1 BEFORE THE NEW YORK STATE SENATE FINANCE
AND WAYS AND MEANS COMMITTEES
2 --

3 JOINT LEGISLATIVE HEARING

4 In the Matter of the
2021-2022 EXECUTIVE BUDGET ON
5 MENTAL HYGIENE

6 --

7

8 Virtual Hearing
Conducted via Zoom
9
February 5, 2021
10 9:36 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

1 2021-2022 Executive Budget
Mental Hygiene
2 2-5-21

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

10 Assemblyman Michael Cusick

11 Senator Diane J. Savino

12 Assemblyman Angelo Santabarbara

13 Senator John Liu

14 Assemblywoman Melissa Miller

15 Senator Gustavo Rivera

16 Assemblywoman Mary Beth Walsh

17 Senator Sue Serino

18 Assemblywoman Chantel Jackson

19 Senator Anthony H. Palumbo

20 Assemblyman Khaleel M. Anderson

21 Assemblywoman Vivian E. Cook

22 Senator Roxanne J. Persaud

23 Assemblyman Harry B. Bronson

24

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3 PRESENT: (Continued)

4 Assemblyman Jeffrion L. Aubry

5 Senator Robert G. Ortt

6 Assemblyman Harvey Epstein

7 Assemblywoman Carmen N. De La Rosa

8 Senator John E. Brooks

9 Assemblyman William Colton

10 Assemblyman Chris Burdick

11 Assemblywoman Judy Griffin

12 Assemblyman Erik M. Dilan

13 Senator James Tedisco

14 Assemblywoman Rebecca A. Seawright

15 Assemblyman Kenneth Zebrowski

16 Senator Peter Oberacker

17 Assemblyman Jarett Gandolfo

18 Assemblywoman Mathylde Frontus

19 Assemblyman Keith P. Brown

20 Assemblyman Edward C. Braunstein

21 Senator Simcha Felder

22 Assemblywoman Diana C. Richardson

23 Assemblywoman Karen McMahon

24

2021-2022 Executive Budget
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1 CHAIRWOMAN KRUEGER: Good morning. My
2 name is Liz Krueger. I'm the chair of the
3 Senate Finance Committee. And my partner in
4 these dual hearings is Helene Weinstein,
5 chair of Assembly Ways and Means.
6 Today is Friday, February 5th, it's
7 9:30. We're having our seventh virtual joint
8 legislative hearing on the 2021 Executive
9 Budget, the sections of the budget that
10 relate to mental hygiene.
11 Let's see. Just -- I got out of order
12 already, which is fine. These hearings are
13 conducted pursuant to the New York State
14 Constitution and Legislative Law.
15 Today the Senate Finance Committee and
16 the Assembly Ways and Means Committee will
17 hear testimony concerning the Governor's
18 proposed budget for the Office of Mental
19 Health, the Office for People With
20 Developmental Disabilities, the Office for
21 Addiction Services and Supports, and the
22 Justice Center for the Protection of People
23 With Special Needs.
24 Following each testimony there will be

1 some time for questions from the chairs of
2 the fiscal committees and other legislators
3 on the relevant committees for today's
4 hearing.
5 I will now introduce members from the
6 Senate and Assembly. And Assemblymember
7 Helene Weinstein, chair of Ways and Means,
8 will introduce members from the Assembly. I
9 will also then be, in between, introducing
10 Senator Tom O'Mara, ranking member of the
11 Senate Finance Committee, who will introduce
12 members from his conference, and the Assembly
13 will follow suit.
14 We have lots of Senators here already
15 today. So, let's see, I see Pete Harckham,
16 chair of Alcoholism and Substance Abuse;
17 Roxanne Persaud, John Mannion, John Liu, John
18 Brooks. Continuing along, Diane Savino. I
19 think that's the Senate Democrats so far.
20 But as more people come online, we
21 will be introducing them during the course of
22 the hearing.
23 And why don't I just quickly hand it
24 to Tom O'Mara, ranker on Finance, to

