incarcerated.

8 OMH COMMISSIONER SULLIVAN: Yes. Yes.

9 It's about 20 percent, yup.

10 ASSEMBLYMAN BURDICK: Thank you. And

11 if it's possible to provide a written update,

12 that would be super.

13 OMH COMMISSIONER SULLIVAN: Yes,

14 definitely we will. Thank you.

15 ASSEMBLYMAN BURDICK: Thank you very

16 much.

17 OMH COMMISSIONER SULLIVAN: Thank you.

18 CHAIRWOMAN WEINSTEIN: To the Senate.

19 CHAIRWOMAN KRUEGER: Thank you.

20 And Commissioner, whenever any

21 individual member asks you for materials in

22 writing, we -- Helene and I -- ask you to

23 send them to us as well so we can make that

24 available to everybody. So thank you to

1 Assemblymember Burdick, but we'll try to get  
2 it for everyone as well. Thank you.

3 OMH COMMISSIONER SULLIVAN: Thank you.

4 CHAIRWOMAN KRUEGER: Next, I still  
5 don't see Senator Tedisco back, so I'm going  
6 to go to Senator Sue Serino.

7 (Pause.)

8 CHAIRWOMAN KRUEGER: We're not hearing  
9 you, Sue, for some reason. (Pause.) No,  
10 we're still not hearing you. I'm so sorry.

11 There you go.

12 SENATOR SERINO: Can you hear me now?

13 CHAIRWOMAN KRUEGER: Now I can.

14 SENATOR SERINO: I'm so sorry about

15 that.

16 So recently I had a meeting with Astor

17 that has a parents' group that meets once a

18 month, you know, for support and, to tell you

19 the truth, out of frustration. Right? So

20 these parents feel like they're hitting a

21 wall on the mental health front where, yes,

22 they can access certain services through

23 their schools during the day but feel like

24 they really hit a wall after school hours.

1           Like for example, the kids are doing  
2           well in school, they're assessed, and then at  
3           home they have a mental health crisis and the  
4           parents are, like, now what?

5           And yes, like I'm very fortunate to  
6           have a community that really makes mental  
7           health a priority. So we have our  
8           stabilization center where they can go for  
9           something immediately. But that's not a  
10          long-term solution. You know, after that  
11          they've gotten nowhere left to turn, they  
12          have to jump through hoops and tons of  
13          paperwork before they can even get anywhere.

14          So just wondering, what do you say to

15 these parents about what's in the budget to

16 tangibly like bolster those services and cut

17 through that red tape when people need to

18 access these services?

19 OMH COMMISSIONER SULLIVAN: Yes, thank

20 you. And yes, I think you're right that

21 basically sometimes it's been way too

22 bureaucratic to get the kinds of services you

23 need.

24 What we're dealing with now is we're

1 going to be significantly increasing the  
2 intensive services that families may need.  
3 One, as we mentioned before, is the  
4 home-based crisis work, which will double the  
5 number of families from 1300 to 2600. We're  
6 also going to be opening 20 ACT teams, ACT  
7 teams for youth.

8 This is new. We have always had  
9 Assertive Community Treatment teams for  
10 adults, but not for youth. These are 20  
11 teams across the state. They all have a  
12 caseload of about 48 each, so that's a  
13 significant influx of services.

14 ACT teams work with the family in the

15 home and also in the community, wherever it  
16 works. So it's much more accessible, and for  
17 families in crisis it will be much better  
18 able to serve those families.

19 And your crisis stabilization center  
20 which you have is something else that we will  
21 be increasing, and we're also going to be  
22 increasing mobile crisis outreach with an  
23 emphasis on the mobile crisis teams being  
24 able to serve families and youth as well.

1           So that's for the high-end services.

2           On the other end, we have been greatly

3           expanding the intensive outpatient services

4           in our clinic system. We have money in the

5           budget to start those up and to expand those

6           across the state. That enables someone, for

7           example, who comes to the stabilization

8           center to then transition to a local clinic

9           system with intensive services at the

10          beginning, where someone can see both the

11          social worker, the psychiatrist, the nurse,

12          the psychologist all in the same day, and

13          that team can then work with that individual

14          and also make home visits if necessary.

15           So we are building the continuum to  
16           make it easier and more seamless for our  
17           families, because I know there have been  
18           problems in the past.

19           SENATOR SERINO: And I'd like to  
20           follow up in conversations with you about  
21           that as well.

22           But I know my colleagues have talked  
23           about the number of beds, right, for mental  
24           health. For me, it's about the youth, too.

1 Right? We have such a problem, you know, in  
2 all of our communities. But my local  
3 community has been asking for quite some  
4 time -- I recently sent a letter to the  
5 Governor asking for funding to support the  
6 creation of the additional beds, especially  
7 for youth. And I haven't yet received a  
8 response.

9 Like our kids right now, they'll go to  
10 the fifth floor of our hospital, they're  
11 mixed in with adults, and it's just -- it's  
12 not -- it's not a place where kids need to  
13 be. They need to have this care and these  
14 beds. So what can you tell me about that,

15 Commissioner?

16 OMH COMMISSIONER SULLIVAN: Yeah,

17 we'll be glad to work with you and the local

18 providers to see what's possible.

19 As I said, we significantly increased

20 the rates for youth beds, and we have had

21 some communities come forward recently to say

22 they're interested in opening some youth

23 beds. So I'd be glad to talk with you,

24 Senator Serino, about that.

1 SENATOR SERINO: Thank you.

2 And I don't know if I'm out of time

3 yet, but I'd also like to have a conversation

4 with you about what's in the budget to

5 incentivize New Yorkers to actually enter

6 into a career for mental health.

7 CHAIRWOMAN KRUEGER: You don't have

8 time to answer that because she is out of

9 time. So keep that on your assignment list.

10 SENATOR SERINO: Thank you.

11 CHAIRWOMAN KRUEGER: Thank you.

12 Assembly.

13 CHAIRWOMAN WEINSTEIN: Assemblywoman

14 Kelles, three minutes.

15 ASSEMBLYWOMAN KELLES: Good morning,  
16 Commissioner. Thank you so much, and really,  
17 truly thank you for one of the most important  
18 services right now, in particular, for the  
19 state.

20 I just had a few questions. One, you  
21 mentioned earlier there are block grants,  
22 rate increases, FMAP dollars going to  
23 providers. Are there any requirements for a  
24 percentage of those funds to go directly to

1 employees?

2 OMH COMMISSIONER SULLIVAN: It is

3 expected, yes. The providers -- the money is

4 going to the providers, but the providers

5 have to get a plan back to us. And it is

6 expected that a number of those things that

7 are flowing will go to the employees.

8 They're going to have to report to us how

9 they did that. They're also --

10 ASSEMBLYWOMAN KELLES: It's not

11 required but they -- they will be --

12 OMH COMMISSIONER SULLIVAN: Well, no,

13 it is -- yes, it's required. It's basically

14 required. Yes, it is.

15 ASSEMBLYWOMAN KELLES: Okay. Thank

16 you.

17 And you mentioned -- a lot of people

18 have asked you about the youth mental health

19 services. Of course the national Surgeon

20 General's report that came out -- pretty

21 severe, I think. The estimate, for example,

22 for teenage girls' increase in suicide

23 attempts was an increase of 51 percent. And

24 we had a crisis already going into this.

1 I have, in my district, some schools  
2 that only get a provider a couple -- one to  
3 two times a month, even though some children  
4 have been assessed and they're supposed to be  
5 getting it like once a week.

6 I saw there's \$10 million to school  
7 systems, but not specifically allocated any  
8 funding for an increase in providers, mental  
9 health providers in schools. There have been  
10 some estimates that it would be about  
11 \$80 million to have a provider in every  
12 school. I'm wondering, you know, what  
13 percentage of this is expected to go to  
14 mental health service providers to increase

15 that, and what you're seeing as the need.

16 OMH COMMISSIONER SULLIVAN: A fair

17 amount of that 10 million will go to expand

18 school-based clinics. When you put up a

19 school-based clinic it's actually done with a

20 provider in the community who then puts some

21 of their staff as a satellite clinic, a

22 satellite clinic in the school. And they can

23 then bill for services. So basically you're

24 not -- the reimbursement comes from Medicaid

1 and also some commercial payers, who then pay  
2 for the school-based services.

3 So a good part of that 10 million is  
4 going to be the expansion of our clinics. We  
5 have, across the state now, in schools a  
6 thousand school-based clinics. We need to  
7 get more of those out there into the schools.

8 This is start dollars that will enable people  
9 to start to build those clinics. That's one  
10 piece of the puzzle. And --

11 ASSEMBLYWOMAN KELLES: Let me ask you  
12 one other really, really quickly.

13 So one of the things that we've talked  
14 about is the need of students outside of the

15 schools and getting them on-boarded. What do  
16 you think of creating a state offering of  
17 telehealth, at least a couple of appointments  
18 that they can get assessed and do crisis  
19 management, suicide prevention, to get them  
20 on-boarded into systems?

21 OMH COMMISSIONER SULLIVAN: That's  
22 great. That's great. There's no reason that  
23 that can't be done. And I think that's an  
24 encouraging -- that's something we need to

1 encourage our clinics to do more of.

2 Sure, you can start treatment now by

3 tele. You do not have to have an in-person

4 visit for Medicaid. You still need one

5 in-person visit for Medicare, but not for

6 Medicaid.

7 ASSEMBLYWOMAN KELLES: And what about

8 being offered by the state?

9 OMH COMMISSIONER SULLIVAN: Well, we

10 do it through -- you mean being offered -- we

11 do it with reimbursement from the insurers.

12 Partly we do that because that's their job,

13 to be paying for mental health care in that

14 realm. And it's important that they be part

15 of the expenditure for this. And it's

16 billable, it's totally billable.

17 ASSEMBLYWOMAN KELLES: Thank you.

18 CHAIRWOMAN KRUEGER: Okay, thank you.

19 CHAIRWOMAN WEINSTEIN: The Senate.

20 CHAIRWOMAN KRUEGER: Sorry. Thank

21 you.

22 Next is Senator Tom O'Mara.

23 SENATOR O'MARA: Thank you,

24 Chairwoman. Thank you, Commissioner --

1 CHAIRWOMAN KRUEGER: Our ranker, for  
2 five minutes, please. Sorry. Sorry, Tom.

3 SENATOR O'MARA: Yeah. Thank you,  
4 Commissioner. Good morning.

5 You mentioned earlier that there's no  
6 longer discussions of the merger of OASAS  
7 with Mental Health. Can you let us know what  
8 efforts are underway to deal with the  
9 dual-diagnosis issues that are prevalent in  
10 our communities?

11 OMH COMMISSIONER SULLIVAN: Yeah,  
12 we're working very, very closely with  
13 Dr. Cunningham in OASAS on a couple of major  
14 initiatives. One is our crisis stabilization

15 centers, which are coming up on being dually  
16 established, dually developed by both of us,  
17 with full capacity to treat both substance  
18 use and mental health and all the crossovers.

19 Our CCBHCs, which are Certified  
20 Community Behavioral Health Centers, by them  
21 being designated as such, must have  
22 integrated care and have done a really great  
23 job at integrating substance use. We have  
24 13 of those sites and an additional 20 that

1 have some funding from the federal  
2 government. All those are required to do  
3 integrated care.

4 We recently did a collaborative with  
5 us, OASAS and emergency rooms across the  
6 state that involved a hundred of our medical  
7 emergency rooms, on how to deal with crises  
8 that come in, whether it's an overdose or a  
9 suicide attempt or a sort of violence. And  
10 we're working together with OASAS with all  
11 those emergency rooms on the standards that  
12 should be utilized for care.

13 So there's a lot of collaboration  
14 going on between the agencies at the level of

15 actually providing care, and we're going to  
16 continue to work to grow that. Even if we're  
17 separate agencies.

18 SENATOR O'MARA: Well, thank you for  
19 that. And I encourage you to continue that,  
20 because that's a significant issue in our  
21 communities, I think both rural, suburban and  
22 urban as well.

23 You know, as you know, our jails, our  
24 local jails had been kind of a last-resort

1 provider of mental health services to many  
2 incarcerated individuals in the community.  
3 And now, with no bail, those individuals are  
4 not getting incarcerated. And I'm not  
5 suggesting that the jails should be used for  
6 mental health treatment, but that's in fact  
7 what they've been doing for many years with  
8 the lack of services in the community.

9 So now we have this revolving door,  
10 you know, to -- the citizens of my  
11 communities, it makes no difference to them  
12 whether they're victimized by a bad guy or a  
13 mentally ill person. You know, we need to  
14 have better services to stop these

15 individuals from just being a revolving door

16 in our criminal justice system and risking

17 the safety of our communities.

18 What's being done about that?

19 OMH COMMISSIONER SULLIVAN: I think

20 one -- there's two things. One I think is

21 working with individuals who are brought into

22 the criminal justice system. It's that

23 diversion point.

24 And there's a number of programs that

1 we have established across the state in  
2 various jurisdictions to have mental health  
3 workers there, whether it's -- sometimes it's  
4 pre-arraignment, sometimes it's  
5 post-arraignment, sometimes it's a discharge  
6 from jail, to work with individuals. And I  
7 think that's something that we absolutely  
8 have to continue to grow.

9 Bail reform has meant, yes, that less  
10 people are being actually in the jail. So at  
11 the point where they are seen by the judge,  
12 there needs to be people there to work with  
13 individuals, that can easily connect with  
14 that individual, to work with them to enable

15 them to get into the services that they need.

16 So it's a little bit different. And

17 we have been setting these up in various

18 communities across the state, and we'll have

19 to continue to grow that. It's very

20 important to capture people when you can get

21 to them.

22 SENATOR O'MARA: Yeah, exactly. I

23 agree wholeheartedly with that. And

24 unfortunately, that is what our jails were

1 doing for a long period of time.

2 I'm not so sure that just a judge

3 telling somebody, you know, you're not

4 setting bail but you've got to go to this

5 outpatient clinic or treatment, is going to

6 be the answer. Because a lot of these

7 individuals just aren't going to show up.

8 And they're going to end up right back in

9 front of another judge on a different charge.

10 So, you know, we're really lacking in

11 inpatient options for judges, or just the

12 community in general, because the beds have

13 been cut back so much, particularly in our

14 rural areas, when it takes an hour and a half

15 or two hours to get to a treatment facility.

16 So we really need to ramp up our

17 efforts on inpatient options for everybody.

18 I'm not just talking about those that commit

19 crimes, but for everybody with significant

20 mental illnesses that need that because

21 they're not compliant with their medications

22 or their treatment protocols.

23 But thank you very much.

24 OMH COMMISSIONER SULLIVAN: Thank you.

1 CHAIRWOMAN KRUEGER: Thank you.

2 Back to you, Assembly.

3 CHAIRWOMAN WEINSTEIN: We've been

4 joined by our chair of the Disabilities

5 Committee, Assemblyman Abinanti.

6 But we go first to Assemblywoman

7 Miller for three minutes.

8 ASSEMBLYWOMAN MILLER: Thank you.

9 Good morning, Commissioner. Nice to

10 see you again.

11 I have two questions. I'll try and be

12 quick so that maybe you can answer. But if

13 not, you know, please send in writing if

14 there's anything that you don't get to

15 answer.

16 My first, has SED or the Governor, the  
17 Governor's office, asked you for any data on  
18 the impact of the pandemic on school-age  
19 children on their mental health, specifically  
20 remote learning and masking?

21 My second question is basically we all  
22 agree, I've heard it again and again, that we  
23 need mental health services, a big, you know,  
24 increase in mental health services for our

1     frontline workers. But I feel like talking  
2     about it and actually putting it into place  
3     are two very different things.

4             Is there any way that we can urgently,  
5     now, put in some supports for those frontline  
6     workers, whether it be within hospital  
7     systems or in the community? So many of  
8     these frontline workers are literally on the  
9     verge of burnout, have already collapsed or  
10    are suffering from PTSD. And we're doing a  
11    lot of talking about they need those  
12    supports, but they're not available yet in  
13    many of these instances.

14            OMH COMMISSIONER SULLIVAN: Well,

15 first of all, on the frontline workers, we do  
16 have available New York Project Hope. And  
17 New York Project Hope will provide -- all you  
18 have to do is call, it's immediately  
19 available -- will provide up to five crisis  
20 counseling sessions with someone to deal with  
21 the impact of the pandemic, trauma, loss,  
22 et cetera. And then --  
23 ASSEMBLYWOMAN MILLER: Are they  
24 through telehealth or in-person?

1           OMH COMMISSIONER SULLIVAN: It can be  
2 both. We are doing both. We are doing both  
3 tele, phone and in-person.

4           So we have about 600 counselors across  
5 the state who are available for this, and we  
6 can connect people through New York Project  
7 Hope to that immediate connection for  
8 counseling.

9           Now, if someone after that needs more  
10 intensive mental health, they will then be  
11 referred by that counselor, for someone who  
12 needs more. But that's really right there  
13 and available, and that's been one of the  
14 most effective outreaches that we have had

15 during this pandemic.

16 On your other question, it just

17 slipped my mind.

18 ASSEMBLYWOMAN MILLER: Has SED or the

19 Governor's office reached out to you for

20 data?

21 OMH COMMISSIONER SULLIVAN: We have a

22 number of meetings that we talk about these

23 things. The data is still not entirely clear

24 what's out there about the impact, for

1 example, of masks, et cetera. There are  
2 things being written, but I think we're still  
3 waiting for some good studies that will tell  
4 us what the impact is. I mean, we're all  
5 assuming there's an impact because it seems  
6 like there would be. But to get the really  
7 good data, I think we're still waiting for  
8 those studies to come from people who  
9 normally do that.

10 ASSEMBLYWOMAN MILLER: What would you  
11 consider really good data? Like a really  
12 good study, what would that --

13 OMH COMMISSIONER SULLIVAN: Well, you  
14 want academics to go in and look at what --

15 get information from kids, but then also  
16 track their performance and link it to what  
17 the youth are saying and what the families  
18 are seeing. So you'd like to see, for  
19 example --

20 ASSEMBLYWOMAN MILLER: And that's not  
21 being done yet or it's just not --

22 OMH COMMISSIONER SULLIVAN: It's being  
23 done. It's being done. We don't have the  
24 results of it yet. It's being done. There's

1 a number of people doing it from the various  
2 universities across the country. We just  
3 don't have good results yet to know. I mean,  
4 we're all supposing there's going to be a  
5 significant impact, but we don't know.

6 CHAIRWOMAN WEINSTEIN: Thank you.

7 ASSEMBLYWOMAN MILLER: Thank you.

8 CHAIRWOMAN KRUEGER: Thank you.

9 Hi. I think I'm up next for the

10 Senate, Commissioner Sullivan.

11 And obviously many people have raised  
12 Kendra's Law, and I think there is real  
13 debate about whether Kendra's Law needs to be  
14 fixed or it's just not being used correctly.

15 But I want to highlight that we can have that  
16 debate, but unless we actually have beds for  
17 people to go to when they are diagnosed as  
18 needing to be in a psychiatric institution,  
19 it doesn't matter.

20 And I just want to highlight -- I know  
21 other people have raised this with other  
22 examples, but apparently since 2018 New York  
23 City alone has 900 fewer psychiatric  
24 inpatient beds than we did in 2012. And we

1 know that in the last two and a half years,  
2 because of COVID, that number has reduced in  
3 the private and the public hospitals because  
4 we know the hospitals are saying --  
5 literally -- We can't take you here, we have  
6 lots of sick people.

7 And so what are we going to do to  
8 increase the number of psychiatric inpatient  
9 bed options that we have? Because if we  
10 don't have that, it doesn't matter what we're  
11 talking about with laws.

12 OMH COMMISSIONER SULLIVAN: I think  
13 the first step is to reopen the beds that  
14 were closed during COVID.

15           Two years back, we lost 400 beds that  
16           came offline that were active beds. You  
17           know, counting the number of beds is always a  
18           little tricky, because sometimes they're down  
19           for construction, et cetera. But due to  
20           COVID, we lost a significant number of active  
21           psychiatric beds across the state, in both  
22           New York City and upstate. We need to get  
23           those beds reopened.

24           And I think that that's where -- now,

1 part of it is we're still dealing with COVID,  
2 so that's still putting some stress on the  
3 hospitals. But we do have concerns that the  
4 hospitals put back up those beds that were  
5 there, and they are in the hundreds that are  
6 down because of COVID. It's critical, I  
7 absolutely agree with you, that those beds  
8 come back up and that they are available for  
9 individuals. So yes, we need to.

10 Now, many of the hospitals are saying  
11 they will be putting them back up, but the  
12 time lag has been significant.

13 CHAIRWOMAN KRUEGER: So I was told,  
14 because I was chatting with them the other

15 day, that the psychiatric state hospital

16 beds, at least in New York City, the space is

17 there but they don't have the staff to

18 reopen. Is the state committing to helping

19 reopen those beds?

20 OMH COMMISSIONER SULLIVAN: We're --

21 we -- yes. The complement that we've had, we

22 will continue to have.

23 In fairness to the other hospitals,

24 too, it's a staffing issue. Across many of

1 the hospitals, it's getting staff. But yes,  
2 we have -- the complement of beds that we  
3 have are open.

4 You know, New York City in four years,  
5 from -- going back four years, only 24 beds  
6 were lost in the state system. And they were  
7 lost because of construction, because we got  
8 a new South Beach and we had less  
9 availability. We have over a thousand beds  
10 in New York City, just for New York City, on  
11 the state system. And that number will  
12 continue.

13 CHAIRWOMAN KRUEGER: Okay. So I don't  
14 know that anybody has brought this up yet

15 today, but according to the State Department  
16 of Health, there are 92,000 individuals in  
17 New York State who are evaluated and eligible  
18 for the program called HARPs, which is  
19 intensive Medicaid managed care for people  
20 with serious and persistent mental illness,  
21 but only 2.3 percent of this population is  
22 enrolled in HARPs.

23 Can you talk to me about that and  
24 what's been going wrong and whether you agree

1 that getting people signed up for this  
2 program would address much of the concern  
3 that we're seeing out there today? Any of  
4 the concern?

5 OMH COMMISSIONER SULLIVAN: I'm just  
6 not sure about those numbers. We do have  
7 over 140,000 members in the HARP that are  
8 eligible. A number of individuals -- the  
9 eligibility for health home of the members in  
10 the HARP is very low. I mean, the number of  
11 people enrolled in health homes. So I'm not  
12 sure about that number.

13 Getting people enrolled in HARP has  
14 not been as much an issue as making sure they

15 get the services that they needed once they  
16 were enrolled in the HARP. That includes  
17 things like health homes, making sure that  
18 for the very high end individuals who need a  
19 lot of support, that they get the kind of  
20 intensive services that they need. And when  
21 we talk about wrapping very intensive  
22 community services around the very seriously  
23 ill individuals in the HARP, the managed care  
24 companies have not always been great partners

1 with us in making sure that that happens.

2 So there is an issue with getting the

3 appropriate -- making sure that especially

4 the high-need end of individuals in the HARPs

5 get what they need. I don't know that the

6 enrollment per se is the problem, it's

7 getting the services for the individuals in

8 the HARP.

9 CHAIRWOMAN KRUEGER: And which state

10 agency is responsible for contracting with

11 that kind of specialized managed care program

12 and getting the match made?

13 OMH COMMISSIONER SULLIVAN: Well, we

14 work closely -- technically, DOH is -- the

15 Department of Health is overall responsible,  
16 but we work extremely closely with them. And  
17 this is one of the reasons that DOH is  
18 looking for a reprocurement of managed care.  
19 I mean, it's one of the issues in terms of  
20 their looking for reprocurement, is to be  
21 able to better serve certain populations, and  
22 one of those is the seriously mentally ill.  
23 I think that the managed-care plans  
24 have done not so badly with certain

1 populations. But with the seriously mentally  
2 ill, that's a serious issue from our point of  
3 view, and that's part of the procurement  
4 issue that's going on now.

5 CHAIRWOMAN KRUEGER: Are there any  
6 providers who you think are doing a stellar  
7 job with this at this point?

8 OMH COMMISSIONER SULLIVAN: I think  
9 there are pockets of a little bit better, but  
10 we issued 150 citations to managed-care  
11 companies based on parity and difficulties  
12 with paying claims, et cetera. So, you know,  
13 it's pretty much across the board, although  
14 some probably do a bit better. We had to

15 carve out companies that were particularly  
16 problematic, and some of the managed-care  
17 companies have let those carve-out companies  
18 go.

19 CHAIRWOMAN KRUEGER: And would you  
20 make the case that for the severely mentally  
21 ill, turning over responsibility to  
22 managed-care providers has not proved to be a  
23 successful model and we should look at an  
24 alternative?

1           OMH COMMISSIONER SULLIVAN: I think  
2           the question here is being able to work  
3           effectively with the managed-care companies.  
4           And there's just so many in New York State.  
5           So I don't know that we need another model.  
6           I think we need solid protocols and  
7           procurement that could make sure that the  
8           seriously mentally ill get what they need in  
9           managed care.

10          CHAIRWOMAN KRUEGER: So the Governor  
11          recently announced, with you and with several  
12          of my colleagues, the proposal to expand a  
13          model and open 12 sites, I believe within the  
14          next five years, that are, I guess, 24-hour

15 respite sites for people with mental illness.

16 And I read the press release and I

17 thought, Well, that's not going to work, with

18 all due respect. Twenty-four hours is what

19 you can get someone now in an ER, but they

20 never get help in the 24-hour period. And

21 then some of my colleagues said, No, no, no,

22 this is a very good model, Dutchess County

23 has a terrific model for this. But then I

24 went looking and I learned it's not for the

1 homeless, it's a different population.

2 So what are we doing for the homeless

3 mentally ill? Because that's, I think, what

4 at least in the City of New York people are

5 really in a panic about at this time, that

6 there is a small percentage of mentally ill

7 people who act out, particularly if they're

8 homeless with no services, no anything, and

9 they act out violently and they become the

10 newspaper headline pretty much every third

11 day in the New York City newspapers at this

12 time.

13 OMH COMMISSIONER SULLIVAN: In the

14 budget are the Safe Options Support teams.

15 And I think you'll probably say to me, Well,  
16 you've always had outreach teams. The  
17 difference with these teams is that they're  
18 not just doing outreach, they will work with  
19 that client. Once they begin to work with  
20 them in the subway, they will stay with them.  
21 If they move into an emergency room, they  
22 will stay with them. If they get  
23 hospitalized, they will stay with them. If  
24 they move into housing. They become the kind

1 of glue that works with them and engages

2 them.

3 The biggest problem is real engagement

4 of these individuals. And when you hand them

5 off from one group to the other, that

6 engagement isn't so successful.

7 So the Safe Options Support teams are

8 teams of 12 individuals who are going to be

9 present in -- and there are going to be 20 of

10 them across the state. There will be 12 of

11 them in New York City. And they will be

12 there to work with, as you said, this small

13 group of very, very vulnerable individuals in

14 intense need. And they will stay with them

15 and they will help transition them from one

16 phase of the treatment to the other.

17 This model has worked. It's worked

18 with discharges that we've had from

19 hospitals. It's just never been pushed up to

20 this level of scale. By doing this, I think

21 we can really reach those individuals and get

22 them into the services that they need. It

23 will take time. It won't happen overnight,

24 but it will happen. And I think it's that

1 continuity that's so important.

2 CHAIRWOMAN KRUEGER: I certainly hope

3 you're right, Commissioner.

4 I also want to go on record -- you

5 know, if you watch this hearing you might

6 think we all think people with mental

7 illnesses are all violent, and I want to

8 reemphasize we know that the vast, vast

9 majority of people who are suffering from

10 different kinds of mental illness are not

11 violent, are not criminals, and actually are

12 disproportionately the victims of crime.

13 But I do think that our communities

14 are becoming very, very aware and fearful of

15 that small percentage of people,  
16 disproportionately who have no services or  
17 options being made available to them who are  
18 acting out violently. And we need to figure  
19 out the best way to keep them safe and our  
20 communities safe.

21 So thank you. My time is up. And I  
22 am going to jump to Assemblymember Palmesano.

23 ASSEMBLYMAN PALMESANO: Yes, thank  
24 you, Commissioner, for being here.

1 I'm going to kind of go off a question  
2 my previous colleague talked about,  
3 Ms. Miller, relative to the mask wearing and  
4 the impact it's having on our young kids. I  
5 know you said there was data out there being  
6 collected, but we've heard from -- I'm sure  
7 all of my colleagues have heard from parents  
8 and teachers about the negative impact that  
9 mask wearing is having on kids, especially  
10 with special needs like speech therapy,  
11 speech needs, sensory issue needs, not being  
12 able to see the lips and facial expressions  
13 and how all of that impacts their personal  
14 growth and development.

15           It seems to me that -- and a number of  
16           my colleagues -- that the negative long-term  
17           mental health and development impacts for our  
18           kids are taking a back seat to these  
19           mask-wearing mandates. I know you said  
20           there's data being collected, but we're two  
21           years into this pandemic. I know my other  
22           colleague asked the question previously of  
23           the health commissioner at a previous  
24           hearing, is the Department of Health doing a

1 study, and the answer was no, we aren't.

2 Is your office actually doing a study

3 on the impact of mask-wearing mandates on our

4 young kids in our schools and our childcare

5 centers? And if so, what are you asking,

6 when do you expect it back, and what are you

7 going to do with it?

8 Because again, we're two years into

9 it. So the data we're hearing is from our

10 constituents, our parents, our teachers, of

11 the negative impact this is having on our

12 children. It's documented they're taking

13 steps backward with their mental health,

14 they're taking steps backward with their

15 speech and other sensory development issues.

16 This is an important issue, that's why I

17 wanted to bring it up again, and I think this

18 is something that the public really wants to

19 hear, especially our parents, the impact it's

20 having on kids.

21 OMH COMMISSIONER SULLIVAN: I

22 understand. But no, we are not, the Office

23 of Mental Health itself is not doing any

24 studies. There are some that are being done

1 by other academic institutions and things out  
2 there that I've heard about, but no. No, we  
3 are not doing any.

4 ASSEMBLYMAN PALMESANO: But  
5 Commissioner, I mean, your job as  
6 commissioner of the Office of Mental Health,  
7 you've certainly heard over the past two  
8 years, because we're two years into this, and  
9 what kind of data are you possibly  
10 collecting? I mean, are you talking to -- we  
11 see and hear every day from parents, teachers  
12 and community members who are impacted that  
13 kids are so devastatingly impacted by these  
14 mask-wearing mandates. Again, kids with

15 speech issues that need that interaction,  
16 other sensory issues, that facial connection,  
17 interaction eye to eye, face -- being able to  
18 see their lips, being able to see their  
19 facial expression is not being done, and  
20 they're taking steps backwards. And again,  
21 it just seems like long-term mental health  
22 aspects are being given a back seat to the  
23 mask mandates.  
24 And so what input are you saying to

1 the Governor and the Department of Health,  
2 Commissioner, on this? Because this is a  
3 real impact. The mental health is just as  
4 important, if not more, than the other health  
5 issues that are being raised, especially the  
6 long-term impacts.

7 OMH COMMISSIONER SULLIVAN: There are  
8 many impacts from this pandemic on youth and  
9 on families, and it's teasing out what is  
10 what. You know, just the degree to which  
11 there were those periods of isolation.  
12 There's the issue of masks. There's the  
13 issue of loss of loved ones, probably the  
14 most devastating effect on our youth. The

15 issue of loss of jobs, employment. There's

16 all kinds of impacts that affect kids and

17 families as a result of this pandemic.

18 And so I think lots of things have to

19 be looked at to understand the impact it's

20 having on our children and families across

21 the state. And I appreciate what you're

22 saying, but I think to really understand,

23 when you say what is the impact of one thing

24 or another, you have to really be very

1 careful about assuming those impacts.

2 Yes, I agree that for many people the

3 focus is on masks. But there are many

4 issues, many, many issues that are affecting

5 our families and youth today.

6 ASSEMBLYMAN PALMESANO: Yeah, the

7 learning and development of our kids is a

8 priority.

9 CHAIRWOMAN KRUEGER: Thank you.

10 ASSEMBLYMAN PALMESANO: Thank you.

11 CHAIRWOMAN KRUEGER: Thank you very

12 much, Assemblymember.

13 Next up is Assemblymember Griffin.

14 ASSEMBLYWOMAN GRIFFIN: Okay, thank

15      you, Chairs.

16             And thank you, Dr. Johnson {sic} for

17      being with us this morning and afternoon.

18             I want to echo many of the comments

19      that were already spoken today about Kendra's

20      Law, mental health rehabilitation for those

21      involved in crimes -- or not -- increasing

22      the availability of patient services, mental

23      health for children, the Dwyer Program,

24      increasing mental health for our first

1 responders, and expansion and parity with  
2 telehealth.

3 But I wanted to ask you a couple of  
4 questions about some programs that I was  
5 really happy to see.

6 The expansion of the Healthy Steps  
7 program I think is wonderful, and I really  
8 appreciate that it's integrated into  
9 primary-care well visits, because every --  
10 most children are going to regularly see  
11 their pediatrician, and this is something --  
12 a place where mental health could be  
13 addressed easily.

14 And I just wondered, what age does

15 that start?

16 OMH COMMISSIONER SULLIVAN: That's a

17 mental health professional that's in the

18 pediatrician's office, so it goes from zero

19 up. So that mental health professional will

20 work with doing screenings, talk with

21 families, look at the health of kids.

22 So it really starts very, very early.

23 So it's pre-mental health issues, and it's

24 primary prevention. It's a very exciting

1 program that I think in the long haul can  
2 have a significant impact. I agree with you,  
3 it's great.

4 ASSEMBLYWOMAN GRIFFIN: Yeah, I think  
5 it's great.

6 And so it's that someone will be  
7 screened -- it's not like someone has to come  
8 in and say, I think there's a mental health  
9 problem, they will be screened to find out if  
10 there is.

11 OMH COMMISSIONER SULLIVAN: Yes. And  
12 also obviously if the physician feels that  
13 there's something, he would have that person  
14 talk with them, et cetera.

15           And this mental professional is right  
16           there in the practice, so it's very easily  
17           accessible and very acceptable to the parent  
18           who's coming in.

19           ASSEMBLYWOMAN GRIFFIN: Is this a  
20           pilot program, or is this going to be  
21           widespread?

22           OMH COMMISSIONER SULLIVAN: We have it  
23           at 59 sites across the state now, serving  
24           several thousand kids and families. And

1 we're going to -- with the billing, getting  
2 the billing straight, we're hopeful that once  
3 we can get that straight, we will be able to  
4 expand it further across the state through  
5 Medicaid.

6 ASSEMBLYWOMAN GRIFFIN: Yeah, that is  
7 fantastic. And it seems like a great way to  
8 address mental health problems for children.

9 The other pilot program I was really  
10 happy to see was the New York Project Hope,  
11 where it's providing training to a community  
12 workforce of lay people. Now, from reading  
13 it I got the impression that people who have  
14 gone through recovery and are rehabilitated

15 can be trained. Is that true, or did I just

16 make that connection and it isn't true?

17 OMH COMMISSIONER SULLIVAN: Well,

18 that's a part of it. Certainly people who

19 have lived experience can be part of that.

20 It could also be other lay individuals in the

21 community.

22 The effort here is to get people who

23 know the community and do that kind of

24 grassroots connection with people who

1 traditionally would kind of shy away from  
2 mental health services. But it could also  
3 be -- it could include individuals with lived  
4 experience.

5 ASSEMBLYWOMAN GRIFFIN: Okay, that  
6 sounds really good. And I even think  
7 families of people would be really helpful  
8 too.

9 If you could send any more information  
10 on both of those programs, I would love that,  
11 if you could send it to the chairs.

12 OMH COMMISSIONER SULLIVAN:  
13 Absolutely.

14 ASSEMBLYWOMAN GRIFFIN: Thank you so

15 much.

16 OMH COMMISSIONER SULLIVAN: Thank you.

17 CHAIRWOMAN KRUEGER: Thank you.

18 And I believe I had Assemblymember

19 Brown on the list. Is he still with us to

20 ask questions? He was here, and then his

21 hand went away. So I'm making the leap that

22 he changed his mind for now.

23 And has Senator Tedisco returned? I

24 don't think so.

1 All right, so I think I have completed  
2 the Senate and Assembly lists for the  
3 Mental Health commissioner. Assemblywoman  
4 Weinstein got called away to a meeting with  
5 the mayor of New York City, who apparently  
6 popped up in Albany today, so I'm playing  
7 both roles for a while.

8 So with that, I want to thank  
9 Commissioner Sullivan for being with us and  
10 answering all our questions, and appreciate  
11 your hard work on behalf of vulnerable  
12 New Yorkers who need all the help we can give  
13 them.

14 And with that, I will excuse you to go

15 on with your busy day, and I will invite the

16 New York State Office for People With

17 Developmental Disabilities Acting

18 Commissioner Kerri Neifeld to join us.

19 OMH COMMISSIONER SULLIVAN: Thank you.

20 Thank you.

21 CHAIRWOMAN KRUEGER: Thank you.

22 Are you with us, Acting Commissioner?

23 ACTING COMMISSIONER NEIFELD: I'm

24 here. Can you hear me?

1 CHAIRWOMAN KRUEGER: Yes, and we can  
2 see you now. Thank you very much.

3 So welcome. The rules of the road are  
4 you have up to 10 minutes to present the  
5 highlights of your testimony. All of us here  
6 have your full testimony, and the public has  
7 access to that as well. And then afterwards,  
8 chairs, rankers and other members will ask  
9 you questions.

10 So start the clock at 10 minutes.

11 ACTING COMMISSIONER NEIFELD: Great.

12 Thank you. Well, good afternoon, Chairs

13 Krueger and Weinstein, when she returns,

14 Disability Committee Chairs Mannion and

15 Abinanti, and other distinguished members of  
16 the Legislature.

17 I am Kerri Neifeld, acting  
18 commissioner of the New York State Office for  
19 People With Developmental Disabilities.

20 Thank you for this opportunity to provide  
21 testimony about Governor Hochul's fiscal year  
22 2023 Executive Budget and how it will benefit  
23 New Yorkers served by OPWDD.

24 I would like to start by saying that

1 this budget shows the Governor's  
2 extraordinary commitment to people with  
3 developmental disabilities. This is the  
4 first time in recent memory that a governor  
5 has acknowledged our service system within  
6 the State of the State address, and Governor  
7 Hochul has backed up that acknowledgement  
8 with a 12 percent funding increase for the  
9 OPWDD system in her proposed budget.

10 At OPWDD, we applaud this budget as a  
11 welcome and refreshing demonstration of our  
12 state's commitment to the over 100,000 people  
13 with developmental disabilities that our  
14 agency supports. The Executive Budget is an

15 acknowledgement of how vital people with

16 developmental disabilities are to our

17 communities and to our state.

18 Last fall, when the Governor first

19 spoke with me about becoming commissioner of

20 OPWDD, she told me that she wanted to see our

21 state once again lead the nation in supports

22 for people with developmental disabilities.

23 If actions do indeed speak louder than words,

24 then the Governor has delivered with a budget

1 that is fair, balanced and provides  
2 approximately \$1.2 billion in new investments  
3 for OPWDD to pursue the changes and  
4 advancements that our stakeholders have told  
5 us are important to them.

6 The funding for our service system is  
7 targeted at critical system improvements that  
8 will make a difference, ones that will allow  
9 OPWDD to build on what works and push further  
10 towards the goals our stakeholders envision  
11 for our future -- more people prepared for  
12 and supported to work; more people living  
13 with greater independence, supported by the  
14 right level of community-based services; more

15 people better supported when crisis strikes;  
16 and more people able to receive the supports  
17 and services they need when they need them,  
18 provided by a well-respected and better-paid  
19 workforce. The 2023 Executive Budget  
20 contains this support and more.

21 Specifically, this proposed budget  
22 provides long overdue and necessary support  
23 for one of the most pressing challenges of  
24 our time: The shortage of direct support

1 professionals to deliver the care and  
2 services New Yorkers need. As the COVID-19  
3 pandemic has continued to impact every  
4 sector, the workforce shortage in the  
5 developmental disabilities service system has  
6 become a crisis, requiring difficult measures  
7 to ensure the people we support are safe.  
8 This has impacted our ability to provide  
9 quality services in every part of the state.  
10 It has confounded our nonprofit partners as  
11 well as our state-operated programs.  
12 People's lives have been and continue to be  
13 impacted.  
14 The Governor's budget boldly

15 acknowledges the severity of this crisis and  
16 the urgent need to act and turn the tide. It  
17 commits over \$780 million to support several  
18 actions that will improve the ability of the  
19 state and nonprofit sectors to recruit and  
20 retain essential direct care and clinical  
21 workers. These actions include a 5.4 percent  
22 cost-of-living adjustment to increase  
23 reimbursement levels of nonprofit providers,  
24 recruitment and retention bonuses of up to

1     \$3,000 each, and funding to provide minimum  
2     wage increases for staff in the nonprofit  
3     sector.

4             This support, along with the funds we  
5     will receive through the American Rescue Plan  
6     Act and devote to workforce initiatives, will  
7     begin to correct the course in how we value  
8     and support our frontline workers.

9             But beyond these critical investments  
10    in our workforce, the proposed budget  
11    provides long-overdue funding to increase the  
12    housing subsidy used by people who want to  
13    live with greater independence in their own  
14    homes and apartments, as well as funding to

15 restore room and board reimbursement levels

16 to residential providers, and \$15 million in

17 new capital funding to expand the

18 availability of affordable housing

19 opportunities.

20 The proposed budget also supports

21 OPWDD to improve how we assess the needs of

22 children with developmental disabilities,

23 allowing us to recognize and understand their

24 unique need for services. And the budget

1 funds OPWDD to upgrade and improve our  
2 information technology platforms. This, in  
3 turn, will improve our data collection and  
4 reporting in support of more efficient and  
5 informed operations.

6 There is great excitement within our  
7 service system at the opportunity that this  
8 budget provides us. We look forward to an  
9 enacted budget which will allow us to advance  
10 OPWDD's supports and services to provide a  
11 better life for people with developmental  
12 disabilities and the dedicated and talented  
13 staff who support them.

14 I look forward to working with all of

15 you as we make these critical system

16 improvements a reality. And I'm happy to

17 answer any questions you may have today.

18 CHAIRWOMAN KRUEGER: Thank you very

19 much.

20 And our first questioner will be chair

21 of the committee, Senator John Mannion.

22 SENATOR MANNION: Thank you, Senator

23 Krueger.

24 Thank you, Commissioner. Sorry for

1 the situation. I hope you can hear me okay  
2 across the way here, and you can probably see  
3 my breath vaporizing in front of you.

4 So the budget proposal this year is  
5 very different than any other year. As  
6 opposed to last year when the OPWDD service  
7 system was facing huge cuts, today we're  
8 looking at a budget proposal which would  
9 provide a \$416 million increase in state  
10 dollars. Last year we were trying to prevent  
11 millions of dollars in cuts. We secured the  
12 first-ever cost-of-living adjustment in a  
13 decade. But that is not enough to fix the  
14 systematic underfunding of these services.

15           This budget contains a lot of good --  
16           a historic increase for the housing subsidy,  
17           which will allow more people to live  
18           independently; huge bonuses for staff.  
19           However, I strongly believe that additional  
20           funding is necessary to address all the needs  
21           of this vulnerable population.

22           So here are my questions. As you  
23           know, advocates have been shouting from the  
24           rooftops about the workforce crisis. We're

1 facing a massive shortage right now. This  
2 budget proposes \$3,000 bonuses for DSPs and  
3 clinical staff. My questions are, why did  
4 the agency propose a one-time bonus instead  
5 of a salary enhancement for these critically  
6 important jobs or rather than a multiyear  
7 commitment to these bonuses? And what is the  
8 incentive for individuals to stay beyond that  
9 one year?

10 ACTING COMMISSIONER NEIFELD: Sure.

11 That's a great question, thank you.

12 And obviously we're very supportive as  
13 well of our direct support workforce and  
14 agree with the need to continue to enhance

15 their salaries and recognize the really  
16 valuable work that they do in support of  
17 people with developmental disabilities.

18 What I would say about the -- you  
19 know, what this budget does to support wages  
20 for direct support professionals is certainly  
21 the one-time up to \$3,000 bonuses for  
22 healthcare workers, of which we are a part,  
23 will be really impactful. A \$3,000 bonus is  
24 a pretty significant amount of bonus dollars,

1 especially when you think about the annual  
2 salary of the workers that we're talking  
3 about.

4 Additionally, the 5.4 percent COLA  
5 will be a 5.4 percent increase for all of our  
6 providers, and we would expect our providers  
7 and we will work with our providers to make  
8 sure that those funds are proportionately  
9 spent. Right? So we know our providers --  
10 the largest part of their budget is  
11 personnel, and so we would expect a  
12 significant amount of the funds that they  
13 receive through the COLA to go towards  
14 personnel and staffing needs.

15           We know obviously we need to  
16           recognize -- with the exception of the  
17           1 percent COLA last year, which I know you  
18           were a champion of, this is the first COLA in  
19           a long time. So flexibility will be  
20           necessary for our providers to stabilize.

21           But we do expect to see a lot of those  
22           dollars.

23           Additionally, what's not included in  
24           this budget but is part of our enhanced FMAP,

1 through the ARPA funds, is \$1.5 billion that  
2 is going directly into the pockets of our  
3 direct support professionals. Again, that's  
4 a one-time bonus, but really it's four  
5 one-time bonuses going directly to our direct  
6 support professionals, one of them being  
7 optional if individuals choose to be  
8 vaccinated.

9 But I think between ARPA, between the  
10 5.4 percent COLA, and between the Governor's  
11 proposed bonus, we're seeing a significant  
12 amount of funds going into the pockets of  
13 DSPs, you know, for previous fiscal years,  
14 for this fiscal year, and even for the next

15 fiscal year. So I do see this as really  
16 stabilizing for, you know, previous years and  
17 for, you know, at least this year and next  
18 year.

19 SENATOR MANNION: Thank you,  
20 Commissioner. I'm going to move on to our  
21 second important issue.

22 Nearly 100 state-operated group  
23 homes are under temporary suspensions due to  
24 a lack of staff. In your recent response to

1 my letter about a staffing emergency plan for  
2 OPWDD, you mentioned there are 2,300 less  
3 direct care staff and 227 less clinical staff  
4 than in 2020. What does this budget propose  
5 to ensure that these are truly temporary  
6 suspensions and not closures? And what is  
7 the proposed date to begin reopening these  
8 suspended homes?

9 ACTING COMMISSIONER NEIFELD: Great  
10 question. Again, the up to \$3,000 bonuses  
11 will be allocated to state-operated staff as  
12 well, so we see that as helping in terms of  
13 recruitment and retention of (Zoom  
14 interruption) -- are structured.

15           We have -- as you know, in the budget  
16           there is \$30 million allocated for just  
17           general increase in in-services, and so some  
18           of that will go to helping to cover the  
19           additional need for certified beds as we need  
20           them.

21           You're right that it was --  
22           approximately 80 homes were temporarily  
23           suspended due to staffing issues, so we're  
24           hoping to see, as the staffing crisis levels

1 out and we're able to, you know, recruit and  
2 retain additional staff, that we'll be able  
3 to look at those areas where we made those  
4 temporary suspensions and make decisions  
5 about how and when to reopen. And, if  
6 necessary, you know, for other reasons, make  
7 permanent decisions about closures. And  
8 obviously we'll be doing that with full  
9 transparency and in conversation with the  
10 Legislature and the unions.

11 And, you know, we've discussed before,  
12 right, the decisions to make temporary  
13 suspensions to services are not ones that we  
14 make easily or take very lightly. Right?

15 Those decisions are made when we are put in a  
16 position to have to make changes in order to,  
17 you know, manage health and safety and make  
18 sure that we have adequate staffing resources  
19 to serve the people that are living in the  
20 certified groups homes.

21 And so when we make those decisions,  
22 it's unfortunate, and we understand how  
23 disruptive they can be. And we do have every  
24 intention of, where possible, bringing those

1 homes back online as soon as staffing allows.

2 You're muted, Senator.

3 SENATOR MANNION: Not ideal. Thank

4 you very much, Commissioner.

5 Has OPWDD failed to renew any of the

6 leases for these homes that are temporarily

7 closed?

8 ACTING COMMISSIONER NEIFELD: I'll

9 need to double-check because I certainly

10 don't want to misspeak, but my understanding

11 is that when the homes are temporarily

12 suspended and when we make the decisions to

13 temporarily suspend those services, we

14 maintain the buildings, we maintain the

15 leases, as necessary, so that, you know,  
16 those are not -- you know, those issues don't  
17 stand in the way of us bringing those  
18 services back online.

19 As a separate issue, sometimes we do  
20 have to temporarily suspend services because  
21 we're having lease challenges with the  
22 landlord. But if we made the decision to  
23 temporarily suspend due to staffing, we would  
24 maintain the property and maintain the lease.

1 And like I said, I can double-check and we  
2 can follow up with you if I'm incorrect in  
3 what I'm saying here.

4 SENATOR MANNION: Thank you. I  
5 appreciate that.

6 The budget includes \$30 million in  
7 funding and \$60 million fully annualized for  
8 new supports and services. This is the same  
9 allocation as in previous years. So I am  
10 asking, how is OPWDD working with families,  
11 State Ed and other agencies to identify new  
12 and additional individuals who qualify for  
13 services and assure there's appropriate  
14 infrastructure in place to meet their needs,

15 if we are maintaining that same funding as in

16 the previous three years?

17 ACTING COMMISSIONER NEIFELD: That's a

18 great question. And as you know, we do work

19 very closely with school districts, with

20 State Education, with our care coordinating

21 agencies to make sure that individuals who

22 need access to services in the OPWDD system

23 when they age out of the educational system

24 have that access.

1           We believe that the 30 million that --  
2           you're right, that annualizes to 60 million  
3           and then drops down as -- you know, with  
4           federal resources as well, as a match, is  
5           sufficient to support, you know, the usual  
6           expansion in services that we need, which is  
7           roughly 2,000 individuals a year. Two  
8           thousand new individuals a year is what we  
9           are used to seeing.

10           And, you know, obviously we continue  
11           to work with the Division of the Budget and  
12           the Executive to make sure that we're  
13           allocating new resources appropriately to  
14           support growing need.

15           SENATOR MANNION: Thank you,  
16           Commissioner. The last one here: How is  
17           OPWDD planning to address the more than 1,000  
18           individuals identified in emergency need for  
19           certified residential opportunities, and the  
20           nearly 2,000 individuals identified as  
21           substantial need?

22           Along with that, at what rate is OPWDD  
23           able to create new residential opportunities  
24           under this budget proposal?

1           ACTING COMMISSIONER NEIFELD: Sure.

2           Great questions.

3           You know, we are very eager to see

4           residential opportunities come to fruition

5           for the individuals who are waiting for those

6           opportunities. Staffing challenges have been

7           pervasive, as you know, and have really

8           resulted in our providers and in state

9           operations, you know, having a difficult time

10          bringing in new individuals to residential

11          opportunities.

12          So at this time we actually have a

13          significant number of vacant beds across the

14          state, in state operations and in our

15 voluntary providers. So as we start to see  
16 some of the investments in the Governor's  
17 proposed budget assist with the workforce  
18 crisis, we expect to be able to staff  
19 additional beds and to make residential  
20 opportunities available to those people who  
21 are waiting.

22 Of course, when there are situations  
23 of crisis, we always, you know, work with  
24 providers, we work with our state operations

1 team, and we work with the families to make  
2 sure that individuals have what they need.

3 But it has been very challenging over the  
4 last couple of years.

5 If we get to a point where we assess  
6 that our system does need additional beds,  
7 the budget does support us to make additional  
8 beds available. But as I said, right now we  
9 have vacant beds and it's really more a  
10 matter of having staff. Because, you know,  
11 as we talked about, right, a vacant bed is  
12 really not worth very much without the  
13 necessary staff to support the individual who  
14 lives there.

15           SENATOR MANNION: Understood. Thank  
16           you, Commissioner. I appreciate your time  
17           and your leadership.

18           And with that, I'll pass it back to  
19           Madam Chair. Thank you.

20           CHAIRWOMAN KRUEGER: Thank you,  
21           Senator Mannion. I hope you get inside where  
22           it's warmer.

23           Next up is Chair Tom Abinanti from the  
24           Assembly.

1 ASSEMBLYMAN ABINANTI: Thank you,

2 Senator.

3 Nice to see you, Commissioner. I know

4 we've had some conversations, and I very much

5 appreciate your open door -- or your open

6 Zoom, whichever way you want to look at it.

7 Let me start by saying that, you know,

8 people with disabilities only want what

9 everybody else wants, to be able to live a

10 good-quality life. And OPWDD was set up to

11 support people with disabilities in that

12 endeavor. There's been a big disappointment

13 over the years because OPWDD, rather than

14 being an advocate, has become an apologist.

15 And I'm hopeful that we're going to see you  
16 as an advocate publicly for people with  
17 disabilities to the Governor and to the rest  
18 of the world.

19 I am pleased with the way you've acted  
20 so far. I just hope that you're going to be  
21 able to continue that, and that you speak out  
22 as an advocate for people with disabilities.

23 Now, the Senator covered most of the  
24 things that I wanted to talk about. Let me

1 just raise some of issues again in maybe a  
2 different way. We're talking about money for  
3 one-time bonuses. If we were to raise the  
4 salaries of the entire industry that is under  
5 OPWDD, do we have any idea what that would  
6 cost? I mean, there are people saying that  
7 we need to increase salaries 150 percent  
8 permanently so that we can go from \$15 an  
9 hour to \$22 an hour in order to compete with  
10 Amazon and McDonald's and all of those other  
11 places.

12 Do we have any estimate what the real  
13 cost of that would be?

14 ACTING COMMISSIONER NEIFELD: Well, I

15 would have to get back to you. I don't -- I

16 certainly don't have it off the top of my

17 head.

18 And I think, as you know, right, every

19 provider, based on sort of where they are

20 located, what their rate is, et cetera, you

21 know, have sort of a different starting

22 salary for their staff. And then as you

23 talked about, right, there are levels of

24 compression, there are clinical titles. And

1 the rate of pay, based by provider, based on  
2 where they're located, based on the home that  
3 they're in, all might be slightly different.

4 So --

5 ASSEMBLYMAN ABINANTI: Well, that's  
6 valid. I would just -- I would just like  
7 to -- I'm sorry, I'm going to move quickly  
8 because otherwise -- but I want to urge you  
9 to please do that study. Because I think  
10 it's important that we understand what our  
11 target is.

12 At the same time, I'd also like to ask  
13 you to include the cost to the providers.  
14 Like I've heard from them that they're saying

15 the health insurance costs for their  
16 employees have gone up 40 percent. And they  
17 have other insurance costs and other things  
18 like that that have gone up. So when you do  
19 that study, if you could please include those  
20 types of costs so we have somewhere to start.

21 The second thing is we've talked about  
22 a 507 plan, which I guess is a five-year plan  
23 that is supposed to be due every five years  
24 or something like that. Do we have any idea

1 where that is at this point and when we can  
2 expect that to come out? The last  
3 commissioner promised that it would be out,  
4 you know, two years ago and we still haven't  
5 seen it. Do you have any idea when we'll get  
6 to see that?

7 ACTING COMMISSIONER NEIFELD: Sure,  
8 yeah. And the 507 plan is something that  
9 we're actually very excited about within  
10 OPWDD. Over the summer, you know, we  
11 embarked on significant stakeholder  
12 engagement related to that. And the draft --  
13 and there is a draft in process now.

14 As you know, right, at the end of the

15 summer, new Governor, new deputy secretary,  
16 new commissioner. So wanted to make sure  
17 that, you know, I had the opportunity to hit  
18 the ground running, talking to folks,  
19 understanding people's input, and make sure  
20 that I was taking a fresh look at the 507  
21 before we finalize the draft.

22 We expect to have a draft out by  
23 mid-April, and then a final version of that.  
24 Once the draft goes out, it will be open for

1 public comment. Obviously we'll have, you  
2 know, conversations with you, Senator  
3 Mannion, the DDAC. And then we'll have  
4 finalized the final version of the 507 plan  
5 by November.

6 ASSEMBLYMAN ABINANTI: Commissioner,  
7 you said that you're talking to the  
8 stakeholders, the people who are out there.  
9 I'd like to urge you to set up more formal  
10 processes where parents and guardians and  
11 those in the field can have more input.

12 I know there are some processes  
13 already. They don't seem to really be having  
14 the input that they should. I know you're

15 putting out an RFP to look at the whole  
16 system, et cetera. I would really like to  
17 see us use that money, instead of for an RFP,  
18 for housing and other services and that we  
19 instead do it in-house and hear from the  
20 stakeholders.

21 I had a Zoom meeting on Saturday. We  
22 had, I don't know, 60 people show up. We  
23 took selected testimony, a few minutes from  
24 each. And I've got a list of things that we

1 could use to review and revise the way OPWDD  
2 functions.

3 So I would urge that you do that kind  
4 of a thing, hold some public forums, bring in  
5 different groups of people, and maybe save  
6 the money that an RFP would cost.

7 The other thing is when we're talking  
8 about the -- we've heard -- I don't know  
9 where to start here. The Senator did a lot  
10 of what we need to do. On the -- what  
11 efforts are being made to fill those 4,000  
12 beds that you spoke about? I don't have a  
13 sense that those beds are empty because of a  
14 lack of personnel but just because of a lack

15 of money from OPWDD to the voluntary agencies

16 to fill those beds.

17 Is there any effort to look at that

18 and to try to get that money out the door to

19 them?

20 ACTING COMMISSIONER NEIFELD: Sure. I

21 think there's a lot of effort going on. And

22 certainly, you know, staffing is definitely a

23 significant challenge. And individuals, you

24 know, needing residential opportunities, like

1 I said, need to have the staff there to  
2 support them.

3 We have several things in the proposed  
4 budget. Certainly the COLA will increase,  
5 right, by 5.4 percent the rate to all of our  
6 providers, which will help with additional  
7 funds, the \$3,000 bonus, what we're doing  
8 through ARPA, will all work towards  
9 recruitment and retention.

10 The other thing that we're doing that  
11 you and I have talked about is we are  
12 revising the way that we make rates for our  
13 providers. Currently our rates are based on,  
14 you know, two-year-old cost information, and

15 it's not based on the needs of the individual  
16 that will be served in that bed. So we are  
17 instead working with the Department of Health  
18 and the state's actuary to come up with a new  
19 rate-making methodology that recognizes  
20 acuity and will help pay a provider based on  
21 the needs of the individual and will help  
22 make sure that the resources that the  
23 individual needs to live in a residence are  
24 met. So --

1 ASSEMBLYMAN ABINANTI: On that point,

2 if I can. If I can -- if I can.

3 ACTING COMMISSIONER NEIFELD: Sure.

4 ASSEMBLYMAN ABINANTI: I have heard

5 from some agencies that they are willing to

6 take some of the most severe cases if OPWDD

7 would work with them to develop the programs.

8 I know OPWDD is trying very hard to bring

9 people back from out of state, but thus far

10 we do not have the capability of dealing with

11 those people, because that's why they're out

12 of state.

13 Can we get a commitment that you will

14 sit down with the agencies and develop a plan

15 to replace the services that are out of state  
16 with equivalent services? Rather than just  
17 burdening the agencies and say, You've got to  
18 take these people, figure out a way to do it.  
19 I think some agencies are willing to work and  
20 to put in the monies necessary and the effort  
21 necessary, but they need a specific  
22 commitment from OPWDD that OPWDD will work  
23 with them to develop these programs.

24 ACTING COMMISSIONER NEIFELD: If there

1 are providers who are willing to develop  
2 programs for some of the more complex and  
3 hard-to-serve individuals in our system, I'd  
4 be happy to meet with them and have my team  
5 present so that we can discuss what those  
6 ideas are and how OPWDD might support them,  
7 definitely.

8 ASSEMBLYMAN ABINANTI: Commissioner,  
9 I'd also like to set up a -- to have you set  
10 up another group to meet with those who  
11 distribute the services, like the brokers and  
12 the fiscal intermediaries and people like  
13 that. Because I'm hearing that on a  
14 day-to-day basis there is a problem.

15           There's a disparity of distribution,  
16           of workforce in the different regions, and  
17           that it takes months to make a simple change  
18           in a self-direction budget when the money is  
19           in the budget and they just want to move it  
20           from one place to another, and that it takes  
21           forever to do all kinds of things -- that  
22           people have to be fingerprinted twice if they  
23           work for two different agencies, and there's  
24           delays. All kinds of small problems like

1 that that I think could be taken care of. If  
2 you were to send one of your deputies to meet  
3 with the different agencies, make a list of  
4 these, and try to deal with these day-to-day  
5 problems, I think that would save money for  
6 your agency, it would save time out on the  
7 outside for those who are doing the  
8 day-to-day work and provide a lot better  
9 service for those people.

10 And I think this is budget-related,  
11 because those monies can then be taken and  
12 put back into the system.

13 So again, I'd like to ask for a  
14 commitment that you will designate somebody

15 to deal with representatives from, you know,

16 the self-direction field all over the state.

17 They all have problems, and many of them

18 are -- you know, some of them are different

19 than others.

20 ACTING COMMISSIONER NEIFELD: Yeah,

21 absolutely. We are finalizing right now -- I

22 know that you thought that maybe some of the

23 funds could be better used than RFPs. But,

24 you know, we feel very strongly that, you

1 know, we have an opportunity with some of the  
2 enhanced federal dollars to take a look at  
3 some of our programs, self-direction being  
4 one of them. And we are going to be issuing  
5 an RFP soon, an RFA, to bring on a consultant  
6 to take a deep dive and look very thoroughly  
7 at our self-direction program. You know,  
8 certainly talking with FIs, with brokers,  
9 with family members and with self-advocates.  
10 So we --

11 ASSEMBLYMAN ABINANTI: But  
12 Commissioner, we can't wait a full year or  
13 two for that report to come back. It's got  
14 to be a very short time frame.

15           And I will tell you, these are  
16           professionals who know exactly what needs to  
17           be done. Like one of the things that I just  
18           want to bring -- a very small problem, but to  
19           some people it's a big problem. The  
20           inflation rate is now 7 percent a month, and  
21           there's no increase in the housing  
22           allocations. You know, under self-direction.  
23           And the agencies themselves also are having a  
24           problem. They're struggling.

1           Is there any way we can come up with  
2           some emergency monies to deal with the  
3           crunch? I mean, you know, people get, what  
4           is it, \$3,000 a year to deal with telephone  
5           and utilities and heat and whatever? And  
6           that's gone now. I mean, with 7 percent,  
7           they were struggling before. There's no way  
8           they're going to be able to stay in their  
9           apartments. Can we get some kind of  
10          emergency funding for that in this budget?

11          ACTING COMMISSIONER NEIFELD: Well,  
12          certainly the Governor's proposed budget does  
13          include the increase to the housing subsidy,  
14          if that's what you're referring to, and that

15 would go into effect --

16 ASSEMBLYMAN ABINANTI: Yeah, but

17 that's just needed for the day-to-day. We

18 needed an increase in housing subsidy anyway.

19 Now what we're seeing all of a sudden is zero

20 inflation has gone to 7 percent overnight.

21 And so that is -- that's another crunch in

22 addition to the additional money.

23 So I would ask you to take a look at

24 that and see if we can get some emergency

1 supplement, even short term, as long as  
2 inflation is now whatever -- you know, this  
3 high rate.

4 My time is up. I want to thank you  
5 very much. Thank you, Senator.

6 CHAIRWOMAN KRUEGER: Thank you very  
7 much.

8 And Tom, I don't know if you noticed,  
9 but we had mistakenly only given you  
10 five minutes and then we added extra time for  
11 you, so --

12 ASSEMBLYMAN ABINANTI: Thank you,  
13 Senator.

14 CHAIRWOMAN KRUEGER: -- we did not

15       diss you as chair, we just started off a

16       little wrong.

17               ASSEMBLYMAN ABINANTI: Thank you.

18               CHAIRWOMAN KRUEGER: You're welcome.

19               So Senator Hinchey asked me to skip

20       her for the moment, so I'm going to move to

21       the ranker for the Assembly, Assemblymember

22       Miller.

23               ASSEMBLYWOMAN MILLER: Hi. Hello,

24       Commissioner. How are you?

1           ACTING COMMISSIONER NEIFELD: Good,  
2           thanks.

3           ASSEMBLYWOMAN MILLER: Good. So,  
4           gosh, five minutes for so much to say here, I  
5           don't even know how to cram this all in. I'm  
6           going to do my best.

7           You know, it's funny, when I listen to  
8           Chair Abinanti talk and he says OPWDD is  
9           supposed to be the advocate, we look to you  
10          to be the advocate, and recently has just  
11          been more of an apologist -- when we have a  
12          family or individual in need, they're  
13          suffering tremendously. And when they hear  
14          things like, I'm so sorry, I'm so sorry, I'm

15 so sorry, again and again, it isn't doing  
16 anything to fill that need or help them.  
17 Those of us that live this life -- I think  
18 you can somewhat say that both Tom and I have  
19 a different perspective because we intimately  
20 know this need because we live it with our  
21 own children. And I hope that that is heard  
22 and respected when we're asking these  
23 questions. You know, yes, I'm asking for the  
24 hundreds of people that I hear from, but I'm

1 also living this day to day as well.

2 That being said, I applaud the

3 Governor's attention and the budget

4 allocations for this year, after years of

5 just being cut and underfunded. But I have

6 to really question the sustainability of

7 this. It's been brought up before that, you

8 know, these bonuses, they're temporary. Is

9 there anything at the end of March 2023 that

10 promises sustainability, future budget

11 commitments -- a five-year commitment, like

12 Pataki did? You know, this just feels like a

13 big fat Band-Aid. And we need

14 sustainability. We need to know that once

15 these bonuses wear off, it's not going to  
16 drop off again and people will be quitting  
17 left and right and we'll be in a worse  
18 position than we are now.

19 And I have just a few technical  
20 questions.

21 In the fall, the former commissioner  
22 had mentioned increasing the starting state  
23 salary for DSPs from Salary Grade 7 to  
24 Grade 9. Do you know the status of this?

1           ACTING COMMISSIONER NEIFELD: That has  
2 taken effect.

3           ASSEMBLYWOMAN MILLER: It has, very  
4 good. Okay.

5           And the state-employed DSPs have a  
6 higher starting wage. What's the department  
7 doing to address this disparity in the DSP  
8 pay?

9           ACTING COMMISSIONER NEIFELD: Well,  
10 certainly, you know, the investments that  
11 we've discussed here -- the COLA, the  
12 30 million that's in the budget, you know, to  
13 help providers meet the minimum wage  
14 requirements, the multiple bonuses through

15 ARPA and through the Governor's proposed  
16 budget -- all of that goes directly to the  
17 DSPs in the nonprofit sector. The Governor's  
18 up to \$3,000 bonus, that goes to  
19 state-operated staff as well. But the ARPA  
20 funds went only to our voluntary providers.

21 So we are -- you know, we do see those  
22 investments as ways to help bridge that gap.

23 And then additionally, as we continue to  
24 evaluate our state-operated system, you know,

1 we continue to look to the state-operated  
2 system to be the safety net provider and  
3 begin to serve individuals that are more  
4 complex or harder to serve. So we are  
5 looking for the state-operated system to do  
6 that.

7 ASSEMBLYWOMAN MILLER: Okay. And as  
8 far as the Governor signing legislation for  
9 the Office of the Advocate for People with  
10 Disabilities, is there something included in  
11 this budget to support the activities of this  
12 officer?

13 ACTING COMMISSIONER NEIFELD: Yes.  
14 The officer will report directly to the

15 chamber and will be a member of the  
16 Governor's executive team. However, our  
17 budget, the OPWDD budget, was given  
18 additional dollars, I believe it's \$330,000  
19 additional dollars that we can  
20 administratively support that office in  
21 hiring staff. So we should see that  
22 individual have a team that works in the  
23 Executive Chamber. And we're very excited  
24 about the creation of that Chief Disability

1 Officer.

2 ASSEMBLYWOMAN MILLER: Okay, that's

3 good.

4 Also, as far as intensive behavioral

5 services, when will the 30 percent increase

6 in intensive behavioral services rates occur?

7 ACTING COMMISSIONER NEIFELD: That's a

8 great question. And honestly, I don't have

9 the answer. So we'll have to follow up.

10 We'll follow up following the hearing with

11 the timeline for that.

12 ASSEMBLYWOMAN MILLER: Okay, great.

13 And in my last 20 seconds or so, I

14 just want to say, regarding the CCOs around

15 the state, I still hear from so many families  
16 that are just not getting what they should be  
17 from their CCO. You know, I was a bit of a  
18 squeaky wheel at last year's budget, so my  
19 experience has improved, but it hasn't for so  
20 many others. And they don't have the ability  
21 to, you know, bring attention to it the way I  
22 did.

23 Is there any oversight? Is there any  
24 seeking family feedback saying, Is this not

1 working for you?

2 ACTING COMMISSIONER NEIFELD: Yes.

3 Okay for me to answer the question, I think?

4 We are -- we're working on a CCO

5 evaluation right now as we speak. And one of

6 the large components of creating that

7 evaluation is seeking feedback from the

8 families who utilize the CCO services. We

9 certainly also hear some of the challenges

10 with care management. We hear a lot of the

11 successes as well. And we want those

12 successes to be, you know, ones that

13 everybody who has CCO services feels.

14 So we are conducting a thorough

15 evaluation with the family and self-advocates  
16 input into what does need to be evaluated.  
17 And we're looking forward to conducting that  
18 evaluation and making improvements in the  
19 system, the way that we administer the  
20 program and the way that CCOs, you know,  
21 provide the service.

22 CHAIRWOMAN KRUEGER: Thank you.

23 ASSEMBLYWOMAN MILLER: Thank you.

24 CHAIRWOMAN WEINSTEIN: Thank you.

1 We've been joined by Assemblywoman

2 Walsh.

3 And now to the Senate.

4 CHAIRWOMAN KRUEGER: Thank you. I

5 think Senator Hinchey is still at a committee

6 meeting, waiting to come back. So let's

7 continue with the Assembly for now.

8 CHAIRWOMAN WEINSTEIN: So we go to

9 Assemblyman Burdick for three minutes.

10 (Pause.)

11 CHAIRWOMAN WEINSTEIN: Chris, I see

12 you. Are you -- Chris, can you hear us? Can

13 you unmute yourself if you wanted to speak?