1 introduce the other members of his
2 conference.
3 (Zoom interruption.)
4 CHAIRWOMAN KRUEGER: Mute your phone.
5 SENATOR O'MARA: Good morning. Thank
6 you, Chairwoman Krueger.
7 We are joined on our side this morning
8 by our Republican Minority Leader Rob Ortt.
9 We're still waiting for a couple other of our
10 members to join us, and I will announce them
11 as they do. So thank you, and good morning.
12 CHAIRWOMAN KRUEGER: Good morning.
13 Thank you.
14 And again, just to clarify for
15 everyone, because we have so many
16 representatives of the government today, that
17 when you are the chair for the relevant
18 committee, you get 10 minutes to ask
19 questions. But since we have technically
20 chairs of multiple committees here, you only
21 get -- please mute yourself if you're not
22 actually supposed to be talking on-screen.
23 Thank you.
24 So, for example, Ann Sullivan will be

1 the first commissioner to testify for the
2 Office of Mental Health. Then we will let
3 the others testify. So we'll go through the
4 four commissioners first, and then we will
5 take the questions from the chairs and
6 rankers and then other legislators.
7 So for those of us who are just
8 listening, let's just get comfortable for a
9 while. And the clock is set for 10 minutes,
10 Commissioner --
11 CHAIRWOMAN WEINSTEIN: Uh --
12 CHAIRWOMAN KRUEGER: Oh, I'm so sorry.
13 I'm not doing any of that now. I'm first
14 handing it to Helene Weinstein to introduce
15 the Assemblymembers. I apologize. More
16 coffee this morning.
17 CHAIRWOMAN WEINSTEIN: Thank you,
18 Senator.
19 So we have with us Assemblywoman
20 Gunther, chair of our Mental Health
21 Committee, Assemblyman Phil Steck, chair of
22 our Alcoholism Committee, Assemblyman
23 Abinanti, chair of our Disabilities
24 Committee; Assemblyman Anderson, Assemblyman

1 Aubry, Assemblyman Bronson, Assemblyman
2 Burdick, Assemblywoman Cook, Assemblyman
3 Cusick, Assemblyman Dilan, Assemblyman
4 Epstein, Assemblywoman Griffin, Assemblyman
5 Santabarbara, Assemblywoman Seawright, and
6 Assemblyman Zebrowski. And I'm sure there
7 will be more members joining us.
8 Now I'd like to just turn it to our
9 ranker on Ways and Means to introduce the
10 members of his conference before we begin.
11 ASSEMBLYMAN RA: Sorry, I was muted.
12 Good morning.
13 We are joined by Assemblywoman Missy
14 Miller, who is our ranker on the Disabilities
15 Committee; Assemblyman Jarett Gandolfo, who
16 is our ranker on Mental Health; as well as
17 Assemblywoman Mary Beth Walsh. And I think
18 our ranker on the Alcoholism Committee,
19 Assemblyman Keith Brown, will be joining us
20 shortly as well.
21 CHAIRWOMAN KRUEGER: Great, thank you.
22 And we've also been joined by Senator
23 Samra Brouk. So good morning.
24 And also -- he's an Assemblymember,

1 but my Assemblymember in my district as well,
2 so happy birthday, Harvey Epstein. And I'm
3 glad that you are spending your birthday with
4 us.
5 On that note, we have Commissioner --
6 I'll read all their names now, just so you
7 know who to be expecting. But we have
8 Ann Marie Sullivan, commissioner of the
9 Office of Mental Health, first. Dr. Theodore
10 Kastner, commissioner of the Office for
11 People With Developmental Disabilities. Then
12 Arlene Gonzalez-Sanchez, commissioner of the
13 Office of Addiction Services and Supports.
14 Then followed by Denise Miranda, executive
15 director, Justice Center for the Protection
16 of People With Special Needs.
17 And we're going to be starting with
18 Ann Marie Sullivan, from the Office of
19 Mental Health. Please put 10 minutes on the
20 clock.
21 Good morning, Commissioner.
22 OMH COMMISSIONER SULLIVAN: Good
23 morning. Good morning. I am Dr. Ann
24 Sullivan, commissioner of the New York State

1 Office of Mental Health.
2 Chairs Krueger, Weinstein, Brouk,
3 Gunther and members of the respective
4 committee, I want to thank you for the
5 invitation to address OMH's 2021-'22 proposed
6 budget.
7 From the very beginning of the
8 COVID-19 pandemic, the Office of Mental
9 Health developed and promoted resources to
10 help New Yorkers manage the stress,
11 depression and anxiety that often accompany a
12 crisis situation. In March of last year, at
13 the direction of Governor Cuomo, we initiated
14 the COVID-19 Emotional Support Helpline. The
15 helpline provided guidance on managing
16 anxiety, dealing with loss, strengthening
17 coping skills, and referrals for community
18 mental health services when needed.
19 Today, thanks to a grant from the
20 FEMA, the New York Project Hope Emotional
21 Support Helpline is staffed by crisis
22 counselors who continue to provide free,
23 confidential, and anonymous counseling. To
24 date, the helpline has handled more than

1 50,000 calls from New Yorkers seeking help,
2 including non-English-speaking individuals
3 and individuals who are deaf or hard of
4 hearing.
5 Through the Project Hope grant, we are
6 also initiating more intensive crisis
7 counseling services throughout
8 community-based agencies located in New York
9 City and the seven counties across the state
10 most severely impacted by COVID-19. And
11 crisis counselors will still be available to
12 all New Yorkers through the helpline.
13 OMH also developed and distributed
14 guidance and educational materials for
15 New Yorkers on managing anxiety and staying
16 safe during these anxious times. OMH also
17 implemented "Coping Circles," the first
18 program of its kind in the nation, which
19 provided free six-week support and resilience
20 virtual group sessions.
21 In addition, OMH continuously monitors
22 and assesses the needs of the most
23 vulnerable, who predominantly use the public
24 mental health system, as well as the needs of

1 all New Yorkers, especially during this
2 ongoing pandemic. We employ various sources
3 of data in this effort, including but not
4 limited to data claims, hospital emergency
5 room and inpatient bed utilization,
6 state-operated referrals and bed utilization,
7 clinic appointments and utilization in the
8 voluntary provider system, and prescription
9 orders and refills.
10 And of course throughout the pandemic
11 we have continuously communicated with our
12 partners, community-based providers,
13 advocates and other stakeholders to provide
14 guidance on infection control, utilizing
15 telehealth, regulatory changes in response to
16 COVID, and other issues.
17 OMH surveyed recipients of care to
18 ascertain the impact of COVID-19 on their
19 lives and access to care. The survey found
20 that 89 percent of the more than
21 6,000 respondents participated in telehealth
22 services, and 85 percent indicated that
23 telehealth was easy and effective. Overall,
24 there are positive findings to suggest that

1 access to care, including telehealth,
2 medications, and physical health care, were
3 largely uninterrupted, and telehealth claims
4 from licensed OMH clinics increased from
5 35 percent of claims in March of 2020 to 90
6 percent of claims in April of 2020.
7 The Governor proposes comprehensive
8 telehealth reform to help New Yorkers take
9 advantage of telehealth tools. These reforms
10 will address key issues like eliminating
11 outdated regulatory prohibitions on the
12 delivery of telehealth, removing outdated
13 location requirements, addressing technical
14 unease among both patients and providers
15 through training programs, and establishing
16 other programs to incentivize innovative uses
17 of telehealth.
18 In accordance with the longstanding
19 agreement with the Legislature to efficiently
20 utilize taxpayer dollars within our state
21 hospital system, OMH continues to right-size
22 our state hospitals by closing inpatient beds
23 which are vacant for 90 days or more. Since
24 2014, more than $100 million has been

1 reinvested into community-based mental health
2 services across New York State.
3 OMH has been able to provide services
4 to nearly 125,000 new individuals, bringing
5 the total to over 800,000 people served in
6 the public mental health system through a
7 myriad of community-based services. Because
8 these services are available, New Yorkers can
9 get the support they need to avoid
10 hospitalization, access inpatient services
11 only when needed, and live successfully in
12 their communities.
13 However, fiscal challenges confronting
14 the state require the proposed budget to
15 temporarily not withstand the Reinvestment
16 Act of 2021-'22, meaning that the reduction
17 of vacant beds will not realize reinvestment
18 in this fiscal year, but savings associated
19 with these closures will be honored in the
20 outyears.
21 The budget continues the $20 million
22 investment from FY 2021 supporting existing
23 residential programs, a part of the
24 cumulative increase of $70 million annually