14 ASSEMBLYMAN BURDICK: Yes, thank you.

15 Commissioner, thank you very much for  
16 your work. And I do appreciate your having  
17 met with me to discuss some of the issues  
18 that we determined through hearings that we  
19 held on employment opportunities and barriers  
20 to them for people with disabilities.

21 I just want to follow up on our  
22 meeting a bit. We spoke about streamlining  
23 the intake process and issues, and in fact,  
24 Chair Abinanti also mentioned them for minor

1 changes in the budget. And you had mentioned  
2 at the time that you plan on kind of  
3 overhauling the intake process as well as the  
4 process for dealing with changes in budget.  
5 And not in this question-and-answer, but if  
6 you might be able provide us in writing just  
7 an update, that would be great, because then  
8 I could share that with others. And I know  
9 that the chairs would like to see that as  
10 well.

11 We talked about legislation which  
12 Senator Mannion is carrying on the Senate  
13 side and I'm carrying in the Assembly, and  
14 was wondering about the possibility of

15 including in the 30-day amendment the  
16 proposal for a 250,000 pilot workforce  
17 training program, partnering with NYSED. And  
18 you had suggested that I speak to the  
19 Governor's office, which I did. And we also  
20 had a bill that was dealing with changing  
21 the -- updating "preferred source" in the  
22 finance law. And I'm wondering if you can  
23 update me on that.

24 ACTING COMMISSIONER NEIFELD: Well, I

1 think what we discussed, at OPW we're very  
2 supportive of anything that will help to  
3 engage individuals with developmental  
4 disabilities and further education and  
5 employment opportunities.

6 And so, you know, I don't know the  
7 status of where those bills are at the  
8 moment. But as I said, you know, we're very  
9 supportive of engaging the people that we  
10 support and providing opportunities for them  
11 to engage in employment and educational  
12 opportunities. So I'm happy to follow up  
13 with --

14 ASSEMBLYMAN BURDICK: If you could.

15 because I know that the deadline for the  
16 30-day amendment is I think the 17th. So  
17 we're kind of coming right up on it.

18 And if you might be able to let me  
19 know about that, that would be terrific.

20 And, as well, the feedback on the preferred  
21 source bill with Senator Mannion.

22 Thank you so much.

23 ACTING COMMISSIONER NEIFELD: Thank  
24 you.

1 CHAIRWOMAN WEINSTEIN: Thank you.

2 Back to the Senate.

3 (Pause.)

4 CHAIRWOMAN KRUEGER: Sorry, I was

5 muted by accident.

6 I don't think Senator Hinchey's back,

7 so let's continue with the Assembly.

8 SENATOR HINCHEY: I'm here.

9 CHAIRWOMAN KRUEGER: Oh, there you

10 are, Michelle, I'm sorry. My camera went

11 off, so I'm operating blind.

12 Senator Michelle Hinchey.

13 SENATOR HINCHEY: No worries. Thank

14 you so much, and apologies for double duty

15 here. But thank you so much, Chair.

16 And Commissioner, it's great to see

17 you. Thanks for being here.

18 I have one question, and it stems from

19 a constituent case that we're dealing with.

20 I have a constituent who, when she was 16,

21 she suffered a traumatic brain injury. She's

22 now in her twenties, and the level of care

23 that she was receiving or the ability for

24 care that she was receiving when she was a

1 minor has expired. And she actually, after  
2 her mother was searching for years every day,  
3 trying to get the quality and level of care  
4 that she needed -- it ended up they left our  
5 community and they moved to Long Island to  
6 actually be able to get the kinds of services  
7 that her daughter needed.

8 Obviously we feel that that's  
9 unacceptable. People should not have to  
10 leave their home, they shouldn't have to  
11 leave their community to seek care because in  
12 upstate areas we have a lack of it. And so I  
13 actually have a bill that would require OPWDD  
14 and DOH to conduct a study that would examine

15 the accessibility, affordability and delivery  
16 of services to individuals with TBIs across  
17 the state.

18 But in the meantime, I'm curious what  
19 it is that you think you can direct your  
20 office to do now, or what you are doing to  
21 start to look at these challenges in services  
22 across the state.

23 ACTING COMMISSIONER NEIFELD: Sure.

24 Well, with regard to the individual

1 case, we can certainly follow up offline and  
2 see if there's anything that we can do to  
3 better understand exactly what happened for  
4 the individual and their family that you're  
5 talking about so we can understand, you know,  
6 which services were and were not available in  
7 your community.

8 In general, I would say that, you  
9 know, we're very focused and very much want  
10 there to be equity across the state in terms  
11 of people's ability to access services. And  
12 we do have challenges, there are some  
13 challenges geographically. Sometimes it's  
14 based on just not having, you know, people to

15 do the work. Sometimes it's just that there

16 are not enough providers.

17 We are -- when we are aware that there

18 is a lack of a certain service, we do try to

19 work with our providers to make additional

20 services available. And so I'm happy, you

21 know, to continue to do that and certainly to

22 look into the issues that you're talking

23 about. But it is very important that

24 individuals don't have to leave their

1 community in order to access services.

2 Right? I mean, People should be able to be

3 in their homes, where they want to live, and

4 be served in the ways that they need to be

5 served. So.

6 SENATOR HINCHEY: Great, thank you.

7 Yes, I look forward to hopefully working with

8 you on that.

9 I mean, I can attest our office talked

10 to your agency numerous times. They had a

11 lawyer, they've talked to everybody. These

12 services were just not here, and there was no

13 ability to bring them. There was also lots

14 of red tape that people went through that we

15 found just, quite frankly, ridiculous for her

16 to have to go through and then having to

17 fully leave our area.

18 So look forward to working with you to

19 make sure that we have better equity across

20 the state.

21 CHAIRWOMAN KRUEGER: Thank you.

22 CHAIRWOMAN WEINSTEIN: Thank you.

23 Assemblyman Palmesano.

24 ASSEMBLYMAN PALMESANO: Thank you,

1 Commissioner. Certainly overseeing an agency  
2 that looks over the most vulnerable of our  
3 citizens needs to be a priority, and  
4 certainly what comes along with that, respect  
5 and dignity, treating those individuals and  
6 their families.

7 Which brings me to a concerning issue  
8 that happened around Thanksgiving of this  
9 year, particularly in the Finger Lakes area,  
10 where a number of group homes were shut down  
11 with no notification to family members, no  
12 notification to individuals. Where some  
13 people were home with their family members  
14 over Thanksgiving, and they were not

15 notified, their belongings were moved out

16 without them knowing.

17 Then in instances where people were

18 moved out of the home in Dansville two weeks

19 prior, and then a group of individuals were

20 moved from one home to the group home in

21 Dansville two weeks later, which really made

22 no sense.

23 Part of the discussions we heard -- we

24 heard about 11 homes, I think, were issued as

1 temporarily suspended, a number in the  
2 Finger Lakes. We heard that part of this was  
3 due to the staff -- severe staff shortage,  
4 900 employees statewide, it was claimed, 120  
5 in the Finger Lakes area.

6 So my question is this. And some of  
7 this, I guess, was being planned ahead of  
8 time, but then it was expedited, we were told  
9 that, over the holidays. But again, number  
10 one, why wasn't there any notification  
11 provided to these families, and why was it  
12 done so quickly? Is this -- what's the  
13 status going on with these house closures?  
14 Are they reopened? Is this going on anywhere

15      else across the state? And what are we  
16      seeing as far as the staffing shortages that  
17      were used as the reason for this? Because  
18      this just seems like the way it was handled,  
19      it was not handled properly, and poorly, and  
20      really not treating those individuals and  
21      their families with respect and dignity.

22            ACTING COMMISSIONER NEIFELD: Sure.

23      It's a great question. And certainly we do  
24      everything that we can to make sure that the

1 families and the individuals that we're  
2 serving in our residential system have, you  
3 know, as much notification as possible when  
4 an emergency move or a temporary suspension  
5 needs to take place, you know, for the  
6 reasons that you identified. It's a major  
7 disruption for the families, and we want to  
8 respect the dignity and the choice that  
9 people have about where they live and how  
10 their belongings are treated and all that.

11 The situation that happened over the  
12 course of the Thanksgiving weekend in the  
13 Finger Lakes is not isolated to the  
14 Finger Lakes. You know, as we were

15 approaching the holiday weekend, holidays  
16 traditionally are more difficult for  
17 staffing. That, compounded by the staffing  
18 crisis that we're experiencing, which is a  
19 result of the pandemic and other sort of --  
20 you know, other factors we've talked about  
21 here at this hearing, you know, it became  
22 clear to us that we were no longer going to  
23 be able to meet the health and safety needs  
24 of the individuals living in that home.

1           And it's a very delicate balance for  
2           us, because we try very hard not to make  
3           those type of temporary suspensions and make  
4           those types of disruptions. And so we wait a  
5           period of time to hope that staffing will  
6           level out. We undertake efforts to recruit  
7           people, to do overtime, things like that, so  
8           that we have the staff available. But when  
9           it becomes clear to --

10           ASSEMBLYMAN PALMESANO: Commissioner,  
11           real quick. Where do we stand with those  
12           closures and places closing, the houses  
13           affected statewide -- where do we stand with  
14           that? And how are we addressing that

15 shortage?

16 ACTING COMMISSIONER NEIFELD: I'll

17 have to look at the exact homes in the

18 Finger Lakes to understand. My -- I believe

19 that they are still temporarily suspended as

20 a result of the staffing challenges. Our

21 staffing situation has not improved

22 drastically since Thanksgiving, although it

23 is improving, you know, little by little

24 every month.

1           And like we've talked about here, you  
2           know, I'm hopeful that the investments that  
3           are proposed in the Governor's budget will  
4           help to improve the staffing situation  
5           statewide.

6           CHAIRWOMAN KRUEGER: Thank you.

7           ASSEMBLYMAN PALMESANO: Thank you.

8           CHAIRWOMAN KRUEGER: I'm sorry, you're  
9           out of time.

10          Assembly, it's still your turn,  
11          because I see several Assemblymembers and no  
12          Senators.

13          CHAIRWOMAN WEINSTEIN: Okay. So we go  
14          first to Assemblywoman Kelles and then

15 Assemblywoman Griffin.

16 ASSEMBLYWOMAN KELLES: Thank you so

17 much.

18 I am new to the committee that I'm on,

19 so I'm still picking up speed. So I don't

20 have many questions. But one that's been

21 brought up to me -- well, one, I want to say

22 thank you, I did see that there was an

23 increase in Independent Living Centers

24 funding, I think by 1.6 million. It hasn't

1     been increased in a long time.

2             So I know that this is sort of outside  
3     the purview of your department, but it does  
4     supplement or support the delivery of  
5     independent living services. And I see that  
6     was increased by 16 million as well, which is  
7     desperately needed.

8             But there's another, the Child and  
9     Adolescent Needs and Strengths assessment. I  
10    have heard a lot of criticisms of that  
11    program, that it is a lengthy process, but  
12    it -- they haven't seen -- parents and  
13    families haven't seen a return on the  
14    investment of going through that assessment.

15           So I wanted to know if you are doing  
16           an evaluation, a 360 of that program as well,  
17           and how to implement the findings that are  
18           coming out of those assessments to more  
19           accurately and effectively help the families.

20           ACTING COMMISSIONER NEIFELD: Sure.

21           It's a great question, and the CANS is a  
22           really important tool. And it's actually --  
23           we are working on it now. It is in sort of  
24           an implementation phase. We are rolling it

1 out.

2 And what I would say about the CANS is  
3 that it is a tool, it is an assessment that's  
4 utilized by other systems. It is an  
5 evidence-based tool that's specifically  
6 designed to understand the needs of children.

7 Currently the assessment tools that we  
8 use in the OPWDD system are not designed and  
9 targeted specifically for children, which  
10 obviously children have very different needs  
11 than adults. And we have to -- in order to  
12 understand their needs, right, we need to use  
13 certain methodologies aimed at understanding  
14 their needs. The CANS looks specifically at

15 behavior and some of those challenges as  
16 well, which is also very different than our  
17 current tool. And while we are rolling it  
18 out, continuing to evaluate, you know, the  
19 rollout, continuing to make sure that it is  
20 smooth and that families, you know, are  
21 engaged appropriately.

22 You know, I don't -- there's no plan  
23 to change the tool, but we continue to work  
24 with families. If there are discrepancies or

1 if families identify something that doesn't  
2 make sense to them, we have a process by  
3 which families can bring that discrepancy to  
4 our attention and we can engage with them,  
5 make sure that it is corrected if it needs to  
6 be, or explain why it looks the way it does.

7 And we can make sure you can have that  
8 information for your constituents, if that  
9 would be helpful.

10 ASSEMBLYWOMAN KELLES: Yeah, that  
11 would be really helpful. And if there could  
12 be a formal process for -- that we as  
13 legislators could direct our families to, to  
14 give feedback on the tool. I understand that

15 there's no plan right now to change it. But

16 given that it wasn't designed explicitly for

17 children, you know, there is that concern.

18 So that would be wonderful to see

19 that, maybe on the website.

20 ACTING COMMISSIONER NEIFELD: Sure.

21 And just to clarify, it is specifically

22 designed for children. But we'll be happy

23 to --

24 (Overtalk.)

1 ASSEMBLYWOMAN KELLES: Yeah. But an

2 iterative process of honing it in to be

3 effective here. Thank you, yes. Absolutely.

4 Thank you for the clarification.

5 CHAIRWOMAN WEINSTEIN: Assemblywoman

6 Griffin, then Assemblyman Ra.

7 ASSEMBLYWOMAN GRIFFIN: Okay. Thank

8 you, Chair.

9 And thank you to Ms. Neifeld for being

10 with us today.

11 I just wanted to echo the comments

12 regarding the bonus as opposed to increasing

13 the salary across the board.

14 And I wanted to turn attention to

15 employment for people with disabilities. I  
16 recently, just this past Friday, was at an  
17 event sponsored by NYSED, Center for  
18 Disability Services, New York Alliance for  
19 Inclusion and Innovation, and AHRC Nassau.  
20 And this event was to recognize and really  
21 celebrate the contribution that people with  
22 disabilities can make on our economy when  
23 they are hired by all kinds of businesses.  
24 And, you know, this event was all about that

1 and showed, you know, the billions of dollars  
2 people with disabilities make on our economy  
3 by contributing to -- you know, being part of  
4 our workforce. And, you know, had  
5 information posted about that.

6 And then a smaller group, a nonprofit  
7 in my community who does amazing things for  
8 people with disabilities -- truly, truly  
9 amazing -- and they have been embarking on  
10 this, trying to find employment for their  
11 range of people with disabilities. You know,  
12 these are all people older than 21. And she  
13 called me, and she's like, How do we find out  
14 more? How do we learn what we can do?

15           And I wondered, can you provide -- you

16           might not be able to provide it here, but

17           could you send any information which could

18           provide this group with how they can -- like,

19           what steps they need to take to really help

20           the people in their organization find

21           employment?

22           ACTING COMMISSIONER NEIFELD: Sure,

23           we'd be happy to. We can connect offline and

24           we can learn about that organization. We can

1 connect directly with them as well.

2 And then also I think it's just worth

3 highlighting that in the Governor's State of

4 the State and in her Executive Budget

5 proposal, she has two really great proposals

6 around increasing employment opportunities

7 for people with developmental disabilities.

8 Part of it will be on us at OPWDD to improve

9 and make changes to, you know, our

10 certification process so that more providers

11 can provide employment services. And then in

12 the Executive Budget there's also a

13 \$2 million grant program which will grow to

14 \$10 million in the outyears that will be

15 available to providers so they can help  
16 individuals develop the skills necessary to  
17 enter the workforce.

18 So we're really excited about that.

19 ASSEMBLYWOMAN GRIFFIN: Okay, thank  
20 you. That's great to hear. And I think  
21 those are two, you know, ideal proposals for  
22 this community. So thank you very much.

23 CHAIRWOMAN WEINSTEIN: Thank you. We  
24 go to Assemblyman Ra to close for questions.

1 ASSEMBLYMAN RA: Thank you.

2 Good afternoon, Commissioner.

3 I just wanted to go back a little bit

4 to two questions. One was with regard to the

5 ARPA funding. I was wondering if you could

6 provide any further detail as to the

7 retention efforts that are being aided

8 through that funding.

9 ACTING COMMISSIONER NEIFELD: Sure.

10 So through the ARPA funding, we have two --

11 basically two different buckets of funding.

12 One is going directly to our direct

13 support professionals. That's \$1.5 billion.

14 That is going out in the form of a "Heroes"

15      bonus, so that's an up to \$1,000 bonus, you  
16      know, for individuals based on the number of  
17      hours they worked and the time -- you know,  
18      the duration of their employment throughout  
19      the pandemic.

20            There's a \$500 bonus for individuals  
21      who choose to take the vaccine.

22            And then there are two additional  
23      bonuses that are meant to cover the two  
24      fiscal years of the pandemic that are the

1 equivalent of 20 percent of the salary of the  
2 DSP. And we're working with our providers  
3 now to get the important information back  
4 that we need to be able to disburse those  
5 funds, hopefully disbursing those within a  
6 matter of, you know, the next six weeks or so  
7 at most.

8 ASSEMBLYMAN RA: Thank you.

9 And I know this was somewhat asked,  
10 but, you know, like many of my colleagues we  
11 love the ideas of these investments being  
12 made -- bonuses, all this stuff is great.  
13 You know, increasing salaries this year is  
14 great. But what commitment do we have from

15 the administration that in the outyears we're  
16 going to be able to continue to build on that  
17 commitment and continue to increase salaries  
18 and actually get this workforce where they  
19 need to be to enable long-term retention?

20 ACTING COMMISSIONER NEIFELD: Good  
21 question. I mean, I think what we've seen  
22 this year, between the COLA, the bonuses, the  
23 major investments in OPWDD's budget and in  
24 this system and in people with developmental

1 disabilities, it's just an incredible  
2 commitment on behalf of the Governor to the  
3 system and to the people that we support.

4       You know, so I look forward to, you  
5 know, implementing this budget, this enacted  
6 budget, which I know the Legislature has a  
7 major role in shaping the enacted budget, and  
8 then to continue to support additional budget  
9 efforts over the course of the next several  
10 years. I have no reason to believe that the  
11 Governor's commitment to people with  
12 developmental disabilities will end after  
13 this fiscal year, and I know certainly the  
14 Legislature as well.

15 ASSEMBLYMAN RA: Thank you. And we  
16 look forward to working with you. I think we  
17 all know that the prior administration had  
18 frankly, I'll say it, a disgraceful legacy  
19 with regard to these issues. So I'm glad to  
20 see Governor Hochul making this a priority in  
21 this budget. But I think we all recognize  
22 the longer-term needs. So thank you.  
23 Chairs, I will yield back my two  
24 minutes.

1 CHAIRWOMAN WEINSTEIN: Thank you. We  
2 do have one more: Assemblymember Brown.

3 ASSEMBLYMAN BROWN: Chair, I wasn't  
4 going to ask a question or comment, but I  
5 heard -- I was also talking to the president  
6 of SUNY Stony Brook. To what extent do you  
7 collaborate with other agencies, like DOL or  
8 the SUNY system, to find gainful employment  
9 for people with disabilities? Thank you.

10 ACTING COMMISSIONER NEIFELD: Sure.

11 It's a great question. And honestly, we  
12 collaborate everywhere, and we're really  
13 proud of those collaborations.

14 We do a lot of collaboration with the

15 Department of Labor. Commissioner Reardon

16 and her team are incredibly supportive of

17 both our direct support professionals and

18 individuals with developmental disabilities

19 gaining employment.

20 We have great partnerships with BOCES

21 across the state, great partnerships with

22 SUNY and CUNY. We're doing a lot for our

23 direct support professionals within the SUNY

24 and CUNY systems, including access to their

1 EOCs, working with them to create specific  
2 credentialing and curriculum designed  
3 directly for DSPs, to support the work that  
4 they're doing and help them to obtain college  
5 credit based on the work that they're doing.  
6 We are meeting with them also to talk about  
7 different ways to enhance the educational and  
8 employment opportunities for people with  
9 developmental disabilities.

10 And we work with a lot of other state  
11 agencies on lots of other issues -- really,  
12 anywhere that there is an opportunity for  
13 collaboration -- with Civil Service, with  
14 OMH. We are all about that collaboration and

15 that sort of cross-system understanding and

16 approach to serving individuals, looking to

17 break down those silos.

18 ASSEMBLYMAN BROWN: Great. Thank you.

19 CHAIRWOMAN WEINSTEIN: Thank you.

20 So we go back to the Senate. I think

21 we're done with the Assembly.

22 CHAIRWOMAN KRUEGER: Thank you. I

23 think we are complete with questions for you,

24 Acting Commissioner. I don't see any other

1 hands being waved at me madly.

2 So I'm going to thank you very much

3 for your participation with us today, thank

4 you for your work on behalf of the state,

5 tell you to get back to work, and call up the

6 commissioner of the New York State Office of

7 Addiction Services and Supports, Dr. Chinazo

8 Cunningham.

9 Are you with us, Dr. Cunningham?

10 OASAS COMMISSIONER CUNNINGHAM: I am.

11 CHAIRWOMAN KRUEGER: Oh, hello. Good.

12 Welcome.

13 OASAS COMMISSIONER CUNNINGHAM: Thank

14 you.

15 CHAIRWOMAN KRUEGER: Welcome to your  
16 first budget hearing, and congratulations on  
17 your confirmation through the Senate.

18 So I think you might have already  
19 learned the rules of the road. You have up  
20 to 10 minutes to highlight the key points of  
21 your testimony. We all have your full  
22 testimony. And afterwards, we will have  
23 chairs and rankers and other members ask you  
24 questions.

1 With that, start your 10 minutes.

2 OASAS COMMISSIONER CUNNINGHAM: Great,

3 thank you.

4 Good afternoon, Senator Krueger,

5 Assemblymember Weinstein, Senator Harckham,

6 and Assemblymember Steck. My name is

7 Dr. Chinazo Cunningham, and I am the

8 commissioner of the New York State Office of

9 Addiction Services and Supports, or OASAS.

10 Thank you for the opportunity to present

11 Governor Hochul's fiscal year 2022-2023

12 Executive Budget as it pertains to OASAS.

13 As you are aware, the COVID-19

14 pandemic and the overdose epidemic have

15 brought unprecedented challenges to our  
16 system of care and its workforce. As a  
17 primary care physician working in a  
18 Bronx hospital at the height of the pandemic,  
19 I personally experienced the impact firsthand  
20 while on the front lines. So first and  
21 foremost, I would like to acknowledge the  
22 individuals in our field for their tremendous  
23 courage and dedication to ensuring that OASAS  
24 services have remained accessible to those in

1 need throughout the pandemic.

2 As we look ahead, lessons learned will

3 help guide efforts to improve access to

4 addiction prevention, treatment, recovery,

5 and harm reduction services. We are focused

6 on building our system back to full

7 utilization, while also maintaining and

8 enhancing initiatives that have proven

9 extremely valuable in the delivery of

10 services, particularly in underserved

11 communities. We will continue working with

12 our Opioid Treatment Programs on the

13 expansion of mobile treatment and telehealth,

14 as well as building on our medication

15 delivery experiences to implement new and

16 innovative services statewide.

17 To continue supporting these efforts

18 and to help expand the reach of our services,

19 Governor Hochul has proposed a budget that

20 will ensure OASAS has the resources needed to

21 meet these ongoing challenges. The proposed

22 OASAS budget appropriates more than

23 \$1.5 billion, including approximately

24 \$164 million for state operations,

1     \$102 million for Capital Projects, and  
2     \$1.3 billion for Aid to Localities. This is  
3     an increase of over \$543 million, or a  
4     56 percent increase from fiscal year  
5     2021-2022.

6             The budget proposal reflects opioid  
7     stewardship funds, which have been  
8     specifically allocated to harm reduction and  
9     initiatives to make treatment and medication  
10    more affordable; and opioid settlement funds,  
11    to expand opioid addiction prevention,  
12    treatment, and recovery services, consistent  
13    with the terms of the settlement agreements.

14            OASAS has engaged with stakeholders to

15 fully understand issues our field has faced  
16 as a result of the COVID-19 pandemic and the  
17 overdose epidemic. During these 17 statewide  
18 meetings, we repeatedly heard from providers  
19 and advocates that supporting the workforce  
20 is critical and a top priority. We fully  
21 agree with this. That's why it was extremely  
22 important that the budget included a  
23 5.4 percent human services cost-of-living  
24 adjustment. To further recognize and help to

1 retain staff, the budget provides up to a  
2 \$3,000 recruitment and retention bonus for  
3 frontline and direct care services staff, in  
4 addition to a minimum wage increase for OASAS  
5 providers.

6 Consistent with that feedback, and to  
7 support our provider system, we will reinvest  
8 the funds realized from the transition from  
9 Medicaid fee-for-service to Medicaid managed  
10 care back into behavioral health services.

11 Funding is allocated to help leverage  
12 enhanced federal Medicaid dollars for home  
13 and community-based services. Providers will  
14 also be supported with increased capital

15 allowances for minor alterations and

16 improvements for OASAS-funded facilities.

17 The Executive Budget supports OASAS's

18 crucial mission and ongoing efforts to ensure

19 equitable access to life-saving treatment,

20 including medication treatment. This

21 includes innovative initiatives that

22 strengthen and modernize our outpatient

23 system.

24 To ensure we bring medication

1 treatment to where people are, we are  
2 expanding our Opioid Treatment Programs  
3 throughout the state by implementing a  
4 multipronged approach. First, we will invest  
5 in new mobile methadone units and retrofit  
6 existing mobile units. We will continue to  
7 leverage telehealth by installing equipment  
8 on mobile transportation units.

9 Second, we will remove financial and  
10 geographic barriers that prohibit people from  
11 accessing evidence-based medication treatment  
12 by requiring pharmacies to stock medications  
13 to prevent overdose and treat opioid use  
14 disorder. We will also implement a Treatment

15 Affordability Initiative and a Medication  
16 Affordability Initiative to assist uninsured  
17 and underinsured individuals obtain  
18 treatment, including life-saving medications.

19 Likewise, the Behavioral Health Ombuds  
20 Project will receive additional support to  
21 assist individuals in navigating their  
22 insurance and assisting them with maximizing  
23 coverage for mental health and substance use  
24 services statewide.

1           Additionally, the budget includes a  
2           statewide Non-Medical Transportation  
3           Initiative to help individuals access  
4           prevention, treatment, recovery, and harm  
5           reduction services -- further breaking down  
6           identified barriers to care.

7           As the state and country continue to  
8           experience unprecedented rates of overdose  
9           deaths, we must implement strategies aimed at  
10          meeting individuals where they are, to help  
11          keep them alive while we work to engage them  
12          in services. The budget supports this goal  
13          with the establishment of a new Division of  
14          Harm Reduction within OASAS to develop and

15 incorporate these strategies across the

16 continuum of care.

17 This unit will work collaboratively

18 with the Department of Health to support

19 individuals most at risk by expanding access

20 to opioid overdose prevention kits, safety

21 kits, fentanyl test strips, and sterile

22 syringes; and developing a public awareness

23 campaign specifically focused on preventing

24 overdose deaths in public settings.

1           We also know how important ongoing  
2           support services are to helping individuals  
3           remain healthy and maintain their recovery.  
4           Safe, stable housing is a core component of  
5           recovery and reintegration into the  
6           community. Therefore, the budget provides  
7           funding for short-term transitional housing  
8           for individuals leaving OASAS residential  
9           treatment or correctional facilities who  
10          cannot otherwise access permanent housing.

11          The budget also gives OASAS the  
12          ability to develop standards and voluntary  
13          certification for Recovery Supportive  
14          Housing. Recovery Supportive Housing

15 provides safe environments and mutual support

16 for individuals in recovery. OASAS

17 certification of these programs would ensure

18 that individuals in recovery are protected

19 from potentially predatory housing practices.

20 Finally, the budget allows us to

21 continue advancing our prevention initiatives

22 through a comprehensive approach which

23 includes educational activities, raising

24 public awareness, early interventions, and

1 environmental change strategies. We will  
2 also expand the Alcohol Awareness Program to  
3 the Substance Use Awareness Program, to  
4 promote education rather than penalty for  
5 violations related to underage alcohol and  
6 cannabis use.

7 As we continue to manage the system of  
8 addiction prevention, treatment, recovery,  
9 and harm-reduction services, our number-one  
10 priority is to ensure the safety and  
11 well-being of those who are most vulnerable.

12 The budget will support funding for all of  
13 these critical initiatives I discussed and  
14 allow OASAS to meet the needs of those we

15       serve.

16           I'm excited and ready to work on the  
17       many challenges ahead at OASAS, and I look  
18       forward to working alongside you as we  
19       continue striving to help all those who have  
20       been impacted by substance use and addiction  
21       throughout New York State.

22           Thank you.

23           CHAIRWOMAN KRUEGER: Thank you very  
24       much, Dr. Cunningham.

1           And the first questioner will be the  
2 chair of the OASAS committee, Pete Harckham.

3           SENATOR HARCKHAM: Thank you very  
4 much, Madam Chair.

5           Dr. Cunningham, it's great to have you  
6 aboard. Welcome. Thank you for your  
7 testimony. And thank you for your  
8 conversations since you have joined. It's an  
9 open-door policy, and it's much, much  
10 appreciated. So thank you.

11           A few questions for you. First, just  
12 a general statement in the sense that we're  
13 at a time of real peril and real promise.  
14 You know, peril, as you know, because of the

15 historic highs in overdose deaths. But

16 promise in a new Governor with a

17 collaborative style who understands this

18 issue; a new commissioner, obviously, which

19 we're pleased about; and new funding. But

20 some of that funding is blood money coming

21 from corporations who contributed greatly to

22 the deaths of many members of our

23 communities. And those families want us to

24 really make sure that we're spending this

1 money wisely on evidence-based treatment,  
2 something that you believe strongly in. So,  
3 you know, that's the spirit in which I ask  
4 these questions today.

5 We appreciate the Governor  
6 understanding the workforce issue. And as  
7 we've heard from other departments with  
8 workforce initiatives, we're discovering that  
9 within each agency and each department, some  
10 people are eligible and some people are not  
11 eligible. So who exactly in the OASAS system  
12 is eligible for the COLA, eligible for  
13 certain bonuses and whatever retention money  
14 is available, and who might not be?

15 OASAS COMMISSIONER CUNNINGHAM: Right.

16 Thank you. So, you know, I just want to

17 reiterate how important it is to support the

18 workforce. I mean, this is something that we

19 hear consistently with all of the meetings

20 that we have with our constituents and our

21 advocates and programs.

22 So, you know, the bonuses are really

23 for direct people, those who are providing

24 direct patient services, right, on the

1     frontline. So we are still, you know,  
2     working out the details of exactly who that  
3     means. But we recognize that this is, you  
4     know, absolutely critical for the workforce.

5             In terms of the cost-of-living  
6     adjustment, that's 5.4 percent, that's really  
7     going to be across all of the programs that  
8     are with OASAS.

9             SENATOR HARCKHAM: Right. And will  
10    any of the for-profit providers be eligible  
11    for this funding, or just like the prior  
12    federal funding that dealt with employee  
13    issues last year that was only nonprofits?

14            OASAS COMMISSIONER CUNNINGHAM: From

15 my recollection I know that some of this is  
16 limited to not-for-profits. But I can get  
17 back to you with the specifics for these  
18 different initiatives.

19 SENATOR HARCKHAM: All right, thank  
20 you. Yeah, I know they'd appreciate that.

21 Let's continue on the line of the  
22 federal money. You know, the SAMHSA money  
23 has come up today in relation to OMH. We  
24 received a \$100 million tranche and then a

1 \$95 million tranche. It's not clearly  
2 evident in the budget where exactly that  
3 money is, because it's kind of woven in. Can  
4 you explain to members what that money is  
5 being used for and whether that was  
6 supplementing state efforts or supplanting  
7 state efforts?

8 OASAS COMMISSIONER CUNNINGHAM:

9 Absolutely. So I would just start out by  
10 saying that these dollars were not  
11 supplanting dollars but in fact supplementing  
12 dollars. So I just want to make that clear.

13 And so I can certainly go through --  
14 you know, we have given out already over

15 \$70 million in funding opportunities that  
16 have been announced, of the total of  
17 \$230 million. And so our first priority here  
18 was really to stabilize programs and to  
19 stabilize our workforce. And so \$20 million  
20 was given for stabilizing organizations,  
21 and nearly \$20 million for stabilizing the  
22 workforce.

23 In addition, we want to ensure access  
24 to medication treatment, and so that includes

1 medication delivery systems for methadone,  
2 mobile medication units, a regional network  
3 for transportation so people have access to  
4 that medication. We've also invested a  
5 million dollars in transitional housing, 1.5  
6 million in telehealth infrastructure. In  
7 addition, there's huge investments in  
8 prevention, including over \$10 million in  
9 primary prevention infrastructure, \$4 million  
10 in prevention community coalitions,  
11 collaborations with the New York State  
12 Education Department. And then also recovery  
13 youth clubhouses received \$1.8 million, and  
14 then to our peers as well.

15           So there's really a variety of ways in  
16           which, you know, all across our system  
17           prevention, treatment and recovery services  
18           have really been strengthened and expanded.

19           SENATOR HARCKHAM: Terrific, thanks.

20           Let's talk a little bit about some of  
21           the new initiatives with the settlement  
22           dollars and the opioid stewardship dollars.

23           Number one, the Governor proposes  
24           fully funding the Ombudsman Program for the

1 first time, which is very welcome. But in  
2 the prior years, the old -- half of the  
3 Ombudsman Program that was funded was funded  
4 with kind of dubious funding from Office of  
5 Financial Services settlements for non-parity  
6 compliance issues. And that's not  
7 necessarily a sustainable stream.

8 Are we now just fully funding the  
9 Ombudsman Program straight out of budget  
10 line?

11 OASAS COMMISSIONER CUNNINGHAM: From  
12 my knowledge, it still is out of parity  
13 funds. I know we have \$1.5 million this year  
14 to really strengthen and expand the efforts

15 there across the communities. We know this

16 is a really big issue around parity,

17 absolutely, and we're committed to addressing

18 that. And so there is this expansion of

19 services there.

20 SENATOR HARCKHAM: Yeah, I mean the

21 focus on parity is a good thing. I just

22 question the long-term sustainability of us

23 relying on the Ombudsman Program coming from

24 fines versus us, you know, line-iteming it in

1 the budget. But, you know, that's something  
2 we can talk about moving forward.

3 One of the other new initiatives the  
4 Governor discusses is creating an Office of  
5 Harm Reduction within OASAS. And it looks  
6 like for this year a lot of the  
7 harm-reduction services are still going to be  
8 done in the Health Department at the AIDS  
9 Institute.

10 What is the plan for the Office of  
11 Harm Reduction? Will there be duplication?  
12 Will there be services brought in from the  
13 Health Department? How is that going to  
14 work?

15 OASAS COMMISSIONER CUNNINGHAM: Yeah,  
16 great, thank you, Senator Harckham. As you  
17 know, this is something that I feel very  
18 strongly about. Harm-reduction services are  
19 evidence-based services that are needed now  
20 more than ever, as more and more people are  
21 dying.

22 So we work very collaboratively with  
23 the Department of Health. We're absolutely  
24 not interested in duplicating services here.

1 We meet regularly, and this was one of the  
2 priorities when I first started, is to have  
3 those regular meetings, which have already  
4 begun.