1 since FY 2015. In addition, $60 million in
2 capital funding will preserve community-based
3 housing. The budget also includes full
4 support for the residential pipeline,
5 including 900 new beds coming online.
6 The Empire State Supportive Housing
7 Initiative has allocated resources to support
8 over 5,000 housing units since 2016, of which
9 approximately 1500 units are for individuals
10 with serious mental illness. And the
11 commitment to ESSHI continues.
12 To better serve New Yorkers, the state
13 has partnered with John Hopkins University to
14 develop a comprehensive crisis response
15 system. The budget authorizes the launch of
16 Behavioral Health Crisis Stabilization
17 Centers. On average, more than 100,000
18 individuals per year benefit from crisis
19 intervention services. These centers will be
20 open 24/7 and accept all admissions,
21 including drop-offs by law enforcement and
22 other first responders.
23 The budget continues implementation of
24 the $50 million for capital investments to

1 expand crisis capacity. Additionally, this
2 effort will also involve training of police
3 officers and first responders to divert
4 individuals they encounter toward crisis
5 services rather than jails and emergency
6 rooms, providing stabilization and
7 reintegration for individuals in crisis.
8 To better serve individuals with
9 addiction and mental illness, the Executive
10 Budget integrates the Office of Mental Health
11 and the Office of Addiction Services and
12 Supports into a new Office of Addiction and
13 Mental Health Services. OMH and OASAS
14 jointly held statewide listening sessions in
15 the fall, with over 160 stakeholders
16 providing testimony and comments. Overall,
17 the vast majority of participants were
18 supportive of integrating the two systems.
19 This budget proposal continues the
20 collaborative work OASAS and OMH have
21 undertaken over the past eight years to
22 better coordinate and ensure access to care.
23 To support the significant number of
24 people with co-occurring disorders, and to

1 create important government efficiencies, the
2 Governor's budget also proposes legislation
3 to enable outpatient providers to more easily
4 integrate physical health care with mental
5 health and addiction services. The
6 legislation will establish a single license
7 authorizing the licensee to provide a full
8 array of physical, addiction, and mental
9 health services.
10 Additionally, OMH and OASAS have been
11 working together with the Department of
12 Health and the Department of Financial
13 Services to implement a strong regulatory
14 framework to ensure insurers comply with
15 parity and that they are using appropriate
16 criteria to make coverage determinations for
17 addiction and mental health services. The
18 joint parity oversight and enforcement
19 efforts have been strengthened by the Parity
20 Reporting Act, under which insurers will
21 submit information about claims denials and
22 reimbursement rates in 2021.
23 School-based mental health clinics are
24 another area where New York State continues

1 to increase access to treatment by providing
2 services on-site. Currently there are almost
3 900 school-based mental health clinics in New
4 York State -- and four years ago, there were
5 less than 300.
6 The budget again includes funding to
7 support the School Mental Health Resource and
8 Training Center that has reached over 35,000
9 teachers, students, families and community
10 members, providing education and information
11 to support mental health and wellness in
12 schools.
13 Suicide prevention must be a priority
14 issue. OMH has partnered with state agencies
15 and communities to implement recommendations
16 from the Governor's Suicide Prevention Task
17 Force. The task force also identified gaps
18 in suicide prevention efforts and made
19 recommendations for at-risk populations where
20 increased engagement efforts are needed,
21 including Latina youth, the LGBTQ community,
22 Black youth, veterans, and individuals living
23 in rural communities.
24 Finally, OMH's goal is to increase

1 access to prevention and community services
2 prior to the need for more intensive and
3 costlier care. For those who continue to
4 need inpatient hospitalization, New York
5 State has the highest number of psychiatric
6 inpatient beds per capita of any large state
7 in the nation, and we will continue to
8 preserve access to inpatient care as we
9 transform the system.
10 Again, thank you for this opportunity
11 to report on our efforts to support and
12 continue the work that we have jointly
13 embarked upon to transform New York's mental
14 health system.
15 Thank you.
16 CHAIRWOMAN KRUEGER: Thank you very
17 much, Commissioner.
18 You know what, I was just having a
19 discussion with my colleague. I think
20 normally in this hearing we allow each of you
21 to testify and then the questions in between
22 you, so I think we're going to shift to that
23 and allow people to ask questions of you, and
24 then we'll go on to the next commissioner and

1 the next commissioner, et cetera.
2 So in explaining that, I want to
3 clarify, again, that for the questions of the
4 Mental Health commissioner, Senator Brouk and
5 then Assemblywoman Gunther each get 10
6 minutes to ask questions, followed by the
7 rankers on the committee getting five minutes
8 each.
9 And since we're joined by the
10 Minority Leader today, he will also have five
11 minutes. I don't know whether he chooses to
12 use that with any group of people or any
13 commissioner, but I just wanted to state that
14 for the record also.
15 So with that, I'm going to hand it
16 over to Senator Samra Brouk.
17 Put the clock on 10 minutes. Thank
18 you.
19 SENATOR BROUK: Thank you so much,
20 Senator Krueger. And thank you so much,
21 Commissioner Sullivan. Good morning. Thank
22 you for all the work that you and your office
23 do, especially during this really tough time
24 that we have.

1 On that note, I want to acknowledge
2 the moment that we're in right now. We've
3 living in the middle of the COVID pandemic,
4 but as you mentioned we're also seeing a
5 mental health pandemic. New Yorkers are
6 struggling with feelings of isolation, fear
7 and anxiety. We're seeing record increases
8 in depression, suicide attempts and
9 overdoses. And we're also facing a reckoning
10 around racial justice. And I think in
11 particular relevance to our work here today,
12 we're facing an inflexion point about how our
13 law enforcement systems respond to people in
14 moments of this mental health crisis.
15 As many of you know, today marks one
16 week since a 9-year-old Black girl in my City
17 of Rochester was handcuffed, pepper-sprayed,
18 and put in the back of a police car during a
19 mental health crisis. We've all seen the
20 footage, and we're outraged. And now our
21 mental health system will be left to address
22 the hurt and trauma that was inflicted on
23 this little girl. The wounds we're making
24 today are the trauma, illness and addiction

1 that we must treat in the decades to come.
2 I bring this up to say that the work
3 we do here today at this budget hearing
4 matters. It matters what programs we're
5 funding, where we locate our services, how
6 much we reimburse our providers, and it
7 matters if culturally competent care is
8 available to our most vulnerable populations.
9 This week, with the support of our
10 community, we introduce two pieces of
11 legislation, one that would ban chemical
12 irritants on minors, and the second, which is
13 Daniel's Law, in the name of Daniel Prude,
14 who died last year in police custody while
15 having a mental health crisis. It outlines
16 how New Yorkers experiencing crises like
17 this, or substance abuse crises, can be
18 better served with a public health response.
19 So we begin today's work today holding
20 that little girl in Rochester in our heart,
21 because her care and support will determine
22 our future. And we're holding Daniel Prude
23 and his family in our heart, because this
24 work here today matters deeply to the people

1 not only in my community, but it matters to
2 all New Yorkers.
3 So with that, I have several questions
4 for you this morning, and we'll get through
5 as many as we can. The first is in order to
6 save some time, I have a request for some
7 information. I, along with some of my
8 colleagues, have concerns about the closing
9 and moving of the inpatient beds from the
10 Rockland Children's Psychiatric Center, and
11 as you talked about the suspension of the
12 reinvestment requirements for closing OMH
13 facilities.
14 Would you be able to follow up with
15 the following information for the past three
16 years? I'm looking for bed census data,
17 including counties where children are
18 admitted from, data on hospital referrals to
19 RCPC within the catchment area, waitlists at
20 hospitals while waiting for a bed space,
21 readmission data at the Rockland Children's
22 Psychiatric Center, and staffing data.
23 Instead of using our time today, would you be
24 willing to follow up and give us that