5 And so some of the services will be  
6 really provided with DOH when we collaborate  
7 with them, and some of them will be more  
8 housed in OASAS. And so, you know, I think  
9 that's less important in terms of which  
10 agency it falls under, but just more that  
11 people are getting the services that they  
12 need.

13 And so for us, having a new division  
14 of harm reduction will work really closely

15 with the Office of Drug User Health in the

16 Department of Health.

17 SENATOR HARCKHAM: All right, thanks.

18 And then my last two minutes I want to

19 talk a little bit about co-occurring

20 disorders. I don't want to get into the

21 debate about merger or no merger; you know,

22 that's a bigger debate outside of this. But

23 I want to discuss what the Governor is

24 recommending in her budget, and there's

1 additional funding for co-occurring

2 disorders. What exactly is that going for?

3 And how are we moving our system

4 towards a no-wrong-door system? Because we

5 still hear on a daily basis that patients are

6 turned away from treatment for presenting

7 with co-occurring mental health disorders.

8 And how do we get to a system where

9 there is no wrong door? Some of our

10 providers, as we know, are terrific about

11 this, and others have not evolved yet, I

12 should say politely. So in the last

13 minute-five, I'll let you talk about that.

14 OASAS COMMISSIONER CUNNINGHAM: Great.

15 So we definitely recognize the importance of  
16 co-occurring disorders, absolutely. And  
17 about half of the people who come into  
18 OASAS-certified programs have symptoms of  
19 mental health symptoms, and many of them have  
20 trauma.

21 So first what I would say is that we  
22 require mental health screening upon  
23 enrollment into all of our programs, so that  
24 should be happening a hundred percent of the

1 time when people enter into the  
2 OASAS-certified programs. We also do  
3 trainings, we work closely with the Office of  
4 Mental Health and do trainings so that our  
5 providers identify and can treat or refer  
6 people with mental health conditions to get  
7 appropriate treatment. And then we also  
8 cross-train them in terms of substance use  
9 disorders, the OMH staff.

10 And then I would just say going  
11 forward, you know, in terms of no wrong door,  
12 we have crisis stabilization centers and  
13 CCBHC, which are the certified community  
14 behavioral health centers, which are dually

15 funded by OASAS and OMH and for exactly this

16 reason, where there's no wrong door,

17 particularly in the crisis stabilization

18 centers that are 24/7 availability.

19 SENATOR HARCKHAM: Thank you,

20 Commissioner.

21 Thank you, Madam Chair. My time is

22 up. Depending on what my colleagues ask, I

23 may or may not come back for three more

24 minutes at the end. Thank you.

1 CHAIRWOMAN KRUEGER: Very good. We'll  
2 check with you.

3 Assemblywoman.

4 CHAIRWOMAN WEINSTEIN: We're going to  
5 go to our ranker on Alcoholism, Assemblyman  
6 Brown.

7 ASSEMBLYMAN BROWN: Thank you, Chair.  
8 Can you hear me okay?

9 OASAS COMMISSIONER CUNNINGHAM: Yes.

10 ASSEMBLYMAN BROWN: Okay. Hi, Doctor,  
11 how are you?

12 OASAS COMMISSIONER CUNNINGHAM: Good.

13 ASSEMBLYMAN BROWN: Good to follow up  
14 with you. I enjoyed our conversation last

15 week.

16 So I don't have much time, so I'm

17 going to have to fire away at some questions.

18 The first one, which I'll save -- if you

19 could answer last, actually: How do you

20 expect to spend the opioid settlement money?

21 If you could just drill down a little bit on

22 what I heard in your overview.

23 I also want to know about how you

24 anticipate how much cost increase there will

1 be with the legalization of marijuana, and  
2 how you will deal with adults and children  
3 with marijuana disorder. We know from  
4 Colorado, the Rocky Mountain Study, that  
5 there was an increase, a spike in marijuana  
6 use disorder after legalization. Is there  
7 anything in the budget to address that?  
8 We'll start with that question.

9 OASAS COMMISSIONER CUNNINGHAM: So in  
10 terms of the, yeah, adult-use cannabis  
11 legalization, so because the -- you know,  
12 this has not been implemented yet, it's  
13 unclear to us in terms of the dollar amount  
14 that we will receive from the taxation. So

15 it's very difficult to speak on that.

16 But what I do want to say is that we

17 certainly, you know, are prepared really to

18 address issues, and so we've been doing

19 webinars with our providers, informing them

20 about legalization, informing them about, you

21 know, sort of the risks and benefits of

22 cannabis, developing toolkits for effective

23 prevention strategies. We're doing public

24 education and media campaigns, including

1 underage use, and we're expanding our Alcohol  
2 Awareness Program to be Substance Use  
3 Awareness Program, particularly around  
4 cannabis and underage use so that, you know,  
5 instead of having penalties people can get  
6 education around that.

7 So that's -- so those are some of the  
8 examples. And then our treatment system is  
9 really ready to provide cannabis-use disorder  
10 treatment. It has been and will continue to,  
11 you know, going forward.

12 ASSEMBLYMAN BROWN: That's great.

13 Are you looking to do any limits on  
14 people who have cannabis-use disorder to

15 purchase marijuana at dispensaries?

16 OASAS COMMISSIONER CUNNINGHAM: That's

17 a good question. That's not something that

18 we've discussed here at OASAS. I mean, you

19 know, we also work with the Office of

20 Cannabis Management, and so I think that

21 would be a discussion to have with them. But

22 yeah, that's an interesting idea.

23 ASSEMBLYMAN BROWN: I was listening

24 earlier with the new crisis hotline, the 988

1 number that OMH is putting forward. Have you  
2 discussed about crossover between the 988  
3 number and the Hope New York number?

4 OASAS COMMISSIONER CUNNINGHAM:

5 Absolutely. And so the 988 number is really  
6 for behavioral health, so not just specific  
7 to mental health but also substance use  
8 disorders.

9 And so, you know, we're in discussions  
10 right now about the various sort of hotlines  
11 that we have, and making sure that we don't  
12 duplicate but that, again, we expand the  
13 possibility for people to access services and  
14 get the help that they need.

15           And so, you know, going forward we are  
16           going to be figuring out how they all sort of  
17           work together.

18           ASSEMBLYMAN BROWN: Yeah, because we  
19           would hate to have someone call one number  
20           and not be able to be transferred over to get  
21           the help that they need.

22           So I want to go back to my first  
23           question. With the opioid settlement money,  
24           it seems to me that with the crisis of

1 overdoses, you know, reaching the heights  
2 that it has, has there been any discussion  
3 about creating an opioid task force and using  
4 some of that money for that purpose?

5 Did you hear the question?

6 OASAS COMMISSIONER CUNNINGHAM: Yes, I  
7 did. I mean, I know that there is the  
8 existing Heroin Board that has been around  
9 for a while. And then I know that we have  
10 the Opioid Settlement Board, that is in the  
11 process of being constituted. So -- but, you  
12 know, as far as another board, that's not  
13 something that I've heard.

14 You know, we also have met -- we've

15 had 17 forums across the state, meeting with

16 our stakeholders to understand what our

17 providers and people affected with substance

18 use, what they want the dollars to be used

19 for. So we certainly are -- you know, want

20 to hear what our providers and the

21 communities have to say in terms of how these

22 dollars are spent.

23 ASSEMBLYMAN BROWN: {Inaudible; Zoom

24 interference.}

1 CHAIRWOMAN WEINSTEIN: Assemblyman

2 Brown, you're breaking up quite a bit.

3 ASSEMBLYMAN BROWN: Thank you for

4 the -- I will -- I want to follow up with you

5 about possible codification of that in

6 New York law.

7 So I yield the rest of my time back to

8 the chair.

9 CHAIRWOMAN WEINSTEIN: Actually, the

10 time is up. So --

11 ASSEMBLYMAN BROWN: Did you hear that

12 last part in terms of the CDC guidelines for

13 prescription opioids?

14 OASAS COMMISSIONER CUNNINGHAM: Oh, I

15 didn't exactly catch that but --

16 CHAIRWOMAN WEINSTEIN: I'm sorry, the

17 time's up and it's --

18 ASSEMBLYMAN BROWN: Hello? Hello?

19 CHAIRWOMAN WEINSTEIN: We're going to

20 go back to the Senate. If you can just

21 respond in writing to us.

22 CHAIRWOMAN KRUEGER: Thank you. Thank

23 you.

24 Okay, is Senator Oberacker available?

1 I wasn't sure he had questions.

2 (No response.)

3 CHAIRWOMAN KRUEGER: I don't hear him.

4 Okay, then I'm going to actually go

5 back to Senator Harckham for his final three

6 minutes as the chair.

7 SENATOR HARCKHAM: Thank you very

8 much, Madam Chair.

9 All right, a couple of things that we

10 didn't get to talk about. One is

11 transportation. You know, we've spoken about

12 that before, what a challenge that is for --

13 to get to other services to create a holistic

14 recovery environment, especially in our rural

15 areas and urban transit deserts.

16 There are two pilots that were funded

17 in the budget a year ago, one for rural, one

18 for urban, that were supposed to come online

19 this year. Do you know what the status of

20 that -- those two projects may be?

21 OASAS COMMISSIONER CUNNINGHAM: Yes.

22 So the RFP for that demonstration program for

23 transportation is being finalized and will be

24 released anytime soon. So I can certainly

1 let you know when that RFP has been posted

2 and, you know, made available to the public.

3 SENATOR HARCKHAM: All right, that's

4 excellent. Thank you.

5 And then what is the other -- there is

6 enhanced transportation money proposed by the

7 Governor. What is that money supposed to be

8 going for?

9 OASAS COMMISSIONER CUNNINGHAM: Right,

10 so there's also non-medical transportation.

11 So that's specific to people, you know,

12 affected by substance use disorders but will

13 allow for transportation outside of just the

14 typical appointments, like medical

15 appointments. And so for jobs, for

16 childcare, for other needs that are -- you

17 know, to help support recovery.

18 SENATOR HARCKHAM: So it's actually

19 very similar to those pilots in many ways.

20 OASAS COMMISSIONER CUNNINGHAM: Yes.

21 Yes. It's just strengthening and expanding

22 them, yeah, further.

23 SENATOR HARCKHAM: Great. That's good

24 news, thank you.

1           And then the last has to do with the  
2           construction side, which was historically  
3           done by the individual treatment providers,  
4           and then apply for a license. We're now  
5           bringing DASNY in, which can use DASNY's  
6           purchasing power and their expertise. That  
7           can be a good thing or a bad thing, depending  
8           on who you speak with and their opinion of  
9           DASNY. No offense, but -- so how is that  
10          exactly going to work? I mean, the folks at  
11          the Dormitory Authority, you know, work very  
12          hard, they're overworked.  
13          So how is this process going to work  
14          to fit in with what they do?

15 OASAS COMMISSIONER CUNNINGHAM: Right.

16 So, you know, so we'll be using state-owned

17 land, right, and DASNY to really facilitate

18 the construction of programs.

19 You know, we have heard about the

20 delays. And then we also know -- in terms of

21 a lot of the providers don't necessarily have

22 the expertise, right, for these sort of

23 construction and capital improvements.

24 So we believe this will actually

1 facilitate the process. We will bring  
2 programs in early, you know, to work with  
3 DASNY in terms of what the sites look like.  
4 And, you know, making sure that communities  
5 are also involved in terms of the needs and  
6 working with local government units.

7 So, you know, we think that this is  
8 going to be a substantial improvement and  
9 just will have less delays and really will  
10 facilitate new programs and new buildings.

11 SENATOR HARCKHAM: Well, thank you  
12 very much, Commissioner.

13 And thank you, Madam Chair.

14 CHAIRWOMAN WEINSTEIN: Thank you.

15 We're going to go to Assemblywoman

16 Gallagher now.

17 ASSEMBLYWOMAN GALLAGHER: Hi, thank

18 you so much for being here and for answering

19 these questions.

20 So in New York City we have some pilot

21 OPCs, overdose prevention centers. And as of

22 January 25th, we have saved over 85 lives

23 with reversed overdoses. So I'm interested

24 in how we can make sure that these get

1 expanded across the state. I know that many  
2 of them are privately funded or they require  
3 federal exemption. But I know that we've  
4 been lobbying and having -- Linda Rosenthal  
5 has a great bill about adding OPCs across the  
6 state. I'm wondering what we need to do to  
7 push that forward.

8 And then my second question is do we  
9 have a proactive plan for handling fentanyl?

10 And is there a way that we could work to make  
11 fentanyl test strips more widely available  
12 across the state? And how can I be a partner  
13 on that?

14 OASAS COMMISSIONER CUNNINGHAM: Great.

15 Thank you. I'm going to start with the last,

16 in terms of fentanyl.

17 So as you know, fentanyl is really

18 driving much of the overdose deaths, and so

19 this is really an important issue. So, you

20 know -- and really I think this speaks much

21 more to harm reduction in general and all of

22 the harm-reduction strategies, which are

23 really a continuum of strategies, right.

24 And, you know, making sure that people

1 are aware of fentanyl through fentanyl test  
2 strips is absolutely part of that. And that  
3 is something that we are expanding with this  
4 budget.

5 And then also just expanding nalaxone,  
6 right? So that's medication to reduce death  
7 when people overdose. And so again, that  
8 will work with fentanyl, but people may need  
9 to have multiple doses. So again, making  
10 sure that people have that medication to  
11 reverse overdoses.

12 In terms of, you know, overdose  
13 prevention centers, as you mentioned, this is  
14 not something -- these programs are not

15 receiving funding that's from the state, they  
16 are not regulated or certified or monitored  
17 by OASAS. And so, you know, they are part of  
18 the harm-reduction continuum, but we really  
19 are not funding them or certifying them or  
20 monitoring them.

21 ASSEMBLYWOMAN GALLAGHER: Can I ask  
22 how we could make the fentanyl test strips  
23 easily distributed? Because I know of very  
24 few places in New York City where you can

1 actually get them. And I've actually had a  
2 flood of requests in my own efforts at being  
3 like a harm-reduction advocate.

4 So I would really like to know how can  
5 we expand this process across the state.

6 OASAS COMMISSIONER CUNNINGHAM: Yeah,  
7 absolutely. I mean, right now in the budget  
8 there's \$7 million, you know, towards  
9 harm-reduction services. And so this is  
10 absolutely part of this. And so working with  
11 community members, harm-reduction  
12 organizations, community providers to see  
13 where the need is, and really just expanding  
14 access to them is something that, you know,

15 we definitely look forward to doing.

16 ASSEMBLYWOMAN GALLAGHER: Okay. So if

17 I request for some of that harm-reduction

18 money to be especially for test strips for

19 New York City organizations, that would work.

20 OASAS COMMISSIONER CUNNINGHAM: Yes.

21 ASSEMBLYWOMAN GALLAGHER: Okay, thank

22 you.

23 CHAIRWOMAN WEINSTEIN: Thank you.

24 We go to Assemblywoman Kelles.

1 ASSEMBLYWOMAN KELLES: Thank you so  
2 much.

3 I have a few questions, actually, from  
4 my district, from the Alcohol and Drug  
5 Council in my district.

6 One of them is that they were awarded  
7 funds in October/November, and they haven't  
8 heard anything about them, they haven't been  
9 disbursed. It was a small amount, it was  
10 \$50,000. But she was saying across the state  
11 all the providers that received funding from  
12 the SAPT workforce investment and the SAPT  
13 stabilization are having similar experiences.  
14 So I was curious when they can expect those

15 disbursements.

16 OASAS COMMISSIONER CUNNINGHAM: Yes.

17 So, you know, we're in the good position to

18 be, you know, sending money out the door, and

19 in order to do this with the SAPT

20 supplemental funds, we've just hired many new

21 staff members in order to help with this

22 process.

23 So we know that there have been some

24 delays, but we are hiring up and really very

1 much focused on getting the dollars out the  
2 door. So this is absolutely a priority of  
3 ours.

4 ASSEMBLYWOMAN KELLES: Okay. And the  
5 other comment I've been hearing is that the  
6 COLAs from OASAS provider staff were not  
7 implemented for over a decade in the last  
8 administration. So I just wanted to note  
9 that this has resulted in nearly -- as you  
10 know, of course -- a 30 percent disparity  
11 related to other fields, including other ones  
12 that we've heard from today that have also  
13 been hurt over the last 10 years.

14 So what plans beyond the 5.4 percent

15 COLA adjustments are there to address the  
16 base funding rates for OASAS funding programs  
17 that they can -- so that you can do the  
18 recruitment, train and retain the workforce?  
19 And can you talk a little bit more about  
20 funding that you're putting into workforce  
21 development, in particular addressing  
22 difficulties in the licensing process?

23 OASAS COMMISSIONER CUNNINGHAM:

24 Absolutely. So, you know, we recognize,

1 again, that there's a huge priority in terms  
2 of the workforce and strengthening and  
3 stabilizing the workforce.

4 So as you mentioned, we have the  
5 cost-of-living adjustment, we also have the  
6 bonuses that are up to \$3,000 for those, you  
7 know, who are frontline providers. We have a  
8 \$2 million increase for minimum wage  
9 increase. The SAPT supplement funding, the  
10 first allocations were to strengthen the  
11 workforce, and that was \$19 million.

12 We also have initiatives that we're  
13 working on like loan repayment, scholarships,  
14 college credits and these, you know, kinds of

15 incentives, to attract people and keep people

16 as well. And then we're also reinvesting

17 funds from F -- from the --

18 ASSEMBLYWOMAN KELLES: I'm going to

19 just -- yes, absolutely, I've heard of those.

20 One question. Has there been any analysis of

21 a potential benefit cliff from the bonuses

22 that are being disbursed?

23 OASAS COMMISSIONER CUNNINGHAM: I have

24 not heard of an analysis like that.

1 ASSEMBLYWOMAN KELLES: Right. It  
2 concerns me a little bit, because some of the  
3 people that -- the base pays are so low that  
4 it could be something that could tip them  
5 over. I'd love if there could be some  
6 analysis in that disbursement to not hurt  
7 people.

8 OASAS COMMISSIONER CUNNINGHAM:

9 Understood, yes.

10 ASSEMBLYWOMAN KELLES: Thank you so  
11 much. I appreciate it.

12 CHAIRWOMAN WEINSTEIN: Thank you.

13 Assemblywoman Griffin.

14 ASSEMBLYWOMAN GRIFFIN: Okay, thank

15 you very much. And thank you for being here,

16 Dr. Cunningham.

17 I -- just two questions I wanted to

18 ask, is I was really glad to see the budget

19 is including more money for non-medical

20 transportation, for individuals to access

21 treatment, recovery, harm-reduction services,

22 et cetera. And I just wondered how much that

23 is. I know, speaking with a lot of families

24 and people that are in recovery, the families

1 in recovery, that seems to be a huge problem.

2 I represent Long Island, which is, you

3 know, a very congested area. But there's a

4 lot of people that just -- you know, they're

5 kind of like they go -- leave the rehab unit

6 and they really don't have much assistance as

7 far as, you know, job placement, as far as

8 transportation. There are some nonprofit

9 organizations that really run themselves

10 ragged on Long Island bringing people to

11 where they need to be.

12 And I just wondered what kind of --

13 what kind of amount of money is being put

14 towards this important area?

15 OASAS COMMISSIONER CUNNINGHAM: Right.

16 So for -- as part of the increase in the

17 budget, for non-medical transportation now

18 it's -- we have \$1 million going towards

19 that. And, you know, earlier we heard about

20 the transportation demonstration program.

21 That's another \$500,000 going towards that.

22 We also have, you know, additional funding

23 from the SAPT grant dollars going towards

24 transportation as well.

1           So there's many pots, I would say, of  
2           dollars that are really addressing  
3           transportation, and the one in the SAPT  
4           grants is \$4.2 million. So those are just,  
5           you know, some of the ones from the different  
6           pots of money.

7           ASSEMBLYWOMAN GRIFFIN: And another  
8           question is, again, you know, I represent an  
9           area of Nassau County, but Nassau County has  
10          an extremely high addiction rate, has had an  
11          extremely high number of overdoses. But yet  
12          there's really not enough accessible  
13          treatment facilities.

14          And I wondered if that's part of -- is

15       there any plan in OASAS to really focus in on  
16       areas that have, you know, very high rates of  
17       addiction, of overdose, but yet have very low  
18       rates of rehab facilities and accessibility  
19       to that?

20           OASAS COMMISSIONER CUNNINGHAM:

21       Absolutely. And so this is, you know, one  
22       example of bringing medication, bringing  
23       treatment to where people are.

24           And so examples of this include the

1 mobile medication unit, where this is  
2 something we, you know, plan to fund 35 of  
3 them in really locations that don't have  
4 access to medication and treatment, and this  
5 is one way to address that.

6 We also have medication units, similar  
7 ideas as, you know, bringing treatment to  
8 places where they're not. So this is  
9 definitely a priority in the budget to really  
10 bring medication and treatment to where  
11 people are.

12 ASSEMBLYWOMAN GRIFFIN: Okay. Thank  
13 you very much.

14 CHAIRWOMAN KRUEGER: Assembly, are we

15 done with Assemblymembers? Yes. I'm not

16 hearing you, but I know you're there. She's

17 on the phone. No problem.

18 So Commissioner, with that, I'm going

19 to thank you very much for your participation

20 today, wish you all the best for your true

21 challenges as our new commissioner of OASAS.

22 We will all be following up with you, I am

23 sure.

24 And I am going to next turn it over to

1 the New York State Justice Center for the  
2 Protection of people with Special Needs,  
3 Executive Director Denise Miranda.

4 Denise, are you with us?

5 EXECUTIVE DIRECTOR MIRANDA: I am  
6 here. Good afternoon, Senator.

7 CHAIRWOMAN KRUEGER: Good afternoon,  
8 Denise.

9 So you've been with us before, so you  
10 know --

11 EXECUTIVE DIRECTOR MIRANDA: Yes.

12 CHAIRWOMAN KRUEGER: -- share with us  
13 in under 10 minutes, if possible, the  
14 highlights of your testimony -- we all have

15 the full testimony -- and then we will ask

16 you questions. Thank you.

17 EXECUTIVE DIRECTOR MIRANDA: Thank

18 you.

19 Good afternoon, Chairs Brouk, Krueger,

20 Mannion, Abinanti, Gunther, and Weinstein, as

21 well as other distinguished members of the

22 New York Senate and Assembly. My name is

23 Denise Miranda, and I am the executive

24 director of the New York State Justice Center

1 for the Protection of People with Special  
2 Needs.

3 I would like to thank you for the  
4 opportunity to testify regarding  
5 Governor Hochul's Executive Budget proposal.

6 The Justice Center opened its doors  
7 nearly nine years ago. In that time, we have  
8 investigated tens of thousands of abuse and  
9 neglect cases. Since 2013, more than  
10 800 people have committed egregious acts of  
11 abuse and neglect, and they are now barred  
12 from working with people with special needs.

13 Hundreds of thousands of criminal  
14 background checks have been completed,

15 keeping violent offenders out of facilities.

16 Abusers are no longer free to move from

17 facility to facility unchallenged. There is

18 no doubt that vulnerable New Yorkers are now

19 safer than before.

20 But the Justice Center's work goes

21 well beyond incident investigations. We also

22 place great emphasis on preventing reportable

23 incidents from happening. The agency's abuse

24 prevention efforts are critical to advancing

1 our mission to support and protect the  
2 health, safety, and dignity of people with  
3 special needs. We do this by creating  
4 materials to equip staff with the tools and  
5 skills they need to identify situations that  
6 pose a risk of harm to people receiving  
7 services.

8 We currently have eight prevention  
9 toolkits published on our website. The  
10 latest one, published last year, focuses on  
11 body checks. This toolkit provides  
12 information about the importance of  
13 performing regular body checks as well as  
14 tools to support the practice in the

15 provision of care. Body checks can identify  
16 injury or illness and ensure appropriate care  
17 is received. Critically, this preventative  
18 measure can also identify if someone is being  
19 mistreated.

20 The Justice Center also launched an  
21 innovative online training on one of our most  
22 popular prevention toolkits: Professional  
23 boundaries. Trend analysis identified the  
24 failure to maintain professional boundaries

1 as commonly reported. This online training  
2 tool presents users with real-life scenarios  
3 and helps them navigate them appropriately.

4 The agency has now launched a  
5 committee dedicated to prevention work that  
6 will be producing more materials in the year  
7 ahead.

8 Another pillar of the Justice Center's  
9 work is assisting individuals receiving  
10 services and their families. Since 2013,  
11 agency advocates have helped more than  
12 16,000 people. Our highly trained staff  
13 members supported individuals and family  
14 members to understand the process of an

15 investigation. They also accompany victims  
16 during interviews and guide people through  
17 the process of obtaining records.

18 This past year, the agency contributed  
19 to the COVID relief efforts across the state,  
20 lessening the burden on New Yorkers. Justice  
21 Center staff assisted in processing rent  
22 relief, ensured compliance with State Liquor  
23 Authority regulations, and helped coordinate  
24 operations at state vaccination sites, among

1 other initiatives.

2 Looking ahead, the Justice Center will  
3 continue to improve accessibility and  
4 connection with the public. We have welcomed  
5 the opportunity to increase transparency  
6 regarding the agency's work and proudly share  
7 what we do.

8 We have published a plan that outlines  
9 several steps aimed at providing stakeholders  
10 with more insight into our agency operations.

11 This includes the publication of new data  
12 points that will enhance monthly and annual  
13 reports. The goal here is to shine more  
14 light on internal processes. We also plan to

15 publish more in-depth reports on our forensic  
16 work. Meeting summaries from our  
17 Advisory Council have already been posted on  
18 our website for review. We value open  
19 government and will continue to find ways to  
20 enhance transparency going forward.

21 Again, thank you for this opportunity  
22 to report on our important work. We look  
23 forward to continued partnerships with the  
24 state oversight agencies and the Legislature

1 in '22. I now welcome your questions.

2 CHAIRWOMAN KRUEGER: Thank you very

3 much.

4 And I am looking for any hands raised.

5 I don't see any Senate hands raised.

6 Helene Weinstein, do you have any

7 Assemblymembers?

8 CHAIRWOMAN WEINSTEIN: We do not,

9 Senator.

10 CHAIRWOMAN KRUEGER: All right. I

11 think you're getting a little bit of a break

12 this year from our normal experience in this

13 hearing.

14 EXECUTIVE DIRECTOR MIRANDA: It

15 appears so.

16 CHAIRWOMAN KRUEGER: So I appreciate

17 your coming. And I am sure that people who

18 do have questions, they realize later,

19 actually will follow up with you. Perhaps

20 everyone was so overwhelmed with COVID issues

21 this year that some of the other issues took

22 a back bench around these topics.

23 So thank you for your continued good

24 work, and we are going to excuse you. Thank

1 you.

2 EXECUTIVE DIRECTOR MIRANDA: Thank

3 you, Senator. Good afternoon. Thank you.

4 CHAIRWOMAN KRUEGER: Thank you.

5 All right. Well, this threw me off a

6 little bit. So now we are going to move to

7 the non-governmental representatives. Those

8 of you who have the agenda see we have quite

9 a few panels today, so I'm going to read

10 off -- well, first off, I'll explain for the

11 rest of the day the panelists will each get

12 three minutes, and then when the list of

13 people on a panel are complete, then

14 legislators will get three minutes to ask

15 questions of the panelists in total.

16 So it becomes much more of a quick

17 ask-and-response system. There are no

18 exceptions for chairs or rankers. Everybody

19 gets their three minutes to ask questions of

20 the panelists after they each get three

21 minutes.

22 But the full testimony of everybody

23 testifying is in front of you or has been

24 sent to you by computer, as has the testimony

1 of people who were not accepted to testify.

2 And just to clarify, sometimes we get

3 10 people who want to testify on the exact

4 same thing, and we don't choose all 10; we

5 try to make sure we are interspersing all the

6 different topics people want to bring to our

7 attention, and a geographic mix from the

8 state.

9 But anyone who has requested to

10 testify and who has submitted testimony, the

11 testimony is there. People who still wish to

12 submit testimony, even if the hearing is

13 over, we accept the testimony and add that to

14 the record of the hearing.

15           With that, we're moving to Panel A:

16           Federation of Mental Health Services, Tracy

17           Schneider, president; Mental Health

18           Association in New York State, Glenn Liebman,

19           CEO; New York State Conference of Local

20           Mental Hygiene Directors -- and we've had a

21           replacement person, so instead it will be

22           Laura Kelemen, instead of Katherine, for the

23           New York State Conference of Local Mental

24           Hygiene Directors. And the Coalition for

1 Behavioral Health, Nadia Chait, director of  
2 policy and advocacy.

3 I'm hoping all four of you are with  
4 us, and I will start with Tracy Schneider.

5 Good afternoon.

6 MS. SCHNEIDER: Thank you, Senator.

7 First I'd like to thank the  
8 Legislature for having us, giving us the  
9 opportunity to speak today on the budget. It  
10 was very humbling, actually, to hear so many  
11 people speak to the issues that we share with  
12 you and see you as our partner.

13 I represent the Federation of Mental  
14 Health Services, which is a 56-year-old

15 membership organization, with most of our  
16 members downstate in New York City. We have  
17 15 member agencies that are both Article 31s  
18 or 32s, which means they provide either  
19 mental health services licensed under OMH or  
20 services licensed under OASAS, and many of  
21 our agencies have joined integrated licenses.

22 So we really share the mission with  
23 everybody else at the table today to assure  
24 that there is increased access that is

1 available, is quality, that's evidence-based.

2 And that we were really thrilled by some of

3 the things that were in the budget as

4 proposed by the Governor, but mostly that

5 there also were no cuts. That was also very

6 significant for us to see.

7 So I want to -- you know, I know that

8 you have our testimony, and I don't want to

9 reiterate and be redundant to a lot of the

10 things that were heard, so I really just want

11 to stress five or six points that I think

12 really can be brought home to assure that,

13 moving forward, we continue that partnership,

14 because our agencies are dedicated to rapid

15 access, we're dedicated to community care,  
16 we're part of the fabric of those  
17 neighborhoods. And we really need to assure  
18 that there is sustainability for us, because  
19 we believe ourselves to be part of that  
20 safety net for the continuity of care for  
21 patients that are seeking services at our  
22 sites.

23 The first thing that I really wanted  
24 to speak to you about was, again, recognition

1 of the extension of the APG rates through  
2 2027. Those are really important for us, and  
3 we really need to make sure that, moving  
4 forward, that they continue and that any  
5 increase to keep up with the cost of living  
6 occurs.

7 The next thing, the COLA, at  
8 5.4 percent, is essential for us because our  
9 costs have gone up as well. We appreciate  
10 seeing it and hope that that also continues.

11 The telehealth access issues, we  
12 really want to assure that parity continues  
13 for audio-only, because most of our care has  
14 been rendered that way in the pandemic and

15 will continue to be moving forward.

16 And lastly, and importantly, I want to

17 speak to the procurement and the protections

18 for our sector in managed care. I see I only

19 have 26 more seconds, but I want to make sure

20 that in fact that issue gets recognized,

21 because behavioral health has not been

22 well-served to date with the way the

23 managed-care companies have applied our

24 services. And we really hope, moving

1 forward, if it's competitive-bid and there is  
2 no duplication and the numbers are limited,  
3 we can be at the table and assure that we get  
4 the kind of recognition we need to continue  
5 the services we provide.

6 I thank you for your time.

7 CHAIRWOMAN KRUEGER: Thank you very  
8 much.

9 Next up, Glenn Liebman, Mental Health  
10 Association in New York State. Are you with  
11 us, Glenn?

12 MR. LIEBMAN: Yup, I am. Sorry. Good  
13 afternoon.

14 CHAIRWOMAN KRUEGER: Good afternoon.

15 MR. LIEBMAN: Thank you very much for  
16 this opportunity. Really appreciate it very  
17 much. My name is Glenn Liebman; I'm the  
18 long-time director of the Mental Health  
19 Association in New York State. Our  
20 organization is comprised of 26 affiliates in  
21 52 counties. We provide community-based  
22 mental health services, but we're also very  
23 much engaged in our mission around advocacy,  
24 education and training.

1           So what I would say is if I were to  
2           define a word over the last 20 years in terms  
3           of New York's mental health system -- and the  
4           country at large, not just New York -- but  
5           it's the erosion, it's the erosion of  
6           services that we've seen. It's especially  
7           been amplified by the last two years around  
8           COVID. But the number -- how do we know  
9           this? The number of deaths of despair that  
10          we have seen has skyrocketed. The number of  
11          young people who have completed suicide. The  
12          number of people who have contemplated  
13          completing suicide. The number of overdose  
14          deaths that we've seen over this time period.

15 And the increase around homelessness and  
16 incarceration and even the day-to-day piece  
17 around the long waiting lists -- that people  
18 are waiting two, three years to get into  
19 housing programs, that people are waiting a  
20 year to see a psychiatrist. This is  
21 something that is dire for us as a country,  
22 as a society, as New York State.

23 But this year is different. This year  
24 we feel like we're very hopeful that we've

1 pivoted, that we've made a movement in the  
2 right direction. I think that Governor  
3 Hochul deserves a lot of credit. I think  
4 Commissioner Sullivan deserves a lot of  
5 credit. This is the best budget I've seen in  
6 my 20 years in this position.

7 What we have seen is every year I have  
8 led, for the last 10, talking about a COLA.  
9 And this year the COLA's been addressed.  
10 That 5.4 percent was addressed. Last year,  
11 because of the Legislature, it was also  
12 addressed. So we finally have movement  
13 around COLA, we have seen all these changes  
14 around workforce retention bonuses, we're

15 seeing these changes around housing, we're  
16 seeing these changes around veterans' mental  
17 health, children's services, school-based  
18 mental health services -- all to the  
19 positive. And we are excited about this.

20 But -- there's always a "but," and we  
21 know that. And we know that what's happened  
22 with the COLAs over the years. We've had  
23 14 years of COLAs. Only the last two and the  
24 first year were actually funded fully.

1 Eleven of those years were not funded or were  
2 minimally funded. As a result, according to  
3 our calculations, over \$500 million has been  
4 lost to our system during that time. Imagine  
5 how our system would be so much more  
6 responsive instead of reactive -- we would be  
7 a whole different system of care in terms of  
8 mental health.

9 But sadly, we've lost that funding and  
10 we can't get it back. But we can try to  
11 advocate for more funding. And that's why we  
12 want to work with you as the Legislature, us  
13 and our 10 other fellow statewide advocacy  
14 groups are urging a \$500 million increase

15 beyond what the Governor's already put in for  
16 mental health services, for behavioral health  
17 services, for all those things I've talked  
18 about and highlighted I think are very  
19 significant.

20 And we hope -- we look forward to  
21 working with you around that \$500 million  
22 increase.

23 Thank you very much for your time.

24 CHAIRWOMAN KRUEGER: Thank you very

1 much.

2 Next, the New York State Conference of

3 Local Mental Hygiene Directors.

4 MS. KELEMEN: Thank you. My name is

5 Laura Kelemen, and I'm the first vice chair

6 for the New York State Conference of Local

7 Mental Hygiene Directors.

8 I would like to first thank the chairs

9 for the opportunity to testify. Thank you

10 for letting us be here today.

11 The conference represents the county

12 mental health commissioners for each county

13 in New York. Under the Local Services

14 provisions for Article 41, we are responsible

15 for the planning, development, implementation

16 and oversight of services to adults and

17 children in our communities impacted by

18 mental health, substance use disorders, and

19 intellectual developmental disabilities.