1 information?
2 OMH COMMISSIONER SULLIVAN: I can get
3 that to you right away, Senator. And any
4 other information you'd like to see. Thank
5 you so much, yes.
6 SENATOR BROUK: Thank you so much,
7 Commissioner. And so I want to keep going on
8 that.
9 You know, the other thing that has
10 come up of concern is -- and you mentioned
11 this. I know we're in a dire budget
12 situation in this state. But this suspension
13 of the reinvestment statute may be used to
14 close this one Children's Psychiatric Center,
15 but it's also suspended statewide and for an
16 entire year. So I'm wondering, does OMH plan
17 on closing any other facilities in the state
18 under this suspension?
19 COMMISSIONER SULLIVAN: No,
20 absolutely -- there's no other facilities
21 that are planned to be closed.
22 And just to clarify, while we are
23 converting Rockland Children's from an
24 inpatient facility to community-based

1 services, the 15 beds at Rockland Children's
2 will still be there; they will be in the
3 Bronx Psychiatric Center. So it's not
4 actually a closure, it's a conversion
5 redesign of the center, with the beds moving
6 to another location.
7 But no, there are absolutely no other
8 plans for any other -- no closures in the
9 mental health system. No, absolutely not.
10 SENATOR BROUK: So on that topic as
11 well, normally we would see this reinvestment
12 in the community. So how much is the total
13 reinvestment that would have been made in
14 this community that they won't be able to
15 realize this year?
16 COMMISSIONER SULLIVAN: It's about $22
17 million. It's $110,000 for every bed that is
18 closed, is what it's traditionally been for a
19 reinvestment. So this would be $22 million.
20 And the $22 million will be in the
21 future budgets -- or future budgets next
22 budget years and will be continued with after
23 that. But no, yes, it's $22 million.
24 We've had $100 million so far, over

1 the past five years, reinvested into the
2 community total, because of closures of beds
3 at OMH. And all that money is out there and
4 being utilized.
5 SENATOR BROUK: Yeah, I would imagine.
6 Thank you for sharing that.
7 OMH COMMISSIONER SULLIVAN: Sure.
8 Sure.
9 SENATOR BROUK: And so thank you, I
10 appreciate that question. And since we're
11 getting that follow-up information, I'll
12 leave that there.
13 The other question I wanted to bring
14 up is -- you know, I mentioned that we have
15 just introduced this legislation around
16 community response to individuals in a moment
17 of crisis. And so it really brings up the
18 fact that we're trying to create this in some
19 ways continuum of care for people in crisis.
20 And so I want to dig in a little bit into
21 these crisis stabilization centers.
22 Are there other states that have
23 created centers like this that we can look at
24 and see what their -- the positive impact

1 it's had?
2 COMMISSIONER SULLIVAN: Yes. The
3 crisis -- I would think about a quarter of
4 the states have crisis stabilization centers.
5 Arizona is one of the ones that has the most
6 developed system. Texas, interestingly, also
7 has a pretty developed system.
8 And we've looked at what is in those
9 other states, and that's part of the design
10 that we will be using to develop our crisis
11 stabilization centers. Also some experience
12 that we've had with the center -- for
13 example, the DASH center on Long Island, and
14 one of the upstate centers. So we -- yes,
15 we're gathering information from across the
16 country.
17 And the crisis stabilization centers
18 are felt to be a really critical piece of the
19 crisis system in New York. We do have a fair
20 amount of mobile crisis services, but where
21 those mobile crisis services interact has
22 often been -- with someone in acute distress,
23 it might be an emergency room, which you
24 don't want to do.

1 So really the crisis stabilization
2 centers offer that other opportunity and help
3 fill the crisis continuum, which is so, so
4 critical. You need mobile ability, you need
5 crisis stabilization centers, you need a
6 call-in center where calls are received and
7 appropriately triaged, and then you need the
8 continuum of care after from the crisis
9 stabilization center, with things like
10 intensive outpatient clinics and other
11 in-person services that will be available
12 through the clinic system.
13 SENATOR BROUK: Okay. So if I'm
14 understanding that correctly, this would not
15 be a place per se that might feed into the
16 carceral system. If anything, you would feed
17 folks into these other kind of intensive
18 outpatient programs or something like that to
19 continue getting the care they need.
20 COMMISSIONER SULLIVAN: Absolutely.
21 Absolutely. And we have an array of -- we
22 have, for example, outpatient intensive --
23 well, partial hospitalization programs, which
24 are outpatient. We also have intensive