20 We work closely with the commissioners

21 of the O agencies and their staff, and

22 maintain a drone's-eye view over the system,

23 seeking to meet the complex needs of our

24 constituents.

1           The conference seeks to amend the  
2           statutory framework that governs 730  
3           competence restoration. My colleagues and I,  
4           along with our partners at the New York State  
5           Association of Counties, ask the  
6           Legislature's support for the inclusion of  
7           Bill S7461/A8402 in this year's final enacted  
8           budget. We applaud Chairs Brouk and Gunther  
9           for their introduction of this legislation,  
10          which will significantly alleviate the  
11          devastating fiscal impact to every county  
12          across the state, including New York City.

13          The 2021 enacted budget included an  
14          assumption that allowed the state to begin

15 charging counties 100 percent of the costs of  
16 restoring mentally ill defendants to  
17 competency. This action is based on an  
18 archaic statutory framework that has resulted  
19 in tens of millions of dollars in new  
20 expenses for county government. Restoration  
21 is not mental health treatment. Individuals  
22 who are unable to understand charges against  
23 them and lack the capacity to defend  
24 themselves or participate in their defense

1 are currently sent to a secure forensic  
2 setting. It takes an average of 90 to 150  
3 days to be restored to competency, but many  
4 individuals, for competency, it's fleeting.  
5 They can cycle back into the system for more  
6 services multiple times on the same charges,  
7 and some never are restored to competency.

8 At more than \$1,000 a day, these  
9 excessive confinements siphon very limited  
10 county resources away from the local  
11 community. Enactment of this legislation is  
12 critical to ensure that high-needs  
13 individuals who can't be restored receive  
14 treatment, and that millions of dollars in

15 expenditures currently directed to the  
16 state's General Fund are sent back to  
17 counties so that, through their local  
18 oversight authority, they can reinvest in  
19 critical community-based services.

20 Shifting gears a little bit, the  
21 conference applauds the executive for the  
22 inclusion of 8.75 million for jail-based  
23 substance use and medication-assisted  
24 treatment programs in this year's budget.

1     Knowing that costs of medical services,  
2     nursing services and pharmaceuticals will far  
3     exceed the 8.75 million, we're asking for an  
4     additional 15 million for these services.

5             Thank you very much for your time.

6             CHAIRWOMAN KRUEGER: Thank you.

7             And last on this panel, Nadia Chait,  
8     from the Coalition for Behavioral Health.

9             MS. CHAIT: Good afternoon, and thank  
10    you for the opportunity to testify today.

11            I'm Nadia Chait, the director of  
12    policy and advocacy at the Coalition for  
13    Behavioral Health. We represent about a  
14    hundred community mental health and substance

15 use providers who collectively serve over

16 half a million New Yorkers annually.

17 And Glenn has teed me up wonderfully

18 by discussing the COLA and that wonderful

19 investment, but also the need for more funds

20 for our sector.

21 Over the last two years we've seen

22 what was already a severe workforce shortage

23 turn into a devastating crisis. It is with

24 shocking regularity that I hear from our

1 members that they had to close intakes for  
2 certain programs because they simply don't  
3 have the staff to process the individuals who  
4 are coming into our system. They've had to  
5 add waitlists to programs that have never  
6 previously had waitlists.

7 This is not serving New Yorkers. It  
8 is limiting their access to care. We are  
9 hearing from parents whose children are  
10 desperately in need of services and who are  
11 being told that they need to wait for weeks,  
12 or sometimes months. As New Yorkers'  
13 overdose rates are increasing at a  
14 devastating clip, we're seeing folks not

15 being able to access the services they need.

16 And so it's critical that we invest

17 this year in the workforce that can deliver

18 these lifesaving services to New Yorkers

19 throughout our state.

20 While the workforce bonuses are a

21 helpful start, they're simply not sufficient

22 for the wildly inadequate salaries of our

23 field. We need to really look at our

24 Medicaid rates and increase rates for these

1 critical services to actually cover the cost  
2 of care and provide a wage to our staff that  
3 recognizes their expertise and the value that  
4 they provide to our state and to New Yorkers.

5 It's critical that we modernize the  
6 scope of practice for many of our licensed  
7 mental health practitioners so that we don't  
8 lose licensed mental health counselors and  
9 other providers who have been providing  
10 critical services, including diagnosis, for  
11 about 20 years in our state and yet who are  
12 at risk of losing that ability and moving to  
13 neighboring states where they are able to  
14 practice to that scope.

15 But we also must build the pipeline  
16 for our field. We do not have enough people  
17 coming into our field, and we're not  
18 successfully retaining those who are entering  
19 the field. And so we would like to see more  
20 funds for both loan forgiveness and tuition  
21 reimbursement, as well as funding for the  
22 internships that are required in our field.  
23 It's incredibly challenging for individuals  
24 who are getting a master's degree in our

1 field to be able to work while they do so,  
2 because they of course need that internship  
3 experience to be successful when they start  
4 in the field, but those internships are  
5 unpaid, which makes it inaccessible for many  
6 individuals.

7 And in my last 20 seconds, I would  
8 like to state our support for the competitive  
9 procurement of Medicaid managed care  
10 proposal. The current Medicaid managed care  
11 system has vastly increased the  
12 administrative costs for providers,  
13 threatening their financial sustainability  
14 and consumers' access to care, and those

15 funds have simply lined the pockets of the  
16 managed care companies without improving the  
17 situation on the ground for clients.

18 Thank you.

19 CHAIRWOMAN KRUEGER: Thank you all  
20 very much.

21 I'm going to first send it to Senator

22 Samra Brouk.

23 SENATOR BROUK: Hi. Thank you all for  
24 joining us today. You touched on a lot of

1 things that we've been trying to accomplish  
2 through this budget. But I think -- I want  
3 to just pinpoint my question to Glenn, and  
4 then perhaps someone else can follow up on  
5 that.

6 But you did talk about the need for  
7 workforce development and the fact that we do  
8 have the 5.4 percent COLA. But I think it's  
9 important that people understand what happens  
10 if we don't take this action. So I  
11 appreciate your support that, you know, we  
12 can't have a one-time COLA, this has to be --  
13 that's the whole point of a COLA, is that  
14 it's a cost-of-living adjustment, and we need

15 to adjust it every single year, not just one

16 year.

17 You talked about the \$500 million on

18 top of that, because we are dealing with

19 decades-long stagnation with our payment for

20 this workforce that is burnt out. And of

21 course we do need to modernize our

22 licensures, to make sure that people can stay

23 in these positions.

24 Can you describe -- you know, those

1 are some things we've talked about needing to  
2 do. What happens if we fail at doing that  
3 this year?

4 MR. LIEBMAN: Well, first of all,  
5 Senator, thank you very much. That's an  
6 excellent question. I just really want to  
7 thank you and your leadership last year,  
8 along with Assemblymember Gunther, in terms  
9 of getting that 1 percent COLA last year.

10 That was huge. That was symbolic and very  
11 important, and then it helped lead to this  
12 one.

13 I will say a few things. First of  
14 all, you know, I've been doing this a long

15 time. I don't -- I'm not an alarmist. I try  
16 not to be an alarmist. I try to be a  
17 realist. And the reality in the streets is  
18 not good. You said it perfectly. I think  
19 that the fear is that if we don't get a  
20 continuous enhancement of, you know, making  
21 sure that this COLA is permanently in  
22 language that we get it every year and  
23 there's a commitment every year, that things  
24 are going to fall apart.

1           We -- you know, Nadia said it  
2           perfectly. We are sitting here on the brink  
3           of people -- 30, 35 percent, 40 percent of  
4           our workforce is leaving us on a regular  
5           basis. We can't continue to operate the  
6           programming without that workforce. It's one  
7           thing to talk about services and systems of  
8           care, as you know, and it's great and  
9           innovative and there's some incredibly  
10          innovative programs and ideas -- but we don't  
11          have the staff to run them. We don't have  
12          the -- we're dying on the vine here around  
13          trying to get more staffing.  
14          And it's frustrating. And if we don't

15 continuously get this kind of funding, things  
16 will fall apart. And the retention bonuses  
17 are excellent, that's great that we're  
18 getting \$3,000, but it's a one-time money.  
19 And it's not going to substantially change  
20 and impact a lot of people in our field. And  
21 I'm fearful, as someone said this morning,  
22 I'm fearful that people are going to Amazon,  
23 they're going to go to McDonald's, they're  
24 going to go someplace else. And we will lose

1 people who are very mission-driven and care  
2 greatly about our work. And unfortunately,  
3 we're going to lose them.

4 So, you know, the deaths of despair  
5 and everything else I was talking about,  
6 that's a real consequence of not having the  
7 services.

8 SENATOR BROUK: Thank you.

9 CHAIRWOMAN KRUEGER: Thank you. Thank  
10 you very much.

11 Assembly.

12 CHAIRWOMAN WEINSTEIN: We go to  
13 Assemblywoman Gunther, three minutes.

14 ASSEMBLYWOMAN GUNTHER: So I guess I

15 wanted to check in on the upstate resource

16 center and how you're doing.

17 MR. LIEBMAN: I'm sorry, the --

18 ASSEMBLYWOMAN GUNTHER: The upstate

19 resource -- the School Resource Center,

20 excuse me.

21 MR. LIEBMAN: Thank you. Thank you

22 for that, Assemblywoman.

23 Yes, we have funding for the School

24 Resource Center. This is our fourth year of

1 funding. Thank you to the Assembly for --  
2 and you personally for your support for it in  
3 Year 1. In the last several years it's been  
4 in the Executive Budget.

5 This is, as we know, we heard the  
6 questions, this is such a huge issue for us.  
7 We're sitting here on the precipice of all --  
8 you know, both families and teachers and  
9 students are suffering greatly during this  
10 crisis. We know about the isolation. We  
11 know about the depression. We know about the  
12 anxiety.

13 And having the School Resource Center,  
14 the first of its kind in the country, has

15 really been significant. The number of calls  
16 that we've seen has increased dramatically,  
17 the expansion of services has -- there's a  
18 need that continues. And we're in the  
19 schools all the time talking to the schools  
20 about mental health. Not just about social  
21 workers, which are significant, and  
22 clinicians, which is incredibly significant,  
23 but also about changing the environments of  
24 schools, making sure that the school

1 environment is much more conducive to mental  
2 health conversations. I think that's  
3 incredibly important.

4 And, you know, there's \$500,000 in the  
5 budget this year. We're hoping to be able to  
6 expand that an additional \$500,000. So thank  
7 you very much for your question.

8 ASSEMBLYWOMAN GUNTHER: Yeah, I mean,  
9 when you go into the schools, each  
10 individually, you know, and when you talk to  
11 the schools, is there some sort of a protocol  
12 that you're making or some, like, menu to  
13 follow? I mean, we're going to have children  
14 that haven't been in school, parents haven't

15 worked, lack of money, lack of food --

16 there's like a million things that are going

17 on with these children.

18 So is there a short-term plan and a

19 long-term plan? I mean, I think one of the

20 most important things is no matter how much

21 money we gave you, Glenn, we do have to get

22 professionals in our schools --

23 MR. LIEBMAN: Agreed.

24 ASSEMBLYWOMAN GUNTHER: -- and that's

1 where it begins. You have a captive audience  
2 at that point.

3 And, you know, we used to have  
4 guidance counselors, social workers in the  
5 school, a nurse in every school. All of  
6 that, to me, is vitally important in this day  
7 and age.

8 MR. LIEBMAN: You know, Aileen, I  
9 totally agree with you. I think we do have  
10 to have -- we do have to have the counselors  
11 in the schools, and the social workers,  
12 because there's a huge lack of that. But  
13 there's also a huge lack of still  
14 understanding about mental health. And it's

15 tenfold now because of COVID. All that  
16 anxiety, all that isolation, all that  
17 depression is now all of a sudden, you know,  
18 in the surface of what's happening in the  
19 schools right now, and you're seeing it.  
20 And teachers have a tough enough job.  
21 And now all of a sudden they're becoming  
22 clinicians for the students, on top of all  
23 their difficulties. And you talk to the  
24 school associations, and they're all saying

1 that teachers are -- they need self-care,  
2 there's a desperate need for self-care for  
3 teachers.

4 ASSEMBLYWOMAN GUNTHER: Well, I think  
5 that that -- there was an article in the  
6 Washington Post that everybody should read,  
7 and it's about what this isolation and the  
8 impact that it has on everybody down the  
9 line. You know, it does. I mean, from the  
10 school nurse to the parent to the child  
11 watching the parent to the child that really  
12 hasn't seen any faces since they're behind  
13 masks. There's a whole bunch of things that  
14 are going on there.

15           And, you know, I mean there needs to  
16           be some sort of a program in place or some  
17           kind of a process in place to begin healing.  
18           Not from -- from the teacher to the parent to  
19           the child. I mean, there's -- what you're  
20           hearing from teachers is that, you know,  
21           children are aggressive because they're  
22           angry. I mean, there's all of these things.  
23           And, you know, I'm hoping that at some  
24           point in time that we need to spend part of

1 our education money on that success with  
2 children regarding mental health and getting  
3 kids back to, you know, I'm saying, in  
4 quotes, some sort of normalcy, but guiding  
5 them along the way.

6 CHAIRWOMAN WEINSTEIN: Thank you.

7 Assemblywoman, the time has expired.

8 We're going to go back to the Senate

9 now.

10 ASSEMBLYWOMAN GUNTHER: Okay. You can

11 go.

12 CHAIRWOMAN KRUEGER: I think it's my

13 turn next, thank you.

14 Laura, I understand what you were

15 saying about the draconian approach of  
16 Governor Cuomo to requiring counties to play  
17 a certain role, perhaps without any funding.  
18 But as you might have heard earlier, a huge  
19 number of my colleagues are very concerned  
20 that we have totally inadequate residential  
21 beds and intensive services for the severely  
22 mentally ill who may be acting out in  
23 criminal ways.

24 So even though you got handed an

1 assignment you don't necessarily think you  
2 were prepared for, was not your assignment to  
3 provide intensive residential services for  
4 this population?

5 MS. KELEMEN: The challenge becomes  
6 when individuals are in an incarcerated  
7 setting who are unable to stand trial.  
8 Currently what's happening is they're going  
9 to a forensic setting that's secure. And  
10 what the legislation that we're seeking will  
11 do is actually hopefully assist in returning  
12 individuals to the community faster and  
13 having them in a better place.

14 So for example, when we're seeking --

15 when a court is referring somebody -- and I  
16 hate to get deep in the weeds, but when a  
17 court is referring somebody to a psychologist  
18 and psychiatrists for are they even competent  
19 to stand trial, right now there is no request  
20 for an impression about whether people can  
21 ever be restored to competence or not.

22 The new legislation {Zoom audio  
23 dropped}. It also will allow for the court  
24 systems to more often bring somebody back in

1 front of them so that they can hear about  
2 what their treatment plans are, they can hear  
3 about how that restoration is going, so that  
4 someone is not just simply languishing in a  
5 forensic setting where they're receiving  
6 services on how to train them to understand  
7 the role of the courts -- but they're not  
8 necessarily receiving the intensive therapy  
9 that they would receive in a different  
10 setting.

11 And that's what this legislation  
12 really seeks to allow us to do, is to have  
13 people receive those services in a  
14 hospital-based setting, and also take these,

15 you know, millions of dollars and provide  
16 them back to the community so that we can  
17 provide more intensive residential supports,  
18 so we can ensure that there's workforce  
19 support so that people who are HARP-eligible  
20 actually have workers who can help provide  
21 those services in the community, so we don't  
22 have people getting arrested. We can fund  
23 those services to avoid people being  
24 arrested.

1 CHAIRWOMAN KRUEGER: Thank you very  
2 much for the clarification.

3 Anyone else for this panel?

4 CHAIRWOMAN WEINSTEIN: Yes,  
5 Assemblyman Epstein.

6 ASSEMBLYMAN EPSTEIN: Thank you,  
7 Chair. Liz, you were going to forget about  
8 me there.

9 CHAIRWOMAN KRUEGER: I apologize,  
10 Harvey. Your picture was off, so I didn't  
11 see you.

12 ASSEMBLYMAN EPSTEIN: Yeah, sorry  
13 about that, we're trying to double-Zoom all  
14 the time.

15           So yeah, I just wanted to go back to  
16           what you were saying around the shortage of  
17           workers. And I'm wondering if you see a  
18           larger shortage of workers who are working  
19           those 24-hour shifts. Glenn, I mean we've  
20           seen -- you know, when people are being paid  
21           for 13 out of the 24, do you see a bigger  
22           problem in there? And I know we need fair  
23           pay for home healthcare, and I'm with that.  
24           But I'm wondering what you think the

1 solutions are for the 24-hour shifts that we  
2 see across the state.

3 MR. LIEBMAN: Well, thank you very  
4 much.

5 I think that there -- I guess there  
6 are a lot of issues to unpack with that.

7 First of all, these 24-hour shifts are  
8 brutal. I think that it becomes incredibly  
9 difficult. And it's difficult for the  
10 individual, it's difficult for their agency  
11 to have to rely on somebody who's going to do  
12 those kinds of shifts.

13 And it's sort of a bad cost-benefit  
14 analysis that unfortunately we have to

15 undertake because of the fact that we have to  
16 pay overtime, and it becomes very difficult  
17 for the individual who appropriately gets the  
18 overtime, and for the provider who has to pay  
19 overtime because they don't have enough staff  
20 to have somebody else in there.

21 So as a result you're getting somebody  
22 who's tired, who's burnt out, who's sitting  
23 there working these long shifts.

24 So I think it really is a matter of --

1     you know, money doesn't solve everything, we  
2     know that. But I think that it would be  
3     helpful to see an enhancement beyond the  
4     \$3,000 stipend, which I think is terrific,  
5     but I think we have to do more than that. We  
6     have to raise that enhancement. I think  
7     there's a bill out there around a tax credit  
8     for direct care workers as well that I think  
9     is a significant bill as well. We should be  
10    doing everything we can. And I know we've  
11    talked about it, I know the commissioner has  
12    talked about it appropriately, about -- that  
13    we have to have tuition reimbursements, we  
14    have to have loan forgiveness.

15           We have to throw everything on the  
16           table here. We're in a crisis that we've  
17           never had. Yet at the same time, we have a  
18           better budget than we've ever had. So we  
19           should take advantage of that in making sure  
20           that our workforce, which is critical to  
21           everything we do, we can't do anything else  
22           without them -- that make sure you put a  
23           compilation together of all these things and  
24           move forward and do something around that.

1 That's what I would suggest, Assemblyman.

2 ASSEMBLYMAN EPSTEIN: And so Nadia and

3 Laura, do you think we should just end the

4 24-hour shifts in total at this point and go

5 to shifts -- two 12-hour shifts for workers?

6 MS. CHAIT: I'm not sure -- my members

7 are all community mental health programs.

8 I'm not sure that any of them have 24-hour

9 shifts so I can't comment to that specific

10 issue.

11 But, you know, I think in general

12 anytime we're looking at really long shifts

13 and overnight shifts, we need to be as

14 flexible as we can to staff those shifts.

15 MS. KELEMEN: Glenn is right, we're in

16 a crisis. Throwing everything at it to help

17 address the situation is absolutely

18 necessary. Twenty-four-hour shifts are

19 challenging for anybody.

20 CHAIRWOMAN WEINSTEIN: Thank you.

21 So back to the Senate.

22 CHAIRWOMAN KRUEGER: Thank you.

23 And seeing no other Senator's hands

24 up -- just double-checking, nobody pops up --

1 I'm going to thank this panel for your  
2 participation today and for the work of you  
3 and your member organizations every day  
4 throughout the State of New York.

5 The next panel -- and it's my fault,  
6 but I made it way too big. So I'm breaking  
7 it up into two, and I'm only going to call  
8 the first five members of the panel. We'll  
9 do those five members, and then we'll go to  
10 the second part of the panel.

11 So Local 372, New York City Board of  
12 Education Employees, Donna March Tilghman,  
13 SAPIS chapter chairperson; New York State  
14 Coalition for Children's Behavioral Health,

15 Andrea Smyth, CEO; National Alliance on  
16 Mental Illness New York State, Matthew  
17 Shapiro, director of public affairs;  
18 Citizens' Committee for Children of New York,  
19 Alice Bufkin, associate executive director;  
20 and justice of the Supreme Court, retired,  
21 Arthur Diamond.

22 So we'll call up those five, starting

23 with Local 372. Are you there?

24 MS. TILGHMAN: Yes, hi, good

1 afternoon. Can everyone hear me?

2 CHAIRWOMAN KRUEGER: Yes, we can.

3 Good afternoon.

4 MS. TILGHMAN: So good afternoon,

5 Chairwoman Krueger, Chairwoman Weinstein and

6 distinguished members of the New York State

7 Senate Finance Committee and Assembly Ways

8 and Means Committee.

9 My name is Donna March Tilghman, and I

10 am the SAPIS chapter chairwoman. SAPIS

11 stands for "Substance Abuse Prevention

12 Intervention Specialist." And I thank you

13 for the opportunity to provide testimony on

14 the Governor's proposed mental hygiene

15 budget.

16 I speak today on behalf of the

17 president of my local, Local 372 of District

18 Council 37, President Shaun D. Francois I;

19 also Executive Vice President Donald Nesbit,

20 and another person who's not here with me

21 today, the SAPIS chapter secretary,

22 Mr. Nestor Reyes.

23 We all work for the New York City

24 Department of Education, public schools of

1 New York City. We represent -- we service  
2 1.2 million students. We are funded by  
3 OASAS.

4 And today we are seeking an increase  
5 of \$1 million. Previously we were  
6 supplementally funded through the Joint  
7 Legislative Appropriation Committee with  
8 \$2 million, and the majority of our funding  
9 comes from OASAS.

10 Our students -- it is no secret that  
11 our students are facing a mental health  
12 crisis caused by the COVID-19 pandemic.  
13 According to the CDC, the proportion of  
14 children's mental health visits to emergency

15 departments have skyrocketed since April

16 2020.

17 Since 1971, the SAPIS have provided

18 mental health services to the children of

19 New York City. We provide a number of

20 services, which include counseling, we do

21 scientific, evidence-based curriculum to the

22 students. We have a variety of curricula,

23 from life skills to Second Step to violence

24 prevention, Too Good for Violence. Also we

1 do with children -- we conduct positive  
2 alternatives, whether they're book clubs,  
3 music, drama, to our children to help  
4 introduce them to other alternatives to not  
5 start the use of drugs, so to be involved in  
6 drugs or any type of gang violence.

7 So also we provide parent workshops to  
8 parents and we work with parents as well as  
9 other people in the school.

10 So it is our goal to partner with the  
11 state in making an investment again into our  
12 students. I don't tell my students they're  
13 the future, I tell them they're the now.

14 And I thank you so much for listening.

15 CHAIRWOMAN KRUEGER: Thank you very

16 much for getting all of that in so quickly.

17 (Laughter.)

18 CHAIRWOMAN KRUEGER: It's a challenge.

19 Next, New York State Coalition for

20 Children's Behavioral Health, Andrea Smyth.

21 MS. SMYTH: Thank you, Senator

22 Krueger. Thank you, members of the fiscal

23 committees and the mental hygiene committees.

24 I'm Andrea Smyth, the president and

1 CEO of the New York State Coalition for  
2 Children's Behavioral Health. My comments on  
3 the Executive Budget will fall into three  
4 categories -- rates, workforce and new  
5 recommendations.

6 So the Surgeon General has announced  
7 that this country has a children's mental  
8 health emergency, and the final budget really  
9 must respond to that crisis. Without  
10 available community mental health services,  
11 emergency departments become the default  
12 option for children who need on-demand care.  
13 But a recent study showed that a non-acute  
14 pediatric mental health visit in the

15 emergency department costs about \$219 an hour

16 and that neither families nor the child

17 really benefit from what happens there.

18 So without appropriate community

19 services, emergency departments are the

20 default, and we want to stop spending on

21 low-value emergency department care and,

22 instead, fund quality services and more

23 workers. And to do that, we need to accept

24 the Governor's recommendation on home-based

1 community intervention, although Aileen --  
2 and I will agree with you, Assemblymember  
3 Gunther, that it's a tiny number, 2600  
4 families -- amending the Governor's  
5 recommendation to expand the mental health  
6 benefits covered by Child Health Plus and the  
7 extension of the APG rates to make sure that  
8 any ambulatory children's mental health  
9 service gets the APG extension until  
10 March 27th. Adding 21.5 million, 4 million  
11 to prevent a rate cliff -- that's going to  
12 happen in October, 5.5 to support  
13 county-by-county expansion of family support  
14 services for non-Medicaid families, and

15 12 million to create a short-term hospital

16 diversion service for complex-care,

17 cross-systems youth.

18 And workforce, the bonuses need to be

19 adjusted to include our workers who work

20 fewer than 20 hours a week. The COLA needs

21 to be adjusted so it includes children's

22 health home care managers, and to authorize

23 the COLA for five consecutive years.

24 Add a state income tax credit for

1 direct workers so we can retain them for the  
2 next five years. And then add funding for  
3 the Master's in Mental Health Scholarship  
4 Fund that Senator Brouk and Assemblywoman  
5 Fahy have introduced. And include revisions  
6 to the scope of practice for licensed mental  
7 health counselors.

8 New. Capital needs. We need a more  
9 targeted approach to the capital needs for  
10 behavioral and developmental disability  
11 providers. There's a statewide healthcare  
12 facility proposal; we want a statewide  
13 behavioral and developmental healthcare  
14 facility transformation program.

15           And we think we have to work really  
16           diligently to enact the Medicaid managed care  
17           reforms, especially protecting children with  
18           special needs.

19           Thank you.

20           CHAIRWOMAN KRUEGER: Thank you.

21           And our next up is Matthew Shapiro,  
22           National Alliance on Mental Illness New York  
23           State.

24           MR. SHAPIRO: Thank you so much,

1 Senator. Good afternoon. My name is Matthew  
2 Shapiro. I'm the director of public affairs  
3 for NAMI-New York State, the state chapter of  
4 the nation's largest grassroots organization,  
5 dedicated to improving the lives of  
6 individuals and families impacted by mental  
7 health disorders.

8 Before I start, I want to quickly  
9 mention that during the day here many  
10 legislators have detailed the importance of  
11 meeting the mental health needs of frontline  
12 workers. And NAMI-New York State does offer  
13 free programs to enhance frontline wellness,  
14 so a pitch for that.

15 New York cannot recover and begin to  
16 move forward from the events of the past two  
17 years without addressing the growing mental  
18 health crisis -- which has existed long  
19 before the onset of the pandemic. The time  
20 is now to invest in programs and supports  
21 designed to help those impacted by mental  
22 health and substance use disorders. NAMI-New  
23 York State has three main priorities for this  
24 budget: Making the necessary investments to

1 address years of underfunding in behavioral  
2 health services, providing a mental health  
3 response to a mental health crisis, and  
4 investing in New York's mental health housing  
5 programs.

6 My colleagues Glenn and Nadia earlier  
7 spoke on our first concerns, and you'll see  
8 it in our written testimony that we fully  
9 support their asks, as they're long overdue.

10 I want to focus on the historic  
11 opportunity New York has to address one of  
12 our greatest social justice issues, the  
13 criminalization of mental illness, by  
14 supporting Governor Hochul's proposed

15 investments in the 988 mental health crisis  
16 line and crisis stabilization centers.  
17 The implementation of 988 provides New  
18 York with an opportunity to reimagine crisis  
19 response and create a fully functional mental  
20 health response system. 988 is more than a  
21 number. 988 will provide a diversion from  
22 the criminal justice system and a gateway to  
23 recovery, healing and hope.

24 I urge you to support the Governor's

1 proposal to provide \$35 million in fiscal  
2 year '22-'23, which will expand to  
3 \$60 million in fiscal year '23-'24 for 988.  
4 Every penny of that investment is needed, as  
5 to be successful and truly aid those it is  
6 designed to help, 988 must be appropriately  
7 funded in order to provide 24-hour statewide  
8 coverage, seven days a week, with all the  
9 services offered in-state with the ability to  
10 provide local resources in a linguistically  
11 and culturally competent manner.

12 Additionally, funding must be  
13 available to educate the public on the  
14 differences between 988 and 911.

15 Governor Hochul's funding proposal  
16 will meet these needs, and we urge you to  
17 support this transformative investment.

18 Governor Hochul has also paired 988  
19 with a proposed \$100 million investment over  
20 the next five years to create 12 new crisis  
21 stabilization centers across the state.

22 These centers will provide immediate  
23 care for people who are experiencing a  
24 behavioral health crisis, providing a

1 treatment-appropriate and cost-effective  
2 alternative to the two options currently most  
3 utilized, police departments and hospital  
4 emergency rooms.

5 Senator Krueger, you expressed some  
6 concerns earlier about this model, and I'd be  
7 happy to discuss those with you and answer  
8 any questions you might have. And just  
9 really quickly, I do want to say that

10 NAMI-New York State does also support  
11 Kendra's Law, and I'd be happy to answer any  
12 questions about that as well.

13 Thank you.

14 CHAIRWOMAN KRUEGER: Thank you.

15 And our next testifier is Alice

16 Bufkin, from Citizens' Committee for

17 Children.

18 MS. BUFKIN: Thank you, Chair Krueger,

19 and thank you, Chair Weinstein and all the

20 members of today's committees, for holding

21 this hearing today.

22 My name is Alice Bufkin. I am the

23 associate executive director of policy and

24 advocacy at Citizens' Committee for Children.

1 We're a multi-issue children's advocacy  
2 organization committed to ensuring every  
3 New York child is healthy, housed, educated  
4 and safe. We also help coordinate Healthy  
5 Minds, Healthy Kids, which is a statewide  
6 coalition dedicated to ensuring all New York  
7 children receive the high-quality behavioral  
8 healthcare they need.

9 Before I discuss the budget, I want to  
10 touch very briefly on the depth of the need  
11 facing young people in our state. We're  
12 entering the third year of COVID-19. We are  
13 hearing from young people, from families on  
14 the ground, from those who work directly with

15 children -- some of whom you've heard from  
16 today -- the effects of loss of loved ones,  
17 of isolation, anxiety, economic insecurity  
18 and hunger, school disruption. These are  
19 factors that will have an impact on  
20 children's mental and emotional well-being  
21 for the rest of their lives unless we support  
22 them through this.

23 In New York the effects of COVID have  
24 been able to take such strong root in the

1 minds of children and families because we  
2 have never had the right foundation or  
3 commitment to children's behavioral health.

4 We have a system that reacts rather than  
5 invests in prevention. Families struggle to  
6 access care when they need it until  
7 eventually all they can fall back on is  
8 emergency rooms and hospitals, after their  
9 child missed so many opportunities to get  
10 help early.

11 We need to do better, and we need to  
12 change the vision of our state so we fully  
13 invest in supports that children and families  
14 need at all stages of their lives.

15           We feel the Executive Budget takes  
16           critical steps towards achieving this goal.  
17           I want to touch on some of these areas today,  
18           and I urge support from the Legislature.  
19           Given the depth of need, there are also areas  
20           where our state must do more.  
21           The primary reason children and  
22           families are unable to access services is  
23           because we don't have adequate provider  
24           capacity. That shortage is driven by a

1 chronic history of inadequate rates. That's  
2 why we're so supportive of the 5.4 percent  
3 COLA for human service workers, and the  
4 enhanced FMAP funding in the Executive  
5 Budget. Combine this with a significant and  
6 much-needed increase to outpatient mental  
7 health clinics.

8 We hope the recouplement of funds from  
9 managed care plan underspends, which itself  
10 addresses a great injustice, will allow these  
11 rates to be sustained and made permanent.

12 We also urge the Legislature to  
13 support language in the Executive Budget that  
14 includes children's services as part of the

15 permanent extension of the COLA, as opposed  
16 to current statute, which has excluded  
17 children's providers.

18 Despite the real difference these  
19 enhancements will make for access, we know  
20 the children's behavioral health system has  
21 been underresourced for years, and we need to  
22 fundamentally reexamine how we've been  
23 calculating rates. That's why we urge the  
24 state to reform rate methodologies to ensure

1 rates are sufficient to meet children's needs  
2 and to conduct an annual assessment of the  
3 viability of clinical rates.

4 We also ask that the state address the  
5 rate cliff that will occur for children and  
6 family treatment and support services on  
7 October 1st if additional funding isn't  
8 provided.

9 I want to briefly touch on other areas  
10 we support in the Executive Budget. These  
11 include additional funding for workforce  
12 bonuses, home-based crisis intervention and  
13 RTFs, proposals to ensure telehealth parity,  
14 and the alignment of services in Medicaid and

15 CHIP.

16 We do, however, believe there are

17 additional areas that need deeper

18 investments. It's very encouraging to hear

19 Commissioner Sullivan's remarks about adding

20 funding for Healthy Steps. We strongly

21 support additional funding for two

22 generational multidisciplinary models that

23 integrate mental health for young children

24 and caregivers in pediatric primary care

1 settings. We also support additional funding  
2 to extend family support services to families  
3 without Medicaid, and to build on many of the  
4 workforce supports Commissioner Sullivan  
5 referenced.

6 I want to thank you all again for your  
7 time, and please look to my written testimony  
8 for more details. Thank you.

9 CHAIRWOMAN KRUEGER: Thank you very  
10 much.

11 And last on this panel, Justice of the  
12 Supreme Court, retired, Arthur Diamond.

13 JUDGE DIAMOND: Thank you very much,  
14 Chairs Krueger, Weinstein, members of the

15 committee. Thank you for having me here.

16 And a special hello to Assemblyman Ra. It's

17 nice to see a Nassau County friendly face

18 there.

19 Prior to my retirement from the bench

20 in March of 2020, I was, amongst other

21 things, the supervising judge of guardianship

22 matters in Nassau County. As you probably

23 know, under Article 81 of the New York State

24 Mental Hygiene Law, once an individual is

1 found to be incapacitated by a justice of the  
2 Supreme Court, the statute states that the  
3 courts must -- shall -- appoint a guardian  
4 for that person.

5 Unfortunately, today there are  
6 instances where judges are not able to find  
7 individuals who are willing to serve in that  
8 capacity.

9 I am here today asking that the funds  
10 for a former grant that we had obtained for  
11 us by then-Senator Kemp Hannon to address  
12 this need, be reinstated so that we can begin  
13 to use those funds in these cases where we  
14 are unable to find guardians.

15           At that time with those funds we in  
16           Nassau County established a pilot program  
17           which utilized specialized social workers,  
18           known as geriatric care managers, to be  
19           guardians in these cases where we had no one  
20           to serve. This alleviated the need to put  
21           judges in the uncomfortable position of  
22           asking attorneys off the Part 36 list to  
23           serve as guardian for free, which had been  
24           the practice up until then.

1           Attorneys today simply do not want to  
2           serve as guardians anymore, especially when  
3           they can't get paid.

4           The grant, which had been for  
5           \$250,000, allowed us to meet our statutory  
6           requirement of appointing graduate guardians  
7           by appointing geriatric care managers to fill  
8           the gaps in cases where, one, there was no  
9           family member or friend who was willing to  
10          serve and, two, where the individual did not  
11          meet the requirements of the county's public  
12          guardian program.

13          During the time of the grant's  
14          existence, we found that the \$250,000 that

15 was allocated to us actually served to solve  
16 the problem. As I'm sure members of this  
17 committee know, the elderly population in  
18 New York, as in the rest of the country, is  
19 the fastest-growing segment of our state.  
20 The number of incapacitateds is likewise  
21 growing incrementally. I believe the  
22 statistic is that by the year 2030, there  
23 will be more 80-year-olds than 5-year-olds in  
24 our state.

1           Incapacitated persons may very well be  
2           the most vulnerable members of our  
3           population. Many have severe dementia and  
4           Alzheimer's. They live alone and simply need  
5           guardians to survive. I hope that you will  
6           see the value in our program and reinstate  
7           the grant in this year's budget.

8           Thank you very much for the  
9           opportunity.

10          CHAIRWOMAN KRUEGER: Thank you very  
11          much, Judge.

12          All right, I see the hand up of my  
13          chair of Mental Health, Samra Brouk.

14          SENATOR BROUK: Thank you so much.

15 And thank you to all of our panelists.

16 I'm going to hone in on a question to

17 Alice. Alice, I appreciated your testimony

18 specifically as it pertains to the effects

19 it's having on children.

20 So there's no surprise, I agree with

21 you in terms of supporting the COLA, knowing

22 that we need to extend the COLA -- and the

23 fact that money is not going to be enough to

24 actually solve this crisis and make sure that

1 our young folks are getting the services that  
2 they need.

3 So I wanted to bring something to your  
4 attention and get your reflection on it. So  
5 in the Governor's proposal in this Executive  
6 Budget, not necessarily within the mental  
7 health piece, but with respect to nurse  
8 practitioners and pharmacists, we've seen  
9 that there have been scope-of-practice  
10 changes proposed in the Executive Budget. So  
11 my question is, given the exacerbation of the  
12 COVID-19 pandemic and the workforce shortage  
13 that you've talked about, that many folks in  
14 here have talked about in New York State for

15 mental health providers, I want to hear more  
16 about what that impact would be if we did the  
17 same for our LMHCs, our LMFTs and licensed  
18 psychoanalysts on reducing some of the  
19 challenges that we currently have with  
20 children's mental health.

21 And then I'm just going to pile this  
22 on there and give you the rest of the time to  
23 speak. Similarly, even if we won the  
24 500 million additional funding, even if we

1 continue with the 5.4 percent COLA and we get  
2 it not to sunset after next year, what will  
3 happen if we don't change the scope of  
4 practice of these licensures for our young  
5 people?

6 MS. BUFKIN: Thank you so much,  
7 Senator, for that question.

8 So absolutely, the scope of practice  
9 issue is one that I know, you know, you're  
10 focused on and that I think many of our  
11 partners are as well, given that, you know,  
12 one of the challenges within the state is  
13 that we just don't have enough providers who  
14 are able to diagnose.

15           And so there's so many places within  
16           the system where we have a logjam where  
17           children are blocked, there's so many doors  
18           that shut in the face of families, and that's  
19           one area, is the ability around diagnosis.  
20           And so I know that's one area where having  
21           LMHPs have that ability can increase the  
22           opportunity to have more children able to  
23           receive a diagnosis and ultimately receive  
24           services.

1           Now, of course I think there are lots  
2           of areas where we wish we could get services  
3           to children without a diagnosis. But because  
4           that is needed, we really need to address  
5           that issue around licensing.

6           So, you know, I think that's very  
7           important because -- to the second part of  
8           your question -- anything we can do to  
9           increase not only the number of providers but  
10          the ease with which children and families  
11          access it. Because I think beyond the lack  
12          of adequate provider capacity, the thing you  
13          hear from families is: I don't know where to  
14          go. Or: I went somewhere and it was

15       overwhelming or intimidating, and so I

16       couldn't get in to get services.

17             So, you know, with the last seconds

18       I'll just say I strongly support, you know,

19       that opportunity to increase the ability of

20       more people to provide services to young

21       people.

22             SENATOR BROUK: Thank you. Very well

23       said, and very quickly.

24             CHAIRWOMAN KRUEGER: Assembly?

1 CHAIRWOMAN WEINSTEIN: We go to

2 Assemblyman Ed Ra.

3 ASSEMBLYMAN RA: Thank you, Chair.

4 Judge Diamond, good to see you.

5 Just a question for you. Is this --

6 was this program unique to Nassau County?

7 Does it exist anywhere else in the state?

8 I think you're muted.

9 JUDGE DIAMOND: So there are other

10 guardianship providers. For example, you may

11 be familiar with Project Guardianship, which

12 receives money from the OCA budget, that

13 functions in the five boroughs.

14 We do not get any money from there.

15 This grant was unique to Nassau and Suffolk.

16 But I would say it essentially functioned in

17 the same way, which is to avoid using

18 attorneys as guardians and instead using

19 social workers who specialize in this area.

20 But Project Guardianship does not

21 serve any county outside of the five

22 boroughs. So we're not eligible to receive

23 services from them. So our pilot was unique,

24 to my knowledge, to every county outside of

1 the five boroughs. If that answered your  
2 question.

3 ASSEMBLYMAN RA: Yes. Well, thank you  
4 very much for being here to testify about it  
5 and advocate for it. I certainly appreciate  
6 it, as a representative of Nassau County.

7 JUDGE DIAMOND: Thank you very much.  
8 I appreciate your kind words.

9 ASSEMBLYMAN RA: Just one other  
10 question, for Mr. Shapiro.

11 You mentioned your program with regard  
12 to, you know, helping frontline workers and  
13 all of that. If you can elaborate on that  
14 program and comment at all on what I asked

15 the Mental Health commissioner about this  
16 morning, which was should we perhaps use some  
17 of that \$2 billion that's set aside for COVID  
18 recovery and relief in this budget to maybe  
19 seed some mental health programs for first  
20 responders, healthcare workers, people who  
21 have, you know, suffered trauma serving the  
22 public during this pandemic.

23 MR. SHAPIRO: Thank you, Assemblyman.

24 I appreciate that question.

1 NAMI is not a direct provider of  
2 services. We offer peer-led supports. So  
3 again, any of our trainings or support groups  
4 are, you know, peer-led.

5 So for frontline workers, you know,  
6 NAMI on the national level has been very  
7 dedicated to this issue and created a  
8 program, a frontline wellness program where  
9 we go in and give presentations. And they've  
10 been to everything from, you know, people who  
11 run suicide hotlines to direct care workers  
12 to childcare workers. I mean, the definition  
13 of frontline workers has certainly expanded.

14 And we do have, like I say, a free

15 program that we offer to these different  
16 providers, frontline providers, to talk about  
17 their mental wellness, give them strategies  
18 to enhance their wellness, and give them the  
19 opportunity to discuss the experiences that  
20 they're having.

21 To the second part of your question --  
22 and again, sir, if you contact me, I'll be  
23 more than happy to give you more information  
24 about that program.

1           To the second part of your question,  
2           you know, as not a provider of direct  
3           services, I'm not sure if I'm qualified to  
4           say how that money should be spent. But  
5           thank you for asking.

6           ASSEMBLYMAN RA: Okay. Well, thank  
7           you for your work.

8           MR. SHAPIRO: Thank you, sir.

9           CHAIRWOMAN KRUEGER: Thank you.

10          I don't see any other Senate hands.  
11          You may or may not have other Assemblymembers  
12          in line.

13          CHAIRWOMAN WEINSTEIN: No, we don't.

14          CHAIRWOMAN KRUEGER: Okay. Then I'm

15 going to thank this panel for your  
16 participation today, and I'm going to move on  
17 to what I said was the second half of a  
18 panel, but it really was its own panel, my  
19 printout just left the "Panel C" part out.

20 So Panel C: New York Association for  
21 Psychiatric Rehabilitation Services, Harvey  
22 Rosenthal, CEO; New York Lawyers for the  
23 Public Interest, Disability Justice Program,  
24 Ruth Lowenkron, director; Correct Crisis

1 Intervention Today-New York City, Evelyn  
2 Graham Nyaasi, steering committee member; and  
3 Western New York Comprehensive Care Center  
4 for Eating Disorders, Mary Tanillo, director.

5 So we'll start with Harvey. Good  
6 afternoon, Harvey.

7 MR. ROSENTHAL: Hello, Senator.

8 And thank you to the chairs and the  
9 members of the committees for your long and  
10 strong support for New Yorkers who live with  
11 mental illnesses. And again, to the Governor  
12 and the Mayor for hitting the ground running,  
13 as you heard this morning.

14 NYAPRS agrees with all of the

15 advocates you've heard from here today about

16 the COLA, the investment funds and all that

17 side. I'm not here to really focus on that.

18 I'm here to focus on Kendra's Law and

19 alternatives to Kendra's Law.

20 I'm a person in recovery, and I

21 represent people in recovery across the

22 state, people with fairly serious mental

23 illnesses. Our hearts go out to the Go

24 family. We know about violence. We're 11

1 times more likely to be victimized. There is  
2 a mental health crisis in New York City, and  
3 it's around the state and the country, and  
4 it's been here a long time.

5 Examples can be found in the New York  
6 Times articles on both Andrew Goldstein in  
7 1999 and Simon Martial a few weeks ago. Both  
8 of these gentlemen were subway pushers. They  
9 both wanted help. They weren't trying to  
10 avoid help. They both wanted longer hospital  
11 stays. They both wanted better medication.  
12 They didn't want to have to deal with short  
13 admissions, failed discharge plans. They  
14 both wanted housing. They both experienced a

15 lack of access, engagement, activism, poor

16 follow-up, as well as low coordination and

17 accountability.

18 The tens of thousands that NYAPRS

19 represents are frightened, and their health

20 is worsened by the characterizations of them

21 as dangerous, and this round-'em-up mentality

22 and calls to sweep them up and sweep away

23 their rights, and proposals to

24 institutionalize them for 90 days, one year

1 and three years.

2 We feel that the public and

3 politicians are blaming the victims here. It

4 is not our fault, and their fault, that

5 they're not able to get access to good care.

6 It's not their fault that they're not able to

7 get people who have time to listen and

8 respond and, when they don't show up, go out

9 and find them and don't call them

10 noncompliant. It's not their fault that they

11 have to wait in traumatizing emergency rooms

12 for days and then leave in a few days for

13 hospitalization.

14 It's not their fault, folks, it's our

15 fault. The Governor and the Mayor have  
16 really shown some real steps here, and those  
17 are the real solutions. We shouldn't be  
18 forcing people into the same services that  
19 have failed them. These new programs that  
20 are coming online -- help is here, and help  
21 is on the way, and much more is coming. And  
22 those are our solutions. And peers need to  
23 be in -- people who are in recovery like me.  
24 I'm heartened by the Mayor's

1 appointment of the commissioner, Ashwin  
2 Vasan. He's a recovery guy. He's going to  
3 do a great job.

4 In terms of the services that we have,  
5 you heard about 988. You don't get a  
6 policeman, you get a counselor. Community  
7 stabilization centers, I did call the guy  
8 that runs it. They do take homeless people.  
9 Just wanted to note that clarification.

10 There's a model in Western New York --  
11 oh, I got to go faster than that. So there's  
12 outreach and engagement programs, crisis  
13 stabilization, housing-first programs. We  
14 really ought to have longer stays in

15 hospitals, better discharge planning with  
16 housing and peer bridgers, who help people  
17 make it in the community. These are the real  
18 remedies.

19 So we call on policymakers to look  
20 beyond the false solutions getting pushed in  
21 this atmosphere of fear, tragedy and media  
22 pressure.

23 CHAIRWOMAN KRUEGER: Thank you very  
24 much, Harvey.

1           Our next presenter, New York Lawyers

2           for the Public Interest, Ruth Lowenkron.

3           MS. LOWENKRON: Thank you so much.

4           Good afternoon. Ruth Lowenkron, director of

5           the Disability Justice Program at New York

6           Lawyers for the Public Interest. We are also

7           a member of Correct Crisis Intervention

8           Today-New York City; you're going to hear

9           from one of our members.

10          And very importantly, I want to share

11          that I am what's known as a family member. I

12          have a sister with severe mental illness, and

13          that informs a lot of my thinking and

14          certainly provides me with a lot of the

15 passion for my advocacy work.

16 I'm here, like Harvey, to say -- as I

17 have said and my organization has said since

18 its inception -- no to expanding Kendra's

19 Law, no to amending Kendra's Law. And why?

20 Because Kendra's Law is not the answer. I am

21 with Harvey to say of course what happened to

22 Michelle Go, what happened to Kendra Webdale,

23 it's horrible. But this is not emblematic of

24 our community. Our community, as Harvey

1 says, is much more likely to be the victim.

2 Not a violent community.

3 But we don't want to ignore there can

4 be violence and danger, and we do want to

5 address it. So how to do that is by the

6 other routes that Harvey and I have both laid

7 out extensively in our testimony, and that

8 Commissioner Sullivan has also addressed, and

9 which include housing and employment options.

10 What's critical is there's no place

11 for coercion. Forced treatment is not

12 treatment at all. It's long been rejected by

13 practitioners -- I have cites to that in my

14 testimony. The vast racial disparities in

15 implementation are key to consider.

16 Seventy-seven percent of Kendra's Law has

17 been enforced against people of color in

18 New York City. That is already a huge

19 question mark about Kendra's Law.

20 It's never been shown to be

21 successful, notwithstanding some attempts to

22 suggest otherwise in reports. It's not a

23 violence-prevention strategy. And there are

24 the less-invasive models that we lead to.

1 I suppose I should close, as an  
2 attorney, to talk about the legal problems  
3 with Kendra's Law, lest we think it is only a  
4 problem from a sociological perspective. It  
5 is also very much so a problem legally.

6 When you try to suggest that we can  
7 amend the law with a vague standard of now  
8 having it applied to those who have  
9 experienced, quote, a substantial increase in  
10 symptoms of mental illness, with no  
11 definition provided, and absolutely no  
12 requirement that there's the showing of  
13 dangerousness, you are violating rights. And  
14 I can't say it more strongly than that.

15           And in the same way that I think that  
16           will be a huge infringement of rights -- and  
17           again, to repeat, just the wrong way of going  
18           about what we want. We want to eliminate  
19           dangerousness. AOT, Kendra's Law, does not  
20           do that.

21           Just in the same way that we are  
22           concerned about Kendra's Law, we're also  
23           concerned about what we understand are moves  
24           afoot to amend and make it easier to commit

1 individuals under forced commitment  
2 procedures. We strongly oppose that as well.

3 Thank you so much.

4 CHAIRWOMAN KRUEGER: Thank you.

5 Correct Crisis Intervention Today,

6 Evelyn Graham Nyaasi.

7 MS. NYAASI: Hello. I would like to  
8 thank the Assembly for allowing me the  
9 opportunity to speak.

10 I just want to say that I am a peer, I  
11 am also an advocacy specialist, and I work at  
12 Community Access. And I'm also a steering  
13 member on CCIT-NYC, Correct Crisis  
14 Intervention Today.

15 I wanted to say that my family --

16 someone called the police on me and said that

17 I had a knife, and I didn't have a knife.

18 And I was taken to Bellevue Hospital and

19 dropped off. They kept me there for two

20 weeks. I did nothing wrong, and I couldn't

21 believe it. When I came back out, I was

22 traumatized and I had no trust for the

23 doctors or therapists or family members at

24 that time.

1 I can only imagine how someone who's  
2 homeless and who has a mental challenge would  
3 feel out on the street, and also to have  
4 something done to them when they did nothing  
5 wrong.

6 CCIT-NYC opposes the extension of  
7 Kendra's Law because no one should be forced  
8 to do anything. People were failed by the  
9 mental health system and other agencies.

10 Minorities are under systemic racism because  
11 the majority of them are the ones under  
12 Kendra's Law. They should replace Kendra's  
13 Law with intensive mobile treatment, which  
14 has a very good success rate, and they have

15 it already in New York City.

16 People with mental challenges should

17 not be hospitalized and thrown back into the

18 streets. I'd like to thank the Governor and

19 Legislature for passing the New York State

20 988 number. CCIT-NYC would like to have the

21 budget passed so that they can keep the

22 program going and that everything would be

23 good. Yeah.

24 CHAIRWOMAN KRUEGER: All right. Thank

1 you very much.

2 And our last testifier on this panel,

3 Western New York Comprehensive Care Center

4 for Eating Disorders, Mary Tanillo.

5 MS. TANILLO: Thank you, Chairs

6 Krueger, Weinstein, Brouk and Gunther for the

7 opportunity to discuss the Comprehensive Care

8 Centers for Eating Disorders today.

9 I'm the director of the Western

10 New York Center at the University of

11 Rochester Medical Center. And the Western

12 New York Center, along with the Metro Center,

13 based in New York City at New York

14 Presbyterian/New York Psychiatric Institute,

15 and the Northeast Center, based in Albany at  
16 Albany Medical Center, provide a  
17 cost-effective, coordinated, and integrated  
18 model of care and infrastructure across our  
19 state.

20 We're here to ask that you restore  
21 funding to the centers, as our funding was  
22 again dramatically slashed by 90 percent in  
23 the Executive Budget. Without your support,  
24 this critical piece of healthcare access and

1 infrastructure will end up closing.

2 New York State established the

3 Comprehensive Care Centers for Eating

4 Disorders in 2004 in an effort to increase

5 timely access to comprehensive and continuous

6 care, to maintain high-level quality of care,

7 keep residents in the state for their

8 treatment, and avoid the creation of

9 redundant services in order to reduce costs.

10 Additionally, the programs in our

11 center network are the only ones that cover

12 the full continuum of service specifically

13 for eating disorder treatment for New Yorkers

14 who are covered by Medicaid or Medicare.

15           The centers also provide a number of  
16           services that are not covered by health  
17           insurance which are critical to timely  
18           recognition and treatment and relapse  
19           treatment. For example, care management,  
20           care coordination, patient peer mentoring,  
21           parent peer mentoring and life coaching,  
22           especially for the outlying areas of our  
23           state with no specialty care resources.

24           We educate lay persons and

1 professionals, and we use something called  
2 Project Echo, which is a telementoring,  
3 tele-education virtual platform for K-12  
4 school personnel, primary care and behavioral  
5 health, to help them figure out how to  
6 intervene more quickly. We also offer  
7 statewide education and online education.

8 We also do research to come up with  
9 best practices.

10 Providing these services helps  
11 significantly reduce the downstream costs to  
12 our state by decreasing the use of acute-care  
13 services, decreasing readmission rates for  
14 individuals with eating disorders. These

15 folks are known to be high service utilizers  
16 in the absence of well-coordinated care. The  
17 center model epitomizes a coordinated,  
18 effective approach to high need/high cost  
19 individuals, which is promoted by the  
20 New York State Department of Health and  
21 DSRIP. And what we do also supports the  
22 state's triple aim of improving care and  
23 health and reducing costs.

24 Eating disorders are serious

1 psychiatric illnesses associated with  
2 significant medical and psychiatric morbidity  
3 and high rates of mortality. For example,  
4 anorexia nervosa has the highest mortality  
5 rate of all psychiatric illnesses, surpassed  
6 only by opioid dependence.

7 Eating disorders are difficult to  
8 treat. They require specialized clinicians  
9 and programs. Early intervention is critical  
10 to success. Proper diagnosis is often missed  
11 because people still don't have a lot of  
12 education in their own disciplines. And  
13 treatment insurers often still limit  
14 treatment stays and settings.

15           We're grateful for the 1.06 million in  
16           additional funding the State Legislature  
17           regularly provides us in the enacted budgets,  
18           because without this we would close. We  
19           can't meet our legislative mandates with the  
20           proposed budget of \$118,000, which is less  
21           than \$40,000 for each center.

22           I appreciate the time this afternoon,  
23           and I'm happy to answer any questions.

24           CHAIRWOMAN KRUEGER: Thank you very

1 much.

2 And with that, I'm going to open it up

3 to anyone with their hands up from the

4 Senate. Samra, did you put your hand up?

5 SENATOR BROUK: I did, thank you,

6 Chairwoman.

7 CHAIRWOMAN KRUEGER: You did, sorry,

8 yes.

9 SENATOR BROUK: It was a last-minute

10 hand raise.

11 First of all, I just want to thank you

12 all for your testimony today. I want to

13 especially thank you, Ms. Graham Nyaasi, for

14 sharing your story and for being here with us

15 today. It's always powerful to hear

16 firsthand accounts.

17 And I want to direct my question to

18 Harvey. I want to thank you for pointing out

19 the responsibility that policymakers should

20 be taking. I think you're absolutely right,

21 both myself, as a newer policymaker, and

22 those who have been in charge of funneling

23 funds either to or away from what we know to

24 be proven, impactful interventions for mental

1 health and substance use crises. And so we  
2 do have that responsibility.

3 And there's a reason, as you say, that  
4 a lot of folks who need these services, who  
5 would likely seek out these services, do not  
6 have them accessible to them -- they are not  
7 in a culturally competent way. They are not  
8 accessible to them in their communities.  
9 They can't afford them. They don't know that  
10 they exist. They're underfunded. The  
11 workforce isn't there for them. A number of  
12 things.

13 So I want to give you half my time  
14 here to present -- we've heard a lot of

15 statistics about what a success Kendra's Law  
16 has been. On the counter side of that, what  
17 data or evidence do you have for what  
18 Kendra's Law has done to the population that  
19 is suffering from mental illness?

20 You're muted, Harvey.

21 MR. ROSENTHAL: Sorry.

22 I want to thank you for your work on

23 988 and stabilization centers. And

24 Mrs. Gunther, I want to thank you, Aileen,

1 for that million dollars that set up that  
2 INSET program that engages people who might  
3 otherwise be on a court order 80 percent of  
4 the time. So I think that's really special.

5 Senator, you know, on the issue of  
6 research, a lot of people say that Kendra's  
7 Law is proven. But really science, as I  
8 understand it, is when you do a control  
9 study, head to head. And they did that in  
10 Bellevue Hospital in 1994, after people  
11 got -- everybody got more and better  
12 services. Half got court orders. There was  
13 no difference.

14 So when Kendra's Law was established,

15 there was no real research -- there was  
16 program evaluation data, which means it was  
17 not a comparison, it was just people in the  
18 program. Didn't say why they were getting  
19 better.

20 And the Legislature, when they  
21 extended the law in 2005, said there should  
22 be a head-to-head study. But when the  
23 researchers came in, they did not do that.  
24 They failed to basically compare head to

1 head.

2 So we still don't know why people are  
3 getting better. Higher accountability, more  
4 access, you're getting to the front of the  
5 line of services, you know, you're getting  
6 sort of care coordination? Things --  
7 everybody should get that. You shouldn't  
8 have to have a court order to get a working  
9 system.

10 So we don't -- I mean, the evidence is  
11 not in on that. And I don't think we should  
12 be fooled by that. I think the Bellevue  
13 study was the model. And even though the  
14 Legislature asked -- and I would ask you to

15 ask again, to really compare them head to

16 head, because there are 20,000 alternative

17 sort of voluntary sort of packages, and

18 20,000 court orders since 1999, but we've

19 never compared them.

20 CHAIRWOMAN KRUEGER: Thank you.

21 Assembly?

22 CHAIRWOMAN WEINSTEIN: We do not have

23 any members. Thank you.

24 CHAIRWOMAN KRUEGER: Okay. Then I'm

1 going to take a couple of minutes. I want  
2 to, I think follow up on the same question as  
3 Samra's, so both for Ruth and Harvey.

4 I hear you that a Kendra's Law that  
5 simply locks people up in some way and  
6 doesn't do any kind of real follow-up or  
7 care, you know, is basically just what we do  
8 with half the population on Rikers every day,  
9 whether we ever put them through an AOT or  
10 not. And we know that that's a horrible  
11 model and is the least humane approach to  
12 mental health certainly in my lifetime. But  
13 it is also --

14 ASSEMBLYWOMAN GUNTHER: I just want to

15 say quickly they don't lock them up, they --

16 just for the record, they don't lock people

17 up, they basically afford them treatment.

18 CHAIRWOMAN KRUEGER: In Rikers?

19 ASSEMBLYWOMAN GUNTHER: I mean -- no.

20 I thought you were talking about

21 Kendra's Law.

22 CHAIRWOMAN KRUEGER: Well, no, I'm

23 saying that Kendra's Law doesn't get used

24 statistically that often. What we actually

1 do is just put people in Rikers, at least in  
2 New York City. So -- but thank you, Aileen.

3 So my point was there's got to be some  
4 model, at least in my city, for evaluating  
5 that somebody is acting out and beyond the  
6 ability to care for themselves that is not  
7 24 hours in an emergency room, back on the  
8 streets -- or take you to Rikers. Those are  
9 the two models we seem to have.

10 I know you both don't think expansion  
11 or continuation of Kendra's Law is an answer.  
12 Tell me what you think does work. Because  
13 we're not going to get the universal type of  
14 coverage you want, given limited resources

15 and the reality we live in, how do we target  
16 the most intensive services for the most in  
17 need so that we can counter this growing  
18 panic of the general population?

19 MR. ROSENTHAL: I think all the  
20 services that Ruth and I spoke about are the  
21 ones that people ought to get. There should  
22 be a lot more of them. In fact, the  
23 stabilization centers, they should have one  
24 in the subways.

1           We've really got to go full-bore on  
2           putting these kinds of services available to  
3           people -- and all people, you know,  
4           regardless of culture or race.

5           So, Senator, there's -- we -- that's  
6           been my point today, was we have so many new  
7           models that are coming on or have been on.

8           We just have to build them real fast. And  
9           that's why we're encouraged that the Governor  
10          with the SOS teams, and the Mayor -- we can't  
11          get them up fast enough. We know how to help  
12          folks.

13          And I hate to say it this way, but if  
14          somebody is a danger to themselves or others,

15 we have a statute for that. People are

16 admitted involuntarily. But if they're not,

17 then it's our responsibility to engage them.

18 And we have all these voluntary tools now; we

19 just need to build them up quickly.

20 But before we -- what we ought to do

21 is build them up quickly, not expand a law

22 that's very controversial and is unproven, as

23 far as I'm concerned.

24 CHAIRWOMAN KRUEGER: Ruth, you got

1 12 seconds. You want to add anything?

2 MS. LOWENKRON: No. Spot on, what I

3 would say.

4 CHAIRWOMAN KRUEGER: Thank you very

5 much, both of you.

6 Okay, I see no other hands -- just

7 double-checking -- and Helene doesn't appear

8 to have any, right?

9 CHAIRWOMAN WEINSTEIN: Right.

10 CHAIRWOMAN KRUEGER: So I'm going to

11 thank you all for your testimony today, and

12 your hard work every day.

13 And I'm going to call up the next

14 panel, which starts with -- sorry. It's

15 Panel D, Judicial Process Commission,  
16 Annette Moonstream {sic}; Treatment Not Jail  
17 Coalition, Jeffrey Berman; Housing Works,  
18 Charles King; New York Association of  
19 Alcoholism and Substance Abuse Providers,  
20 John Coppola; Friends of Recovery,  
21 Dr. Angelia Smith-Wilson; and Coalition of  
22 medication-Assisted Treatment Providers and  
23 Advocates, Allegra Schorr.  
24 Starting with Judicial Process

1 Commission, Annette Monstream {sic}. I think  
2 I've gotten your name wrong twice now, I  
3 apologize.

4 MS. MONTSTREAM: That's fine. Thank  
5 you for having me.

6 Thank you for the opportunity to  
7 testify today. I'm a service coordinator at  
8 the Judicial Process Commission, also known  
9 as JPC, in Rochester, New York. At JPC we  
10 help many people apply for and obtain  
11 Certificates of Rehabilitation, along with  
12 sealing criminal records.

13 There are close to 40 percent of  
14 people in state and federal prisons that are

15 diagnosed with a mental illness.

16 Prisonpolicy.org research shows that

17 incarceration is linked to major depressive

18 disorders. The carceral environment can be

19 damaging to mental health by removing people

20 from society and eliminating meaning and

21 purpose from their lives. People with mental

22 illness stay four to eight times longer in

23 jail than someone without a mental illness,

24 for the exact same charge.

1           At JPC we work in close collaboration  
2           with Legal Assistance of Western New York,  
3           the Center for Community Alternatives, and  
4           the Monroe County Public Defenders Office, to  
5           ensure that each of our clients has access to  
6           treatment, both mental health and substance  
7           abuse, including legal representation. We  
8           have helped hundreds of our neighbors.

9           We have called ourselves the Rochester  
10          Reentry Advocates, which is a group of four  
11          organizations who meet regularly and share  
12          clients internally so that we are better able  
13          to meet their needs. Right now there are  
14          only six individual professionals providing

15 these services. This is insufficient to meet  
16 the needs just of the people who reach out to  
17 us for help, and absolutely insufficient to  
18 support our outreach and public education  
19 efforts.

20 JPC was not funded at all by New York  
21 State last year, and we truly struggle to  
22 provide funding every year. We are asking  
23 that you include possibly 300,000 in the  
24 budget to fund our collaborative efforts,

1       which would enable us to double our staff  
2  
3       capacity across three organizations in Monroe  
4  
5       County. We would like to ensure that all of  
6  
7       our clients have access to treatment, along  
8  
9       with advocacy by highly trained, skilled  
10  
11      professionals.

12  
13       In closing, I would like to thank you  
14  
15      for allowing me to testify. And if anyone  
16  
17      has any questions, please feel free to ask  
18  
19      me, or you can refer to my written testimony.

20       Thank you for this opportunity.

21       CHAIRWOMAN KRUEGER: Thank you very  
22  
23      much.

24       Next we have Jeffrey Berman from the

15 Treatment Not Jail Coalition.

16 You're on mute, Jeff.

17 MR. BERMAN: Good afternoon, and thank

18 you very much.

19 I am a 25-year public defender and

20 mental health specialist with the Legal Aid

21 Society. I'm here to urge the Legislature to

22 pass the Treatment Not Jail Act, which will

23 create statewide treatment courts for

24 justice-involved individuals with underlying

1 and unaddressed mental health and substance  
2 use diagnoses.

3 It is a lie that incarceration makes  
4 our communities safer. To the contrary,  
5 incarceration actually makes people more  
6 likely to reoffend. In my practice I have  
7 seen how incredibly traumatizing and  
8 destabilizing incarceration is. Too often,  
9 people languish inside jail and prison with  
10 inadequate mental health treatment and  
11 medical care, while exposed every day to  
12 violence and rampant drug use. They then  
13 emerge from incarceration into shelters or  
14 the streets without stable housing, medical

15 care and mental health treatment in place.

16 They're expected to procure housing,

17 treatment, jobs and benefits while navigating

18 the adverse collateral consequences of their

19 criminal conviction.

20 This is a recipe for increased

21 substance use, untreated mental health

22 conditions and recidivism. It is a grotesque

23 revolving door that harms not only these

24 individuals but our communities as a whole.

1     Fearmongers spread misinformation that people  
2     with mental illness are more dangerous.  
3     Meanwhile, the statistics prove they are  
4     10 times more likely to be the victims rather  
5     than the perpetrators of violence.

6             Misinformation also abounds that  
7     people facing violent charges or with prior  
8     violent convictions are less likely to  
9     succeed in diversion.

10            We all care about public safety no  
11     matter our race, ethnicity, socioeconomic  
12     status, or political affiliation. But to  
13     increase safety, we must amend existing  
14     judicial diversion to extend opportunities to

15 those with mental health conditions. We  
16 should no longer buy into the fearmongering  
17 fallacy of us versus them and law-abiding  
18 citizen versus criminals. After all, we are  
19 all fellow community members equally  
20 deserving of the law's protection.

21 The Treatment Not Jail Act will expand  
22 the Drug Court Statute passed by Senate  
23 Republicans through the budget process in  
24 2009. Currently a minuscule fraction of

1 nonviolent drug and theft-related charges are  
2 eligible for judicial diversion. However,  
3 people with serious mental health,  
4 intellectual or developmental disabilities  
5 are routinely rejected because substance use  
6 is not the primary diagnosis.

7 And there is no diversion statute for  
8 people with mental illness. This is despite  
9 the fact that one in five New Yorkers have a  
10 mental health diagnosis, roughly half of  
11 New York's carceral population is recommended  
12 for mental health treatment, and diversion  
13 courts that incorporate evidence-based best  
14 practices in the field of treatment science

15 are very successful.

16 Access to existing makeshift mental

17 health courts is unevenly and minimally

18 applied, due to the prosecutor's gatekeeping

19 power. Abysmally, only 30 mental health

20 courts serving approximately 140 participants

21 exist in New York -- despite there being over

22 40,000 incarcerated people, almost half of

23 whom have mental health diagnoses. Even

24 where there is a connection between the

1 criminal allegation and the person's mental

2 illness, rejection abounds.

3 Without legislating mental health

4 courts, our judges have zero power to admit a

5 deserving person. With this legislation, our

6 communities benefit and flourish, because an

7 individual member in need will receive

8 treatment and not jail.

9 Thank you for your time.

10 CHAIRWOMAN KRUEGER: Thank you very

11 much.

12 Housing Works, Charles King.

13 MR. KING: Thank you, Chairs.

14 We welcome the substantial commitment

15 of funding in the Executive Budget to address

16 substance use disorder. We urge the

17 Legislature to support the full range of new

18 OASAS investments and initiatives, such as

19 the expansion of mobile treatment services to

20 increase access to MOUD, as well as new

21 funding allocated to the AIDS Institute for

22 additional harm-reduction services and

23 naloxone distribution.

24 We applaud Governor Hochul's

1 appointment of Dr. Chinazo Cunningham as  
2 commissioner of OASAS. She is exactly who we  
3 need in this position.

4 Every year, an increasing number of  
5 New Yorkers are dying of drug overdose. It  
6 is time for New York to implement overdose  
7 prevention centers. We urgently call on the  
8 Hochul administration to authorize and the  
9 Governor and the Legislature to provide  
10 \$3 million to fund at least the first five  
11 pilot overdose centers in the state.

12 Significantly, two overdose prevention  
13 centers that opened in New York City in  
14 November of 2021 report that as of

15 February 3rd they have already reversed

16 124 overdoses.

17 We also need to decriminalize

18 lifesaving buprenorphine and remove it from

19 the list of substances it is illegal to have

20 in one's possession.

21 We need to transform New York's

22 homeless response, especially for people with

23 mental illness. Over 30 years, Housing Works

24 has housed many people with substance use

1 disorder and serious mental illness. Our  
2 Housing First model has proved incredibly  
3 successful, maintaining and stabilizing  
4 people with serious behavioral health issues.  
5 Increased support teams, as the Governor's  
6 budget proposes, will do little to decrease  
7 the number of unsheltered homeless people  
8 with serious behavioral health issues,  
9 without transitional and permanent supportive  
10 housing that provides essential behavioral  
11 health and case management services.  
12 For good reason, most of these folk  
13 refuse to stay in the mass congregate shelter  
14 system. Yet hospitals continue to discharge

15 people with psychiatric admissions to the  
16 shelter system, and outreach teams do exactly  
17 the same.

18 Housing Works is piloting a drop-in  
19 center and stabilization hotel for people who  
20 are homeless and living on the streets. It  
21 will have all of these services on-site. The  
22 facility will be low-threshold, harm-  
23 reduction oriented, and provide people with  
24 private rooms. We need to replicate this

1 model across the state.

2 With regard to the underinvestment in

3 the nonprofit sector, we urge three things:

4 First of all, that the COLA be applied to

5 Health Home. Second, we call for a \$21 an

6 hour minimum wage for all New York

7 State-funded health and human service

8 workers. And third, we call for all New York

9 State health and service contracts to

10 recognize the federally approved indirect

11 rate rather than giving just a 10 percent

12 indirect rate.

13 Finally, in my final seconds, I'd like

14 to call for justice for Nushawn Williams.

15 Nushawn Williams, in 1999, a young  
16 HIV-positive Black man, pled guilty to  
17 reckless endangerment and statutory rape  
18 arising from allegations that he had sex with  
19 young women while knowing he was  
20 HIV-positive.

21 On April 9, 2010, four days before the  
22 end of Mr. Williams' 12-year prison sentence,  
23 then-New York State Attorney General Andrew  
24 Cuomo filed an application to have him

1 indefinitely civilly committed as a dangerous  
2 sex offender, based almost entirely on the  
3 fact that he was sexually active while  
4 HIV-positive.

5 I testified at Mr. Williams' review  
6 last January, and he was denied --

7 CHAIRWOMAN KRUEGER: Charles, I have  
8 to -- I'm sorry, I have to cut you off.  
9 You've gone past your time.

10 MR. KING: I -- I know I have. I'm  
11 happy to answer any questions about  
12 Mr. Williams. Thank you.

13 CHAIRWOMAN KRUEGER: Thank you.

14 Next, the New York Association of

15 Alcoholism and Substance Abuse Providers,

16 John Coppola.

17 MR. COPPOLA: Hi, good afternoon.

18 I want to just thank you for the

19 opportunity to testify on behalf of substance

20 use disorder prevention, treatment, recovery

21 and harm-reduction service providers across

22 the state.

23 And I want to begin by thanking

24 Governor Hochul for making it possible to

1 provide testimony this year with actual  
2 resources on the table that could make a  
3 significant difference and will make a  
4 significant difference.

5 And also thank you to Commissioner  
6 Cunningham for setting the right tone for  
7 discussion of the OASAS budget by starting  
8 with a thank you to the substance use  
9 disorder's workforce in the middle of the  
10 COVID crisis and overdose epidemic. I really  
11 appreciate that.

12 And I want to just say that relative  
13 to the Governor's budget, we're very  
14 supportive of the proposals that folks have

15 already specifically referenced. I want to  
16 make a plea that as the workforce increases  
17 and incentives are implemented, that we leave  
18 nobody behind, that we use a lens of equity  
19 in looking at that particular -- at those  
20 increases, so that people who do  
21 transportation, people who do custodial work  
22 in facilities, while they don't necessarily  
23 do direct practice per se, that they also be  
24 included, and everybody be included.

1           And then also we support the  
2           \$500 million look at the -- to strengthen the  
3           workforce, to restore the 30 percent that has  
4           been cut from their salaries over the failure  
5           to include cost-of-living increases in their  
6           salaries for 15 to 20 years, almost. So we  
7           really support permanent changes to the  
8           workforce so that they can get the support  
9           they need.

10           A small adjustment that we'd like to  
11           request in the capital budget -- the Governor  
12           moved from \$100,000 to 150,000 the definition  
13           of minor repair and maintenance. So we'd  
14           like for the minor repair and maintenance

15 definition to be increased from 150,000 to

16 \$200,000, particularly given all of the

17 inflationary things that are happening now

18 with building supplies, et cetera.

19 I want to mention the social work

20 licensing issue, which all of you have been

21 dealing with for close to two decades now. I

22 want to suggest that since we have had the

23 exemptions in place for that entire 19 years

24 and the system has been able to function very

1 well, that we make the exemptions permanent  
2 and that we move, as the Governor suggests,  
3 oversight of the workforce from State Ed to  
4 DOH.

5 I want to also suggest that we look at  
6 the pharmacy cut-out, carveout. The 340B  
7 program provides vital services to  
8 underinsured, uninsured, and undocumented  
9 folks. We want to make sure that they get  
10 the services that they will lose if that  
11 carveout goes forward.

12 I want to support the Governor's  
13 proposal that we make changes to managed  
14 care.

15 I just want to end by saying that  
16 we've asked you, the Senate and Assembly, to  
17 make sure that the funds that are in this  
18 budget are used well and support the vision  
19 of our commissioner to strengthen services to  
20 the underserved communities for prevention,  
21 treatment, recovery, and harm reduction.

22 Thank you.

23 Senator Krueger, I think you need to  
24 unmute yourself.

1 CHAIRWOMAN KRUEGER: Well, thank you  
2 very much. I failed to do that.

3 Dr. Angelia Smith-Wilson, Friends of  
4 Recovery.

5 MS. SMITH-WILSON: Good afternoon,  
6 Chairs.

7 Friends of Recovery New York thanks  
8 you so much. We love coming here and being  
9 able to bring the voice of the recovery  
10 community. We thank our legislative partners  
11 who have continued to work with us and who  
12 have shown up time and time again -- Senator  
13 Pete Harckham, the Senate Majority Leader,  
14 and all of our legislative partners.

15 We also stand in solidarity today with  
16 our mental health providers, as the recovery  
17 community has seen far too many Daniel  
18 Prudes. We've felt and seen far too many.  
19 And so we stand in solidarity with our mental  
20 health partners today.

21 FOR-New York works to build an  
22 infrastructure around the state through local  
23 recovery community organizations. We are  
24 here to strongly advocate for that

1 infrastructure to be supported financially.

2 We are forever grateful for the increase in

3 the budget, but I'm not sure if you guys are

4 aware that recovery is still not funded as it

5 should be in order to properly support

6 treatment, individuals who leave treatment.

7 And not to mention there are

8 individuals who never make it to treatment.

9 They receive services directly in the

10 community from recovery community

11 organizations and recovery community outreach

12 centers.

13 We are in strong support of building

14 an infrastructure of recovery-oriented

15 systems of care that will address people  
16 where they are, in the community. If an  
17 individual has, like I said, come from  
18 treatment, then recovery-community-oriented  
19 systems of care support an individual as they  
20 remain in the community.

21 I think New York has a -- we're at an  
22 opportunity here where we can really grow the  
23 infrastructure of recovery community-based  
24 services beyond what we've had over the last

1 year. We've suffered and continue to suffer  
2 losses to the opioid epidemic as well as  
3 COVID. FOR-New York is going beyond New York  
4 and advocating with our federal partners for  
5 a recovery set-aside. And I think this is an  
6 excellent opportunity for the Legislature to  
7 really go beyond other states and support a  
8 recovery set-aside.

9 This recovery set-aside would ensure  
10 every year the funds that are needed to build  
11 this recovery-community-based infrastructure  
12 that's needed, and also to improve the peer  
13 workforce and be able to properly pay the  
14 peer workforce. You've heard today from many

15 of our partners with regards to workforce. I

16 just -- I would be remiss if I did not speak

17 about the peer workforce.

18 So those are our concerns and our

19 considerations that we would like for you to

20 consider today.

21 CHAIRWOMAN KRUEGER: Thank you very

22 much.

23 And then our last for this panel,

24 Coalition of Medication-Assisted Treatment

1 Providers and Advocates, Allegra Schorr.

2 MS. SCHORR: Thank you so much.

3 Thank you for the opportunity to

4 testify today. And we are also thankful for

5 a really good budget.

6 But according to the CDC, fentanyl

7 overdoses are now the leading cause of death

8 in people 18 to 45. Since 2020, fentanyl

9 overdoses have killed more people age 18 to

10 45 than COVID. And that is too young to die.

11 And it's also crucial that overdose deaths

12 for Black Americans exceeded the rate of

13 white Americans.

14 So as I said, we're grateful that the

15 Executive Budget expands access to lifesaving

16 medications that have been proven to be

17 effective to treat opiate use disorder, and

18 that it specifically supports access to

19 methadone. And that's important because as

20 we see fentanyl, we're going to need access

21 to that higher -- those higher medications

22 that methadone specifically is going to be

23 able to treat effectively.

24 There are many initiatives that we

1 support, including mobile methadone. But  
2 nevertheless, to implement these initiatives  
3 and to ensure that all New Yorkers who need  
4 MAT can access it, we must take the  
5 opportunity to address some of the  
6 fundamental underlying gaps that exist in the  
7 OASAS system.

8 So we keep talking about workforce  
9 shortage. We have to be able to address  
10 that, to expand and to maintain these kinds  
11 of initiatives without destabilizing our  
12 existing programs. So yes, the 5.4 percent  
13 COLA is important, but it is insufficient to  
14 address this current crisis. So we need that

15 \$500 million that we asked for, a Medicaid

16 rate increase.

17 But specifically, it's going to be

18 necessary to restructure that reimbursement

19 rate. We're going to need to look at how to

20 incentivize MAT and how to pay for

21 higher-credentialed staff in our programs so

22 that we can support co-occurring disorders

23 within those programs that we're now doing.

24 And a major barrier to expanding

1 access is the disparity that is already there  
2 in our outpatient program in the OASAS  
3 system. So an OASAS SUD outpatient provider  
4 and an OTP provider, both outpatient -- the  
5 outpatient program gets paid at a higher rate  
6 than the OTP for the identical service.

7 So why would an outpatient OASAS  
8 provider want to go ahead and add that  
9 methadone when they're not going to get paid  
10 the same amount, they're going to get paid  
11 lower? It does not make sense for them to do  
12 that.

13 So finally, I just want to call our  
14 attention to that we have to be mindful of

15 expanding services when communities around  
16 New York are seeing an increase in  
17 homelessness, active drug use and crime on  
18 the streets. So that's something that we're  
19 going to need to pay attention to.

20 Thank you very much for taking the  
21 time to hear us today.

22 CHAIRWOMAN KRUEGER: Thank you.

23 And the first hand I saw up was Pete  
24 Harckham, the chair of our OASAS Committee.

1           SENATOR HARCKHAM: Thank you very  
2 much, Madam Chair.

3           And thank you to all the panelists.

4           Great to see everybody. Fabulous testimony.

5           Unfortunately, in my short time I can  
6 only really focus on one subject area, so I  
7 want to follow-up on what Allegra was saying  
8 and also what John alluded to about the  
9 Medicaid reimbursement rate. You know,  
10 there's some good things to look at in the  
11 budget, but one of the underlying  
12 fundamentals has been the insufficient  
13 Medicaid rate and then some of the structural  
14 things about that.

15           So, Allegra, if you could expand a  
16           little more. And then, John, if you could  
17           talk about how it impacts your providers.  
18           And then if anyone else wants to join in.  
19           And if everyone could be as short and  
20           succinct as possible so we can get as many  
21           folks in. Thanks.

22           MS. SCHORR: Sure. So thank you for  
23           that question, Senator, I appreciate it.

24           On the outpatient side I would say

1 OASAS has a plan and has been working on  
2 integrating the two licenses. But a big  
3 barrier is this -- the fact that there's a  
4 disparity in the rate system. So if we could  
5 look at that and put some resources into  
6 balancing those two rate structures.

7 I think also we've heard over and over  
8 again that the ability for outpatient  
9 programs that are not OTPs to have more  
10 prescribers is a big barrier to adding MAT  
11 services.

12 And then as we talked about, being  
13 able to support the higher credential to get  
14 some master's level people that could

15 actually diagnose those mental health needs

16 for our patients. And I do think that there

17 are ways that we could look at to make

18 adjustments in those ways -- get that

19 prescriber on board and make those

20 adjustments.

21 And then very briefly, we do need to

22 look at how to add methadone to our inpatient

23 so that we get a more seamless delivery.

24 We're still so very siloed, and there's

1 just -- that needs to be addressed also.

2 SENATOR HARCKHAM: John?

3 MR. COPPOLA: So I think a big thing

4 is just looking at rates and saying, you

5 know, are rates adjusted on an annual basis

6 to keep up with inflation? It should not be

7 possible for somebody to have the same rates

8 today that they had 10 years ago.

9 But I think a more fundamental thing

10 is have rates been trended? Anyplace where

11 they have not, why not? And then how do we

12 sort of revise that?

13 And I think a second thing is really

14 looking at incentivizing best practice,

15       incentivizing justice, equity, diversity and  
16       inclusion as a main piece of the way services  
17       are delivered, like rewarding a behavior,  
18       attaching value to the services, and  
19       incorporating that into the rate system.

20           CHAIRWOMAN KRUEGER: Thank you.

21           Helene, Assembly?

22           CHAIRWOMAN WEINSTEIN: We do have

23       Assemblyman Burdick.

24           ASSEMBLYMAN BURDICK: Thank you.

1 I first have a question for  
2 Mr. Berman. And thank you for your testimony  
3 and for your support for the Treatment Not  
4 Jail Act. I am a cosponsor of that, and part  
5 of that is based on my being a member of the  
6 Correction Committee of the Assembly and  
7 seeing the need for this.

8 Do you know whether there's any kind  
9 of budget initiative, either in the  
10 Governor's proposed budget or whether there's  
11 any member who is proposing additions to the  
12 budget for, say, a pilot program to get this  
13 off the ground?

14 MR. BERMAN: Thank you. I don't know

15 of a pilot program to get this off the

16 ground.

17 But I will say this. Right now all

18 treatment courts in New York State have a

19 budget of \$15 million. And we are proposing

20 doubling that amount to prepare

21 implementation for fiscal year 2023. That

22 would involve hiring, training, setting aside

23 court --

24 ASSEMBLYMAN BURDICK: Okay. Let me

1 interrupt you, if I can.

2 MR. BERMAN: Sure.

3 ASSEMBLYMAN BURDICK: What I'd like to

4 do is if you can contact me offline --

5 MR. BERMAN: Sure.

6 ASSEMBLYMAN BURDICK: -- so that I can

7 see whether there's someone that I can join

8 with on that initiative.

9 I have a question for Angelia

10 Smith-Wilson. And there are a number of

11 bills in here that it only lists the Senate

12 numbers. And so perhaps if you can provide

13 me the Assembly companion bills, that would

14 be very helpful. And I may already be on

15       them. And if not, I have a good deal of

16       interest in it.

17             MS. SMITH-WILSON: Absolutely. We can

18       get that to you. I do have the Assembly

19       numbers here, but I will have our director of

20       policy email you -- email your office right

21       away.

22             ASSEMBLYMAN BURDICK: That would be

23       great. That would be great. Thank you so

24       much.

1 MS. SMITH-WILSON: You are welcome.

2 ASSEMBLYMAN BURDICK: That's all I've  
3 got, thanks.

4 CHAIRWOMAN KRUEGER: Okay. I don't  
5 see --

6 CHAIRWOMAN WEINSTEIN: We also have  
7 Assemblywoman Gallagher.

8 CHAIRWOMAN KRUEGER: Good. I'm just  
9 going to make -- just one quick question --  
10 no, that's okay -- also for Jeffrey Berman.

11 My understanding is there are mental  
12 health courts in each judicial district. So  
13 how would your community court for the  
14 mentally ill model be different?

15 MR. BERMAN: Sure. I mean, what we  
16 are proposing is expanding existing Criminal  
17 Procedure Law 216, which is very, very  
18 limited in eligible charges -- expanding it  
19 so that anybody with a mental health  
20 diagnosis or intellectual disability or a  
21 neurocognitive disability or a traumatic  
22 brain injury -- and the list goes on -- would  
23 be eligible for judicial diversion in  
24 New York State.

1           So we would be expanding existing  
2           CPL 216 and essentially legislating mental  
3           health courts in the State of New York.

4           CHAIRWOMAN KRUEGER: And I'm familiar  
5           with the community courts, at least as they  
6           operate in New York City. Does one argue  
7           that it really costs a lot more money, or  
8           you're just changing the job description of  
9           some courts and courtrooms?

10          MR. BERMAN: So I think this -- I'm  
11          going to go back to my prior answer. So  
12          again, we are expanding what is already in  
13          existence right now.

14          So right now all treatment courts in

15 New York State are covered by a \$15 million

16 budget, and that includes the drug courts,

17 that includes the ad hoc mental health

18 courts, ad hoc veterans courts. What I mean

19 by "ad hoc" is they're not legislative,

20 they're not statutory.

21 So we are proposing doubling that

22 amount of money -- and what's beautiful about

23 Treatment Not Jail is we're building on an

24 existing framework of statewide Article 216

1 courts. We already have drug courts in each  
2 county. The change is to expand it so that  
3 people with mental health conditions or other  
4 types of disabilities can access treatment in  
5 each county.

6 So that -- I hope that answers your  
7 question.

8 CHAIRWOMAN KRUEGER: No, it does. But  
9 I'm -- probably I was looking for the answer  
10 that it decreases the number of people going  
11 through more traditional courtrooms so it  
12 actually should decrease OCA costs on one  
13 side of the ledger, so to speak, because  
14 we're shifting into another model that you

15        argue is more effective for people.

16                MR. BERMAN: Essentially, yes. We

17        would -- the idea would be to centralize all

18        treatment-based dispositions throughout New

19        York State in each county, in a mental health

20        court or in a drug court. And then we would

21        have specialized treatment staff, specialized

22        judges who are intimately familiar with

23        providing treatment mandates to people who

24        become entrenched in the criminal legal

1 system with health conditions.

2 CHAIRWOMAN KRUEGER: Thank you.

3 Now back to you, Assembly.

4 CHAIRWOMAN WEINSTEIN: We have two

5 Assemblymembers. Assemblymember Gallagher

6 first.

7 ASSEMBLYWOMAN GALLAGHER: Hi. It is

8 such an honor to be here and asking this

9 panel questions; so many of you run

10 organizations that I really look up to.

11 And one of the things I was thinking

12 about while listening to your testimony is

13 that substance use disorder is a chronic

14 condition. It is ongoing and it needs

15 constant care. So I'm wondering, what gaps  
16 do you see in the continuum of helping people  
17 recover should we be advocating for to fill?

18 You know, we've been talking about  
19 housing and we've been talking about Medicaid  
20 reimbursement, but I know that there are many  
21 other pieces of a program that helps someone  
22 reenter into society, and I'm wondering what  
23 we could offer specifically in the budget  
24 that might help with that.

1 MR. COPPOLA: I think, you know, when  
2 the commissioner spoke a little bit earlier,  
3 she mentioned harm reduction. And, you know,  
4 that's a whole area that has been overlooked  
5 and underfunded forever. And, you know, even  
6 underfunded at the Department of Health. So  
7 there's I think a significant amount of work  
8 that could be done to strengthen harm  
9 reduction. I think the recovery programs are  
10 not available, readily available in every  
11 county in the state. That's really not  
12 acceptable. There's a significant amount --  
13 you know, as all of us have been absolutely  
14 deluged with advertisements for gambling,

15 et cetera, and there's very little in the way  
16 of resources for people with gambling  
17 disorder. The sort of need to counter all of  
18 the advertising and also the problem gambling  
19 I think is a huge need that's just coming up.

20 And I think, you know, just the  
21 underfunding of prevention for years and  
22 years and years. I mean, there is no  
23 shortage of really invaluable opportunities  
24 to invest in the system. A lot of the

1 innovative medication-assisted treatment  
2 issues related to transporting medication,  
3 making it more accessible, the strengthening  
4 of our residential treatment programs --  
5 there's no place in the system that hasn't  
6 been impacted by the failure to adequately  
7 fund it for the last two decades.

8 So I think there's lots of  
9 opportunities to do some really exciting  
10 things.

11 MS. SMITH-WILSON: And I think just to  
12 support what John is saying, with regards  
13 to -- FOR-New York does a point-in-time  
14 survey every year at our conference where we

15 intently and purposely ask the members of the  
16 recovery community, What are the issues?  
17 What are you facing with regards to gaps in  
18 services, or what are your concerns? So we  
19 have submitted that information in the form  
20 of our testimony even today.

21 But one of the things that I think  
22 about is, you know, when individuals have an  
23 opportunity to go to a recovery community  
24 center, an outreach center, they, you know,

1     have an opportunity to work with someone  
2     one-on-one where they can look at every  
3     aspect of their life. And if that is dental  
4     needs -- I mean, a lot of times folks don't  
5     even think about that. And, you know, we are  
6     focusing on the major things: Housing, as we  
7     should; transportation, as we should.

8             But there's individuals, as they look  
9     to restore their lives and their dignity,  
10    there are those in-between services that we  
11    kind of take for granted. And so I think  
12    that having an opportunity for individuals to  
13    have these recovery community outreach  
14    centers in their community, where they live,

15 to actually, you know, see and feel what goes

16 on, gives people an opportunity to partner

17 with someone right in their neighborhood to

18 begin to help them to rebuild their lives.

19 CHAIRWOMAN WEINSTEIN: Thank you.

20 So now we'll move to Assemblywoman

21 Kelles.

22 ASSEMBLYWOMAN KELLES: Thank you so

23 much. And I think there's no way to ask all

24 the questions of, you know, of all of you.

1 The information you've given is incredible.

2 I wish I had several days to read the

3 testimonies before the event, but I will go

4 through all of them and may follow up with

5 some of you.

6 I did have one question for

7 Mr. Berman. I asked a question of OCA in

8 their hearing about mental health courts, or

9 wellness courts and whether or not it's

10 possible to have one in each county, given

11 how successful they are. And the response

12 was basically "We need more money for that,"

13 or "It's too expensive."

14 And so I'm wondering -- you know, you

15 mentioned 15 million to add to all of them.

16 Is the vision that you have that you would

17 centralize, in each county, that there would

18 be sort of a central administrative system in

19 place for all of the treatment courts? Is

20 that what you were envisioning? And is that

21 a recommendation?

22 My understanding is that -- and you

23 mentioned this, and so I'm just trying to get

24 clarification -- that there are treatment --

1     there are assistants and case managers in the  
2     court system specific to each treatment court  
3     that are necessary and that might not be able  
4     to overlap between them. So I'm just trying  
5     to get a sense of what that picture would be  
6     and whether or not that 15 million that  
7     you're requesting would cover all of the  
8     treatment courts. In your assessment.

9           MR. BERMAN: So the 15 million would  
10    be an amount of money that would help,  
11    essentially, before this new law takes place,  
12    takes effect. That money will be used to  
13    prepare the State of New York, prepare the  
14    courts, prepare the stakeholders, to put

15 everything in place so that it runs well.

16 As I said before, there's already --

17 there already are treatment courts in each

18 county in New York State. One of the key

19 components of the Treatment Not Jail Act is a

20 transfer mechanism. What that means is that

21 if you don't have a mental health court in

22 your community, then you would be able to

23 transfer your treatment to another community

24 that does. And that's something that we can

1 discuss, if you'd like.

2 ASSEMBLYWOMAN KELLES: I would love to

3 follow up.

4 And then just really quickly, in my

5 last couple of seconds, one of the things we

6 haven't discussed, and this I guess is for

7 the whole panel, is support in workforce

8 development for the population. So if

9 someone wants to attack that issue, that

10 would be great.

11 MS. MONTSTREAM: Just for myself, I

12 mentioned that our non-for-profit

13 organizations have been helping apply for

14 Certificates of Rehabilitation or

15 Certificates of Good Conduct once someone has

16 a conviction.

17 And some of the mental health and

18 substance abuse participants need their

19 background cleared so that they would be able

20 to be employed and become productive citizens

21 in the community, and that holds them back.

22 So that we have to obtain their rap sheet, we

23 have to go through their rap sheet, and then

24 they have to apply.

1           And so that's very emotional, also,  
2           for them to go back through and go -- writing  
3           personal statements, going back through their  
4           life experience, what had happened, and then  
5           applying for that.

6           But we do a lot of encouragement, we  
7           help them be positive, take classes, go into  
8           treatment and achieve those certificates of  
9           rehabilitation and succeed in life. So that  
10          is our goal, is helping the people become  
11          independent in their life.

12          CHAIRWOMAN WEINSTEIN: Thank you.

13          CHAIRWOMAN KRUEGER: Thank you.

14          All right, I'm going to ask -- I'm

15 going to thank this panel.

16 And I'm going to move on to Panel E,

17 where we're starting with the Family Advisory

18 Board, Care Design New York, Rachelle

19 Kivanoski, member; Families Together in

20 New York State -- actually, I think we have

21 not heard from her, we'll see if she shows

22 up -- New York Self-Determination Coalition,

23 Susan Platkin; and the Self-Advocacy

24 Association of New York State, BJ Stasio.

1           So we'll start with Rachelle.

2           MS. KIVANOSKI: Good afternoon,

3           everyone. I am the parent of a 38-year-old

4           son with autism and intellectual disability.

5           I speak today representing not only Care

6           Design but the Member and Family Advisory

7           Boards of all seven Care Coordination

8           Organizations and our 110,000 members and

9           their families.

10          I want to thank Senator Krueger,

11          Assemblymember Weinstein, Senator Mannion,

12          Assemblymember Abinanti, and all the

13          committee members here today for the

14          opportunity to share our views on the

15 proposed budget for OPWDD.

16 We are enormously grateful for the new

17 spirit of collaboration displayed by Governor

18 Hochul and Acting Commissioner Neifeld. We

19 welcome their recognition of the needs of

20 people with I/DD and also share their

21 assessment of the severity of the workforce

22 emergency we are confronting.

23 We applaud the proposed COLA, which

24 will begin to financially stabilize I/DD

1 providers and enhance the resources available  
2 for people under self-direction.

3 The administration has proposed many  
4 potentially life-changing measures, such as  
5 the enhanced ISS subsidy, money for new  
6 supported housing, and plans for enhancing  
7 employment opportunities. The career ladders  
8 and enhanced educational opportunities for  
9 DSPs are also critical investments.

10 But the sad reality is that none of  
11 these wonderful new programs are viable  
12 without a stable workforce. It is  
13 unspeakably heartbreaking that many people  
14 with I/DD are now consigned to a

15 quasi-institutional lifestyle. So many spend  
16 their entire days indoors, whether in their  
17 group home, their family home, their  
18 apartment, or a day hab program -- or  
19 sometimes, sadly, just stuck in bed. Access  
20 to programming is even more limited for those  
21 with the most complex needs or historic lack  
22 of access.

23 The resulting diminished self-esteem,  
24 loss of skills and behavioral regression is a

1 tragic byproduct of this staffing crisis.

2 We must, however, respectfully

3 disagree with Acting Commissioner Neifeld.

4 The proposed DSP bonuses will at best only

5 help to maintain the unacceptable status quo.

6 One-time funding does not raise the base pay

7 above minimum wage and so will not

8 significantly help recruitment. Taking care

9 of this vulnerable and extremely diverse and

10 complex population is clearly not a

11 minimum-wage job.

12 We urge the Legislature to start the

13 process of permanently increasing DSP wages

14 by 20 percent this year. Convert the final

15 proposed \$3,000 bonus payment to a salary  
16 increase for these workers of approximately  
17 10 percent now.

18 We also ask for an additional  
19 investment of at least \$100 million in state  
20 funds -- 200 million with federal match --  
21 and support OPWDD's proposal prioritizing  
22 part of the provider COLA to fund wage and  
23 benefit increases for their lower-paid  
24 workers.

1           Ultimately, establishing a permanently  
2 funded living wage is the only way to resolve  
3 this acute and chronic staffing emergency.  
4 We must have a concrete plan to phase in a  
5 true living wage for DSPs within the next  
6 three years. This would --

7           CHAIRWOMAN KRUEGER: Thank you. I'm  
8 sorry, you've used up your time. But we have  
9 the full testimony. Thank you.

10           Next is the New York State  
11 Self-Determination Coalition.

12           MS. PLATKIN: Hi. Good afternoon.  
13 Thanks for the opportunity to comment on the  
14 budget. I represent the New York

15 Self-Determination Coalition, an independent  
16 group of volunteers who have been advocating  
17 for self-directed services for people with  
18 I/DD for over 10 years.

19 We appreciate the proposed increases  
20 in funding to OPWDD. However, there is more  
21 work to do. OPWDD's self-directed services  
22 represent the most authentic expression of  
23 the ADA, the Olmstead decision, and the HCBS  
24 Home and Community Settings Rule.

1           For example, my daughter Ruth, 35, has  
2           used self-directed services since finishing  
3           high school. Despite being challenged by a  
4           rare genetic disorder causing significant  
5           intellectual disability and hard-to-treat  
6           bipolar disorder, and requiring her to have  
7           24/7 support, she lives in a regular house  
8           with a roommate. With the help of staff, she  
9           shops, cooks, cleans, does laundry, takes out  
10          the trash, says hi to her neighbors just like  
11          the rest of us. Despite all her challenges,  
12          Ruth is living a good life with friends, a  
13          part-time job, and hobbies in the community  
14          where she grew up and went to school.

15 To live safely and productively, most  
16 people with I/DD needs staff. Even as our  
17 lives now are starting to open up, many  
18 people with I/DD are still in virtual  
19 lockdown without staff to support them. New  
20 York State needs to pay a living wage to all  
21 direct support staff.

22 Parents of neurotypical children worry  
23 about where they'll go to college, will they  
24 find love. Get any group of parents of kids

1 with I/DD and ask them their worst fear:  
2 It's "Where will my child be when I'm gone?"  
3 For parents over 60, this fear keeps us awake  
4 at 3 a.m.  
5 In the past, the solution was get your  
6 kid into a group home. But we've moved on  
7 from this for most people with I/DD. We  
8 applaud the proposed increase in the ISS  
9 housing subsidy in the Governor's budget.  
10 Increasing subsidies to the HUD fair market  
11 rate will allow people with various support  
12 needs to better afford to live where and with  
13 whom they want. People will no longer have  
14 to give up living in neighborhoods that they

15 know and where people know them.

16 Next I want to talk about access to

17 self-direction. The Department of Health's

18 CDPA program allows consumers or their

19 representatives to recruit, hire, train and

20 supervise staff to do health-related tasks.

21 But people who use OPWDD's self-directed

22 services are unable to use their direct

23 support staff for these tasks. That means if

24 someone needs assistance taking medicine or

1 insulin shots, for example, they must either  
2 live with their parents or in certified  
3 housing. They have no other options.

4 These are not highly technical tasks;  
5 they're things that people usually do for  
6 themselves. There's no medical reason not to  
7 extend what has been working so well for  
8 personal care to people with I/DD by amending  
9 Section 6908 of the Nurse Practice Act.

10 Finally, more than any other group,  
11 people with I/DD need an independent  
12 ombudsperson. Because of their disabilities,  
13 they're even more challenged to deal with the  
14 complex and often inefficient systems they're

15 forced to use. Such a program would provide  
16 individual assistance to people with I/DD,  
17 family members and associates statewide,  
18 advise and advocate on individual cases and  
19 concerns, and provide accessible training on  
20 navigating the system.

21 Thank you.

22 CHAIRWOMAN KRUEGER: Thank you very

23 much.

24 And our last on this panel, BJ Stasio,

1 Self-Advocacy Association of New York.

2 MR. STASIO: Hello, everyone. Thank  
3 you for having me here today. Our president,  
4 Tony Phillips, sends his regrets; he could  
5 not be here today. That's why I'm here. I'm  
6 the co-vice president of the board of  
7 directors for SANYS.

8 And our points are we would like to  
9 thank the Governor for the proposed budget.

10 It is clear to see that New Yorkers with  
11 disabilities are once again a priority, and  
12 we ask that you stand with our Governor on  
13 many areas of the proposed budget that will  
14 help improve our lives.

15           The Governor is taking our direct  
16           support professional workforce crisis  
17           seriously, and we ask that you approve the  
18           following proposed investments in healthcare:

19           Worker retention bonuses that would  
20           help incentivize DSPs to remain in their  
21           current positions;

22           A much-needed cost of living  
23           adjustment;

24           Pathways to promote new skilled

1 workers in the DSP workforce, such as the  
2 SUNY for All Partnership; the Direct  
3 Professional Career and Technical Education  
4 Program at BOCES; and the Connect Immigrant  
5 New Yorkers to Direct Support Professionals  
6 Program.

7 These are all important, but they are  
8 not enough. We need investments to increase  
9 personal care assistance wages for people.

10 Many New Yorkers with developmental  
11 disabilities depend on CDPA staff to meet  
12 their personal care needs, and many of us are  
13 in trouble. Even if the other investments  
14 happen, if we don't address the issue with

15 CDPAP many of us will have our most basic  
16 needs not met and we will continue to suffer  
17 at home or end up falling into hospitals,  
18 nursing homes, or many traditional services.

19 This situation cannot stand anymore.

20 It has taken years for New York State to  
21 understand and begin to respond to the DSP  
22 staffing crisis. You must also respond to  
23 the personal care crisis. People are really  
24 suffering, and it is our duty to act. The

1 time to act is now. We ask that you add an  
2 increase to the CDPAP personal care assistant  
3 wages in the New York State budget.

4 Last, I would like to -- I would like  
5 to congratulate the Governor on the  
6 appointment of the disability officer today.  
7 I read it, and it was good to see that.

8 However, once again, this is not  
9 enough. New Yorkers with developmental  
10 disabilities need an ombuds office to ensure  
11 that our rights are being honored and that  
12 our services are of the highest quality. And  
13 we ask that you recognize and fund this need  
14 in the new budget.

15 Thank you.

16 CHAIRWOMAN KRUEGER: Thank you very

17 much.

18 All right, I don't see Senate hands

19 up. I do see an Assembly hand, Helene.

20 CHAIRWOMAN WEINSTEIN: Yes. So we go

21 to -- first to Assemblyman Epstein.

22 ASSEMBLYMAN EPSTEIN: Thank you,

23 Chair.

24 And thank you, panelists, for being

1 here, and your testimony.

2 Winnie {sic}, if -- I just wanted to

3 turn our attention just to employment

4 opportunities for people with disabilities.

5 What do you think the state needs to do to

6 strengthen those so we can employ more people

7 with disabilities across the state? I know I

8 only have a couple of minutes, so if you

9 could be short on your answer, I'd appreciate

10 it.

11 MS. SCHIFF: So should I comment?

12 Because this is not my panel.

13 ASSEMBLYMAN EPSTEIN: Oh, sorry.

14 CHAIRWOMAN KRUEGER: Oh, no, no, no.

15 Winnie will come back when you're in the

16 right panel.

17 ASSEMBLYMAN EPSTEIN: Sorry about

18 that, Winnie, I apologize.

19 (Laughter.)

20 ASSEMBLYMAN EPSTEIN: Can I just --

21 for the other panelists, I just want to also

22 raise the issue about the 24-hour work rule

23 for care for people with disabilities.

24 And I just wanted to get a sense of

1 how people felt about the split shifts or the

2 24-hour work cycle and whether people felt

3 like it was helping -- is it having a

4 negative impact on the people -- the

5 recipients in the industry, or a positive

6 impact?

7 (No response.)

8 CHAIRWOMAN KRUEGER: I guess nobody

9 wants to take you up on that one, Harvey.

10 ASSEMBLYMAN EPSTEIN: Well, okay. All

11 right, then I'll come back for the next

12 panel, then, Liz. Thank you.

13 CHAIRWOMAN KRUEGER: You're welcome.

14 Helene, I think you have another

15 member with a hand up?

16 CHAIRWOMAN WEINSTEIN: Yes,

17 Assemblyman Burdick.

18 ASSEMBLYMAN BURDICK: Thanks very

19 much. And I want to thank all the panelists

20 for their advocacy and for taking the time to

21 meet with us.

22 I have a question for Susan Platkin.

23 And you mention in here in your testimony

24 advocating an increase in the ISS housing

1 subsidy. And I'm wondering if you could be

2 more specific about that.

3 MS. PLATKIN: Sure.

4 ASSEMBLYMAN BURDICK: And also whether

5 you happen to have any members in the Senate

6 or in the Assembly that are trying to urge an

7 increase in that, either through the 30-day

8 amendment or by going through the one-house

9 budget route.

10 MS. PLATKIN: Yeah, I do believe it's

11 in the Governor's budget. I could be

12 incorrect, but I believe that it is.

13 And, you know, I think Senator

14 Mannion --

15 ASSEMBLYMAN BURDICK: And are you

16 satisfied with the proposal of the Governor

17 that's in the budget?

18 MS. PLATKIN: Yeah, to my

19 understanding it's basically a housing

20 subsidy that allows people who don't want to

21 live in a group home to be able to --

22 ASSEMBLYMAN BURDICK: Sure. No, I'm

23 familiar with it, I just wanted to know

24 whether you're satisfied with that.

1 MS. PLATKIN: I believe that it's not  
2 really completely clear that it is going to  
3 the -- I've heard talk that it will go to the  
4 HUD rate, and that would be great. It's been  
5 10 years since it was increased.

6 ASSEMBLYMAN BURDICK: And then you  
7 also -- is there legislation that you're  
8 advocating for amending the Nurse Practice  
9 Act?

10 MS. PLATKIN: Yeah, it -- I don't  
11 believe it's -- I think it's been -- it  
12 was -- I don't believe it's in front of  
13 anyone at this point. But we're moving  
14 towards that. It's not going to be a

15 budgetary increase.

16 ASSEMBLYMAN BURDICK: No, no, no, I

17 recognize that. It looks like a

18 legislative -- you also -- ombudsperson

19 needed. There is legislation afoot for

20 that --

21 MS. PLATKIN: Yes. Yes.

22 ASSEMBLYMAN BURDICK: -- that perhaps

23 you can help support.

24 MS. PLATKIN: Oh, yes, absolutely.

1 Yes.

2 ASSEMBLYMAN BURDICK: Great. Thank

3 you.

4 CHAIRWOMAN WEINSTEIN: To the Senate.

5 CHAIRWOMAN KRUEGER: Thank you.

6 I don't think that we have any Senate

7 hands up. Do you have any others, Helene?

8 CHAIRWOMAN WEINSTEIN: No. No.

9 CHAIRWOMAN KRUEGER: All right, then

10 I'm going to thank this panel very much for

11 your very effective advocacy, day in, day

12 out, on behalf of so many people. So thank

13 you for being here with us today.

14 And now we are going to jump to

15 Panel F: The Arc New York, Erik Geizer;  
16 New York Alliance for Inclusion & Innovation,  
17 Michael Seereiter; InterAgency Council,  
18 Winifred Schiff; YAI, George Contos; and the  
19 Association for Community Living,  
20 Sebrina Barrett.

21 And we'll start with Erik from

22 The Arc.

23 MR. GEIZER: Thank you, Senator.

24 I'd like to take the opportunity to

1     thank the esteemed members of the Senate and  
2     the Assembly for the opportunity today to  
3     provide feedback on the Executive Budget and  
4     the impact on our field and the people we  
5     support.

6             My name is Erik Geizer. I'm the CEO  
7     of The Arc New York. Our organization is a  
8     family-led organization that advocates and  
9     delivers essential supports and services, and  
10    our mission is to provide people with  
11    intellectual, developmental and other  
12    disabilities with the ordinary and  
13    extraordinary opportunities of life.

14            We are the state's largest voluntary

15 I/DD provider. We support more than 60,000  
16 individuals, and we employ more than 30,000  
17 people at 36 operating chapters, and we're in  
18 every county of the state.

19 For years we've come to you advocating  
20 for investment into our system. Inflation  
21 has risen nearly 25 percent in the past  
22 decade, yet our field has received only a  
23 1.2 percent COLA over that same period, with  
24 little other meaningful investment. This

1 lack of funding has resulted in wage  
2 stagnation for our staff and the inability of  
3 providers to maintain their basic physical  
4 infrastructures.

5 This decade-long lack of investment,  
6 compounded by COVID-19, has driven us to a  
7 crisis point that threatens the safety and  
8 well-being of the vulnerable New Yorkers we  
9 support and the future viability of the  
10 programs and services they rely on.

11 We have sat at this very table,  
12 although virtual this year -- and we've  
13 called for change, year after year after  
14 year, while our system eroded underneath us.

15 Today, finally, I come to you with hope, not  
16 in desperation.

17 The proposed budget includes a  
18 5.4 percent statutory COLA, investments in  
19 workforce bonuses, recruitment and retention  
20 initiatives, capital funding, and special  
21 education funding. It includes promise for  
22 the people with I/DD. Finally, our need has  
23 been heard. Finally, our workforce and  
24 services are being recognized as an integral

1 part of the healthcare system. Finally,  
2 New Yorkers with I/DD are being recognized as  
3 worthy of the care and opportunities we  
4 strive to provide them.

5 On behalf of our organization and the  
6 entire field, we ask that you support the  
7 Governor's proposed investments by including  
8 them in your one-house budgets. We ask that  
9 you consider these investments nonnegotiable.

10 Specifically, the 5.4 percent COLA must be  
11 included in the budget. The workforce  
12 retention bonuses and recruitment initiatives  
13 must be included in the budget. Capital  
14 funding and special education funding must be

15 included in the budget.

16 This will not mark an end to our

17 crisis, but it will shift our course towards

18 a solution. We will need sustained

19 investment into our field to make sure we

20 never hit this point again. Yet our basic

21 call to you is this: Investment is

22 desperately needed. Investment is finally

23 proposed. Support that investment and

24 continue to use your influence into 2023 and

1 beyond.

2 Thank you.

3 CHAIRWOMAN KRUEGER: Thank you very

4 much.

5 And our next speaker will be Michael

6 Seereiter -- I'm sorry if I'm saying it

7 wrong -- New York Alliance for Inclusion &

8 Innovation.

9 MR. SEEREITER: Thank you, Senator.

10 It's Michael Seereiter, yes, from the

11 New York Alliance for Inclusion & Innovation.

12 We represent providers of services to people

13 with disabilities and the individuals and

14 families that they support. We are also a

15 member of the New York Disability Advocates

16 organization.

17 In past years we have appeared before

18 you pointing to the dire consequences that a

19 decade of intentional disinvestment was

20 having on New Yorkers with intellectual and

21 developmental disabilities supported by

22 OPWDD. This year we have a remarkable turn

23 of events -- an Executive Budget more

24 positive than any we have seen in recent

1 memory. And what's the difference here? We  
2 have a new administration, in stark contrast  
3 to the previous one, that is making  
4 New Yorkers with intellectual and  
5 developmental disabilities a priority.

6 Overall, we are very pleased with the  
7 Executive Budget proposal this year. But it  
8 is not one year of prioritization and  
9 investment that will undo a decade's worth of  
10 neglect. Rather, we need sustained  
11 prioritization and sustained investments.  
12 This year's budget makes major strides  
13 towards stabilizing our system, while also  
14 beginning to work towards changes and

15 investments necessary to sustain our system  
16 for the long term, and make it something that  
17 New York State can once again be proud of.

18 So let's talk about stabilization,  
19 workforce. We support the one-time direct  
20 support professional bonuses in the  
21 Governor's budget. But if there are going to  
22 be any conversations about sustained wage  
23 increases for frontline workers, we need to  
24 be at the table.

1           Secondly on workforce, we suggest an  
2           add to the one-house budgets for a tax credit  
3           for direct support professionals like that  
4           which is proposed by Senator Mannion.

5           Third, we would recommend including  
6           resources to expand the pilot BOCES and the  
7           pilot community college direct support  
8           professional recruitment programs currently  
9           underway. We recommend including resources  
10          to build a direct support professional  
11          credential and a career ladder, like those  
12          that are supported by Assemblymembers  
13          Abinanti, Gunther, and Senator Brouk.

14          And lastly on workforce, we would

15 recommend expanding the eligibility for the  
16 Nurses Across New York loan forgiveness  
17 program, to include I/DD service providers.

18 Secondly, we support the COLA, the  
19 5.4 percent COLA, as it would better support  
20 the infrastructure that serves as a  
21 foundation on which direct support  
22 professionals can be employed and can support  
23 people with disabilities. Importantly,  
24 though, we need both. We need both the

1 workforce investments and the COLA in order  
2 to keep up with our rapidly changing  
3 environment, while catching up for years of  
4 disinvestment.

5 Let me give you an analogy in an  
6 article from Auto Racing: "We can pay the  
7 driver all we want, but if we don't keep the  
8 brakes in good working order, put gas and new  
9 tires on the car, and have a pit crew that  
10 can do all that work to support the driver,  
11 the results can be catastrophic."

12 Lastly, we would recommend support for  
13 the Nonprofit Infrastructure Capital  
14 Investment Program and encourage the

15 Legislature to amend the Statewide Healthcare

16 Facilities Transformation Program to include

17 nonprofit I/DD providers under OPWDD.

18 And on looking forward to the long

19 term, we recommend supporting the \$13 million

20 for housing subsidies in the OPWDD's ISS and

21 Self-Direction programs, like was mentioned

22 before; adding resources for a specialized

23 I/DD ombudsperson; and adopting a resolution

24 acknowledging the importance of using

1 assistive and enabling technology to support  
2 people with disabilities.

3 Thank you.

4 CHAIRWOMAN KRUEGER: Thank you.

5 Next is Winifred Schiff, from the  
6 InterAgency Council.

7 MS. SCHIFF: Thank you, Chair Krueger.

8 And thank you to all the chairs and committee  
9 members.

10 I am Winifred Schiff, from the  
11 InterAgency Council of Developmental  
12 Disabilities Agencies. We represent about  
13 150 not-for-profit providers of services in  
14 the metropolitan area, and our members

15 provide services through the life span of

16 people with developmental disabilities.

17 We are grateful to your continual

18 support of our programs and services and

19 people, and this year we're grateful to the

20 Governor and our new Commissioner, also, who

21 have given us hope for the future.

22 I will echo the words of my

23 colleagues, and I can't say it any better

24 than Michael. His race car driver analogy is

1 really perfect. After a decade of neglect,  
2 we're so grateful for the 5.4 percent COLA,  
3 which will help us to do a number of things,  
4 including raise DSP salaries, but it's  
5 employee health benefits, it's increasing  
6 wages for other frontline workers, and  
7 numerous other expenditures that help us  
8 provide quality services to people and their  
9 families. It all needs to happen at once.

10 As Michael mentioned also, the  
11 workforce bonuses we're greatly appreciative  
12 of, and the personal refundable tax credit  
13 and the Nurses Across New York tuition loan  
14 forgiveness programs. But absolutely, we

15 need a correction in salaries. So if there's

16 any discussion on increasing wages, DSP

17 salaries and other frontline workers'

18 salaries need to be part of that

19 conversation.

20 I won't say too much more, although I

21 could go on and on about employment programs.

22 And I would like to answer Assemblyman

23 Epstein's question. We have lots of work to

24 do in residential and technology. We look

1 forward to participating in the 507 planning  
2 process with our new commissioner. And as I  
3 said, we're very hopeful.

4 In the area of employment, before I  
5 leave, I think things that would really  
6 change things for people with disabilities in  
7 employment would be to facilitate entry into  
8 the system and movement within the system.

9 So right now there are so many barriers to  
10 becoming eligible and then moving from one  
11 funding stream to another, and even from  
12 service to service within the same state  
13 agency. Also working with kids during their  
14 last three years of high school would really

15 assist in helping them to transition into

16 adult services and employment.

17 And then of course extra funding for

18 wages -- you know, DSPs absolutely deserve

19 additional salary enhancements, but the

20 employment staff have to have additional

21 expertise. It's a very nuanced and

22 interesting but not so easy position, and

23 those staff really also deserve more money.

24 And then we love the idea of the pilot

1 programs that OPWDD is suggesting too.

2 Thank you.

3 CHAIRWOMAN KRUEGER: Our next up is

4 George Contos, from YAI.

5 You're silent -- oh, there you go.

6 MR. CONTOS: Okay. Hello. Thank you,

7 and thank you for this opportunity.

8 I'm the CEO of YAI, and since 1957 YAI

9 has been providing innovative services to the

10 intellectual and developmental disability,

11 I/DD, community. Today I'm testifying on

12 behalf of YAI's more than 4,000 employees

13 who, every year, support more than 20,000

14 children and adults with I/DD and their

15 families.

16 I'm testifying to help spotlight the

17 reality that New Yorkers working in the I/DD

18 field need your help. YAI, like every other

19 I/DD agency, is experiencing a workforce

20 crisis. Our program staff are struggling.

21 According to a 2021 survey by the New York

22 Disability Advocates, 25 percent of I/DD

23 provider positions are vacant. More than

24 90 percent of agencies are showing a decrease

1 in job applicants, and nearly 40 percent seem  
2 unable to open programs due to staff  
3 shortages.

4 More than 70 percent of senior staff  
5 report covering multiple shifts a day,  
6 working overtime, to ensure that the people  
7 we support are receiving quality care. But  
8 the reality is that by virtue of residing in  
9 one of the highest cost-of-living states in  
10 the country, many of our staff need the  
11 overtime hours to pay their bills.

12 In what seems like a lifetime ago,  
13 working as a DSP meant earning above minimum  
14 wage and feeling respected by a government

15 that acknowledged their challenging work.

16 Fortunately, with New York's new

17 administration and a united legislature,

18 opportunity and ability exist to right the

19 wrongs of the last decade. The 5.4 percent

20 COLA increase for the I/DD sector and

21 additional incentive payments for frontline

22 staff included in the Governor's budget are

23 greatly appreciated, but a true game-changer

24 for the I/DD field and workforce would ensue

1 by realizing the wage increase in the  
2 proposed Fair Pay for Home Care legislation  
3 supporting salaries for home care aides at  
4 150 percent of minimum wage.

5 I urge the Legislature to move forward  
6 in securing the Fair Pay for Home Care  
7 language in the final budget and ensuring  
8 that it applies to the OPWDD-funded  
9 workforce. With overwhelming support in both  
10 chambers, in concert with a state budget  
11 containing higher-than-expected revenue, a  
12 Fair Pay for Home Care wage increase would be  
13 a catalyst in reinvigorating and  
14 revolutionizing New York's system of I/DD

15 supports.

16 Our staff gave tirelessly throughout

17 the pandemic, risking health and safety to

18 provide best-in-class services to the

19 children and adults we support. The time has

20 come for the great State of New York to

21 recognize their efforts by providing them

22 with base compensation that's competitive and

23 commensurate with the constant challenges

24 that a frontline healthcare worker faces.

1 Thank you.

2 CHAIRWOMAN KRUEGER: Thank you.

3 And our last panelist, Sebrina

4 Barrett, Association for Community Living.

5 MS. BARRETT: Thank you for this

6 opportunity.

7 On this Valentine's Day, let me say

8 that we love the proposed Executive Budget.

9 Specifically, we support the two-year

10 commitment of 104 million for community-based

11 mental health housing, the 5.4 percent COLA

12 for human services, the funding to support

13 988, and the property pass-through for

14 supported housing.

15 Many of my colleagues who have been in  
16 the field for decades characterize these new  
17 dollars as unprecedented, and they are. But  
18 I prefer the term "game changer" because if  
19 these funds become reality, housing providers  
20 may, for the first time in decades, be able  
21 to move from feeling helpless to hopeful,  
22 from anticipating crises to embracing  
23 certainty, from struggling to survive to  
24 seeing programs thrive.

1           And for our weary frontline staff and  
2           our resilient residents, these funds say that  
3           they are seen after decades of underfunding.  
4           It says they matter, recovery matters, mental  
5           health matters. And so we thank  
6           Governor Hochul, and we urge that these  
7           allocations be fully funded.

8           For years we've advocated for  
9           modernization of the mental health housing  
10          models, some of which were created nearly  
11          40 years ago. In short, costs have risen,  
12          clients need a higher level of care due to  
13          multiple co-occurring mental and medical  
14          conditions, and we can no longer pay staff a

15 living wage.

16 First let's look at costs. Since the

17 '80s, health insurance has risen more than

18 740 percent. It costs about \$50 today to buy

19 the same amount of groceries that \$20 bought

20 in the '80s. Rent has skyrocketed, not to

21 mention new costs related to technologies,

22 charity, privacy and, with the pandemic, PPE,

23 tests and cleaning supplies.

24 Second, today's residents require 12

1 to 15 medications daily, up from one or two  
2 in the '80s. And they face multiple  
3 co-occurring medical conditions. We surveyed  
4 our members about residents who are aging in  
5 place. More than 40 percent of our residents  
6 are age 55 and over, and they are  
7 experiencing a total of 166 different medical  
8 conditions. Highest reported include  
9 hypertension, diabetes, COPD, heart disease,  
10 arthritis, cancer and dementia.

11 For these individuals, transition into  
12 a nursing home isn't a possibility. Nursing  
13 homes won't take people with severe mental  
14 illness. And even if they were to, they

15 don't have the ability to care for their

16 needs.

17 However, more than 75 percent of the

18 housing providers who responded to our survey

19 said that they also are not equipped to

20 assist their residents with their aging

21 medical concerns. They need nursing staff,

22 on-site health aides, ADA-compliant space,

23 additional staff and better pay.

24 Finally, our members have reported a

1 near 25 percent average statewide vacancy  
2 rate, with some having as much as 50 to  
3 60 percent. Since the '80s, the work has  
4 gotten more challenging, but the pay has  
5 diminished. Many of our direct care staff  
6 make just minimum wage. They can't afford  
7 rent, food and childcare. And for the past  
8 two years, they have put their lives at risk  
9 to care for others.

10 Our members are seeing fewer qualified  
11 applicants, a sharp increase in interview  
12 no-shows, and senior-level staff are filling  
13 direct care shifts just to keep the doors  
14 open. This is unsustainable, and the funding

15 in this proposed budget is crucial to the

16 ability for these programs to survive.

17 Thank you.

18 CHAIRWOMAN KRUEGER: Thank you very

19 much. Appreciate it.

20 I see Assembly hands; I'm just

21 double-checking for -- oh, I see Senator Mike

22 Martucci.

23 Hello, Mike. I'm going to give you

24 the microphone first.

1           SENATOR MARTUCCI: Thank you,

2           Chairwoman. I appreciate it.

3           Great to see everyone here. The first

4           thing I will start off by saying is your

5           voices are being heard loud and clear here.

6           You are certainly some of the strongest

7           advocates we always have in the budget

8           process.

9           My question -- so you know that -- all

10          of you that have been in contact with me know

11          that I'm all in for the OPWDD-funded

12          workforce being included with Fair Pay,

13          because at the end of the day that's really

14          what we need as a big part of the solution.

15 But my question is for Mike Seereiter.

16 Michael, could you talk a little bit about

17 the needs as you see them in that capital

18 assistance program, sort of like where they

19 are, broadly? Because that's sort of an area

20 of interest that I want to give you another

21 minute or two to talk about, because I think

22 it's important.

23 MR. SEEREITER: I can do a little of

24 this, but providers can do this even better,

1 and I'll ask George if he wants to jump in.

2 But, I mean, I'm thinking about all

3 the -- any of the things that go into the

4 general operating functions of these

5 organizations, whether it's putting a new

6 parking lot in, whether it's the new roof,

7 the investments in IT, the investments in

8 telehealth, the investments in any of the

9 things that are like the new modern era. We

10 need to keep these organizations and the

11 services that they provide up with the modern

12 era if people with I/DD and others are going

13 to be participatory in that economy, in that

14 service delivery mix, if you will.

15           So it's everything across the board.

16           And organizations like YAI and others are

17           gigantic organizations that can use those in

18           a multitude of ways to support people from

19           the things that Winnie was just talking

20           about, from employment -- and using that

21           technology to support people in maybe remote

22           ways, when it comes to supporting people --

23           helping people pursue their employment goals,

24           but also in that clinical space, in that

1 really heavily involved, supporting  
2 individuals with complex needs, et cetera.

3 These are -- it could be anything and  
4 everything in there. And here's an example  
5 of a place where that investment can also go  
6 an awfully long way for the entire sector.

7 CHAIRWOMAN KRUEGER: Okay. Thank you.

8 SENATOR MARTUCCI: Yeah, thank you,  
9 Chairwoman. And yeah, thank you, Michael. I  
10 just -- that's certainly what I suspected,  
11 and I think it is important that we make  
12 significant strides in that respect.

13 So I'll yield you back a minute.

14 thank you, Chairwoman.

15 CHAIRWOMAN KRUEGER: Thank you, Mike.

16 All right, Assemblywoman?

17 CHAIRWOMAN WEINSTEIN: Yes, we have

18 several Assemblymembers. We'll start first

19 with Assemblyman Ed Ra.

20 ASSEMBLYMAN RA: Thank you, Chair.

21 Thank you, everybody on the panel for --

22 Winnie and some of the others, I just wanted

23 to see if you can elaborate on -- you know, I

24 think it's been a theme of the hearing today,

1 both amongst legislators and advocates, that  
2 this is kind of a refreshing change to be  
3 talking about this budget in the context of  
4 making investments in this workforce, which  
5 is a great thing -- but the need that that  
6 continues in years to come.

7 So, you know, the COLA, the ARPA funds  
8 that are being used for bonuses and retention  
9 and all of that, all great. But what do we  
10 need to get to in the 2024 fiscal year, 2025,  
11 2026, to actually get this workforce to  
12 appropriate wages and ultimately be able to  
13 retain and recruit new people to work with  
14 this population?

15 MS. SCHIFF: So just like lack of a  
16 COLA for over a decade forced us to allow our  
17 salaries to stagnate, we need continual COLAs  
18 every year to help us continue to face the  
19 increasing costs, continue to raise wages.  
20 You know, it can be an incremental thing.

21 On the other hand, like I said, we  
22 really do need a correction for that time  
23 period of neglect. And it's because the ARPA  
24 funds are wonderful for staff who currently

1 work for us, but it's not going to help us to  
2 recruit new people. So the \$3,000 bonuses,  
3 that's something. But we need to absolutely  
4 raise higher in-rates for the DSPs and other  
5 frontline workers in order for us to be able  
6 to solve our staffing emergency.

7 MR. SEEREITER: Senator, I'd offer  
8 here that I think the prioritization point  
9 from before applies here. It's not one year  
10 of fixes, it's going to be multiple years of  
11 fixes.

12 And as an environment changes, and as  
13 that environment -- I mean, look at  
14 inflation. I mean, if inflation continues to

15 do what it's doing now, we're going to need

16 to have a very different conversation in a

17 year or two. It's not like just picking a

18 number and sticking with it, it's more of

19 making sure that this remains -- these issues

20 remain top-of-mind as we are talking about

21 the budget for New York State and making sure

22 that the services and supports for people

23 with I/DD are there for years to come.

24 ASSEMBLYMAN RA: Great. I just -- you

1 know, thank you to all of you for your  
2 persistence. And you know you have partners  
3 in the Legislature who are going to keep this  
4 at the forefront. And it's great to be  
5 having this hearing, like I said earlier, you  
6 know, with some optimism that we're finally  
7 moving forward.

8 So thank you.

9 CHAIRWOMAN KRUEGER: Thank you.

10 I think it's still yours, Assembly.

11 CHAIRWOMAN WEINSTEIN: Yes, so we go

12 first to Assemblyman Epstein.

13 ASSEMBLYMAN EPSTEIN: Thank you, Chair

14 Weinstein.

15           And Winnie, I'll try this time again,  
16           okay? So maybe we can talk about more of  
17           what we need to be doing for employment  
18           opportunities for people with disabilities to  
19           create better pathways for all levels of  
20           employment. And I know we don't have a lot  
21           of time, so ...

22           MS. SCHIFF: I mean, I think the first  
23           place to look is getting people into the  
24           system and helping providers to get them into

1 jobs. So there's so many kind of structural  
2 barriers to eligibility and moving people  
3 from one funding source to another, if it's a  
4 different state agency, like SED, ACCES-VR,  
5 and OPWDD.

6 And just moving from a service like  
7 day habilitation to employment. And I think  
8 what we're working on those things, like  
9 within OPWDD, but we really need a  
10 cross-systems facilitation of getting people  
11 eligible and moving them from one place to  
12 another.

13 And then, for sure, it's helping  
14 students in their last three years of high

15 school prepare for employment by getting them

16 engaged with providers of adult services and

17 employment services particularly.

18 ASSEMBLYMAN EPSTEIN: And just so I

19 can just go on. So are there enough

20 resources? I know we're hearing a lot about

21 resources and we're doing better this year

22 than we've seen. But are there really

23 targeted resources that we could be doing

24 here?

1 MS. SCHIFF: So the other thing that I  
2 was mentioning before is that while DSPs need  
3 salary increases, employment staff have a  
4 more specialized, nuanced job that really  
5 requires additional skills. They have to  
6 have excellent communication skills, and  
7 they're really doing a lot of fine analysis  
8 and teaching and just facilitating the whole  
9 process. Not to mention the whole consumer  
10 service. We're relying on the business  
11 community to hire the qualified employees  
12 with disabilities. So those staff salaries  
13 should even be higher.

14 ASSEMBLYMAN EPSTEIN: Okay. So

15 centralized process system, that would be  
16 really helpful. Additional resources to help  
17 get people in high school into these job  
18 training programs or readiness programs.  
19 additional money for resources as they go  
20 through college and beyond.

21 Is there anything else missing from  
22 that piece of the puzzle that we are -- that  
23 you see that we don't see?

24 MS. SCHIFF: Well, I mean, I think

1 pilot programs, especially those that are  
2 tailored to the expertise of particular  
3 providers. Because we've got tons of  
4 experience, many of us have been placing  
5 people in jobs for 35 and 40 years, and we  
6 have ideas about how to do things differently  
7 and better. And I think that the pilot  
8 programs is a great way to do something  
9 that's replicatable.

10 ASSEMBLYMAN EPSTEIN: Thank you.

11 And I know I'm almost out of time, so  
12 thank you, Chair. And thank you for  
13 answering those questions.

14 MS. SCHIFF: Thank you.

15 CHAIRWOMAN WEINSTEIN: Thank you.

16 We go to Assemblyman Burdick.

17 ASSEMBLYMAN BURDICK: Thanks very

18 much. And thanks to all of the panelists.

19 You are doing heroes' work in continuing to

20 advocate, and I think the timing is exquisite

21 of a real opportunity that we have with the

22 new administration. So please, keep that up.

23 I just have a couple of questions

24 here. One's a quick one, for Michael

1 Seereiter, and maybe you can just email it to  
2 me: Just the Assembly bill number that's the  
3 companion to John Mannion's bill on tax  
4 incentives --

5 MR. SEEREITER: I do not believe  
6 there's an Assembly same-as.

7 ASSEMBLYMAN BURDICK: Okay, well,  
8 contact me. Maybe -- I work with John all  
9 the time. Maybe -- maybe I'll carry it.

10 MR. SEEREITER: Thank you.

11 ASSEMBLYMAN BURDICK: To Winifred  
12 Schiff, you mentioned the need to work in the  
13 last three years of school.

14 Do you think that it would be helpful

15 to expand the transitional services of  
16 ACCES-VR working with school districts to  
17 help in that regard?

18 MS. SCHIFF: Absolutely. And what I  
19 didn't say is that providers can work with  
20 students in their last three years, but they  
21 can't get paid for providing those services  
22 during the school day, and that's what makes  
23 it hard.

24 So if we could, through ACCES-VR,

1 solve that problem, it would go a long way to  
2 getting more students -- they would graduate  
3 with jobs. And then all we would have to do  
4 is support them in those jobs. Because they  
5 can get all kinds of great experience while  
6 they're in school and get jobs.

7 ASSEMBLYMAN BURDICK: Great.

8 And George Contos, just a quick  
9 question for you. You -- if I understood you  
10 correctly, you're a little concerned about  
11 the language in the Fair Pay for Home Care  
12 bill, which I'm cosponsoring. Do you feel  
13 that we need to clarify that, to expand it?

14 MR. CONTOS: Well, not being an

15 expert -- you know, so I'll start with that.

16 But I believe, from what I've been told and

17 from the conversations I've had, there's a

18 little bit of a lack of clear definition as

19 to whether or not the OPWDD frontline staff

20 would fall --

21 ASSEMBLYMAN BURDICK: Would be

22 covered?

23 MR. CONTOS: Yes. And -- and --

24 ASSEMBLYMAN BURDICK: Okay, so that --

1 I'm sorry, I only have a minute or two.

2 Here's what I might suggest on that.

3 If you'd please work with others that are

4 looking at this and let us know. Because

5 those that are in this, members of the Senate

6 and the Assembly, I know would be very

7 interested in looking at this to see if

8 something needs to be modified.

9 And whatever you find, if you could

10 provide it to the chairs, Chair Krueger and

11 Chair Weinstein, then they would be providing

12 it to other members of the Legislature. That

13 would be very helpful.

14 MR. CONTOS: Of course.

15 ASSEMBLYMAN BURDICK: Thank you so  
16 much. And thank you again, all of you, for  
17 your advocacy.

18 MR. SEEREITER: Assemblyman Burdick, I  
19 need to correct the record. It was Assembly  
20 9200, I believe is the Assembly same-as for  
21 the tax credit bill.

22 CHAIRWOMAN KRUEGER: Thank you.

23 And thank you, Chris Burdick, for  
24 being trained so well to make sure everybody

1 knows to get the copies to Helene and I as

2 well. Thank you.

3 CHAIRWOMAN WEINSTEIN: We have no

4 other questioners.

5 CHAIRWOMAN KRUEGER: I guess I have

6 just one question for this panel.

7 So there's been discussion at various

8 times about sending younger people out of

9 state when we don't have the right services

10 and programs here. Do you think we're making

11 any progress in getting the right match for

12 our own citizens so that we don't have to

13 keep sending people so far away from their

14 families? Are there models, pilots, anything

15 out there that are working?

16 MS. SCHIFF: You first, Michael?

17 MR. SEEREITER: No, go ahead.

18 MS. SCHIFF: I was just going to say

19 that the tuition that the out-of-state

20 schools charge is way higher than what

21 New York State pays for our residential

22 school placements.

23 If we raise the rate a little bit,

24 then we could provide the intensive services

1 that some of these students need, and keep  
2 them in-state.

3 So as it stands, there aren't enough  
4 opportunities and there sometimes isn't  
5 enough support for certain people who have  
6 really high needs.

7 MR. SEEREITER: I would echo that  
8 similarly, Senator. I think we have made  
9 little progress on that front, but I think we  
10 have some of the tools that we need to be  
11 able to make some progress, including things  
12 like moving toward an acuity-based rate  
13 structure for services in the OPWDD sector  
14 that would adequately and appropriately

15 reflect the needs of individuals with complex

16 needs.

17 There are many provider organizations

18 that I think are more than willing to stand

19 up and support individuals with more complex

20 needs, but they need adequate reimbursement

21 to be able to do so safely and appropriately.

22 I think if we can start to move some of those

23 administrative pieces of this puzzle around,

24 we can probably start to make some progress

1 on that front.

2 CHAIRWOMAN KRUEGER: And you're  
3 reinforcing something I believed I knew, that  
4 we are prepared to pay much more when we send  
5 them out of state. So that while we always  
6 claim it's a monetary issue, we could  
7 actually conceivably save money and keep  
8 people closer to their families and their  
9 homes.

10 And of course one of the issues with  
11 out-of-state placements is we have no  
12 regulatory authority over what's really  
13 happening once they go there. They're no  
14 longer in New York State and might not even

15 let us come and visit.

16 So you are confirming my concern and

17 that there is an answer.

18 MS. SCHIFF: And we get no federal

19 Medicaid match either.

20 CHAIRWOMAN KRUEGER: Ah, thank you.

21 MR. GEIZER: So, Senator, I would

22 agree. And by -- you know, whether or not we

23 would save money by keeping individuals who

24 are complex here in New York -- I think we

1 would save money. But even if we didn't, we  
2 would be investing into New York State  
3 providers and supporting them to continue to  
4 build up programs that can support more  
5 complex individuals.

6 So it's -- from my perspective, it's a  
7 win/win.

8 CHAIRWOMAN KRUEGER: Thank you all for  
9 that. Thank you all for your work.

10 If there are no other -- oh, I see  
11 Aileen Gunther has her hand up, Helene.

12 CHAIRWOMAN WEINSTEIN: Yes, she does.

13 ASSEMBLYWOMAN GUNTHER: You know, as I  
14 listen to the conversation -- I talked to a

15 gentleman that runs a center for people with

16 disabilities, and I think that one of the

17 major investments they have to make in

18 New York State is building facilities so

19 that -- right now many of the facilities have

20 bed blockers. They can't move their adult --

21 their adult folks into a permanent residence

22 because there are no residences available.

23 And what's happening now is we're

24 sending them out of state, spending boatloads

1 of money, double what you'd spend in New York  
2 State, rather than making the assessment now  
3 in New York State. It's a very big problem.  
4 It's been going on, Winnie, for 10 years  
5 right now. Nobody's listening. Nobody's  
6 counting their pennies.

7 And, you know, it's a much more  
8 efficient way to do business. Plus there's a  
9 relationship with the family that loves you.

10 So this is just -- it's kind of a travesty  
11 what's happening right now. And, you know,  
12 we've called -- I mean, I've talked to people  
13 till I'm blue in the face. We -- me and Mike  
14 Martucci, we represent the Center for

15 Discovery. They have a ton of older, elder  
16 people. They're -- you know, you have a  
17 24-year-old with a 7-year-old child. It's an  
18 inappropriate placement. But because of the  
19 blood -- bred -- bed blockers -- it's like  
20 a -- it's a twist to my language -- there's  
21 nothing to do.

22 So I think that in the future one of  
23 the goals we should have is building those  
24 facilities for people that have come into

1 adulthood that belong in a different space  
2 than with a bunch of young children. And I  
3 think it's the most important thing we can do  
4 for people with disabilities, and we need to  
5 do it right away. And we've been talking  
6 about it for a while, Winnie. You know.  
7 It's really -- and it's so stupid. We're  
8 spending so much money. It's the dumbest  
9 thing I've ever seen in my life.

10 It's like you've got to put the  
11 initial investment in, and then we're going  
12 to be clear sailing -- or better sailing.

13 That's all.

14 CHAIRWOMAN KRUEGER: Well, I think

15 that's a very good place for us to end this

16 hearing, Aileen Gunther. Unless Helene has

17 another hand up somewhere that I missed --

18 CHAIRWOMAN WEINSTEIN: No, we do not.

19 I just want to thank this panel as

20 well as all the other witnesses who were with

21 us -- and the commissioners -- today.

22 CHAIRWOMAN KRUEGER: I want to join

23 you in thanking all the panelists from the

24 final panel and all the rest of the panels

1 today. You know, it's a lot of meat when you  
2 put all these issues together in one hearing.

3 Although I do think they go together.

4 So I want to thank you all. I want to  
5 close down this hearing and tell everyone not  
6 to worry, you can come back 9:30 tomorrow  
7 morning for the Transportation hearing. And  
8 then Wednesday we'll have our final two  
9 hearings of this season's budget -- I don't  
10 know, is it like a -- it's not a rush, but  
11 what do you call it? It's a 26-mile run, the  
12 budget hearings. So we will complete then  
13 sometime Wednesday evening.

14 With that, thank you very much,

15 everyone, for your participation. Thanks,  
16 staff of the Senate and Assembly, for making  
17 sure this all works every day. And we'll see  
18 you all tomorrow. Bye.

19 (Whereupon, the budget hearing  
20 concluded at 5:14 p.m.)

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