1 outpatient, which can give you daily services
2 for a while, which many need. We have crisis
3 residence beds, where individuals could stay
4 overnight. And those are being expanded in
5 the budget as well and will be linked to the
6 crisis stabilization centers.
7 So -- and then we have, of course, all
8 the long-term housing and everything else
9 that we have established over time.
10 But it's building all those crisis
11 supports that's really critical to make the
12 system work. Because it -- it's not -- you
13 really have to have the backbone of that
14 continuum, as you said, Senator.
15 Just answering crisis calls isn't as helpful
16 if you don't have that in place. And that's
17 what we're building.
18 SENATOR BROUK: That's helpful. Thank
19 you.
20 And we'll see if we can get this last
21 question in in our last couple of minutes.
22 The other thing that I wanted to highlight
23 was this expansion of the criteria for
24 involuntarily committing someone. A lot of

1 folks I've talked to have different thoughts
2 about what this means. There might be pros,
3 there might be cons. But the one central
4 thing is there is this concern about a
5 violation of someone's individual civil
6 rights to move from, you know, quote, likely
7 to cause harm to serious harm, to going to
8 substantial risk of being unable to provide
9 food, clothing, shelter or personal safety,
10 which is a very broad definition and
11 criteria.
12 My concern is that historically
13 anytime there's measures like these there are
14 folks who get disproportionately targeted and
15 end up -- this kind of criteria may be used
16 on. So I just want you to speak to what
17 measures OMH can take to ensure that doesn't
18 happen and that we're still only committing
19 folks who truly need that kind of level of
20 support and services.
21 COMMISSIONER SULLIVAN: Well, thank
22 you. This is a very important question. And
23 I agree, there's -- you have to be very
24 careful.

1 What was written was written pretty
2 narrowly. It's complete -- complete neglect.
3 It's not, you know, the issue of oh, a little
4 -- you know, an issue of {inaudible}, it's
5 complete neglect of basic needs so as to
6 render the person likely to have a high
7 probability of serious illness, accident
8 or -- illness, accident or death.
9 So the statute, first of all, as a
10 protection is written narrowly. I mean, that
11 is not a statute that if you read that as a
12 definition, a judicial interpretation of
13 substantial harm, that it gives you a lot of
14 leeway -- it's tight.
15 The second piece is that there will be
16 -- we, as the Office of Mental Health, will
17 very carefully work with providers as to what
18 this would mean, and we will look at the use
19 of the statute. And we will keep an eye that
20 it is done only for a very small number of
21 individuals who are at very, very high risk.
22 These are individuals whose medical
23 conditions are putting them at high risk and
24 are not capable of understanding the severity

1 of the illness.
2 For example, someone who's become
3 acutely ill but is living on the street, is
4 refusing all kinds of services, is breathing
5 fast, you know that they might probably have
6 a fever, you know that they might be in
7 danger -- that's the kind of individual you
8 would bring for assessment under the statute.
9 This is a very narrow expansion, but
10 for a very small group of very vulnerable
11 individuals. And we will be watching that
12 and working with our legal staff, et cetera,
13 to make sure that this statute is
14 appropriately implemented if it's passed.
15 SENATOR BROUK: Thank you so much. I
16 look forward to hearing more about that with
17 you, of how we can track and analyze to make
18 sure that it gets implemented correctly.
19 Thanks for your time.
20 COMMISSIONER SULLIVAN: Thank you very
21 much.
22 CHAIRWOMAN KRUEGER: Assembly.
23 CHAIRWOMAN WEINSTEIN: Before we go to
24 our Mental Health chair, I just wanted to

1 acknowledge some of the members who have
2 joined us since we began: Assemblyman
3 Braunstein, Assemblywoman Richardson,
4 Assemblywoman McMahon, and Assemblyman
5 Colton.
6 And I just want to remind my
7 colleagues that if you wish to ask a
8 question, you should use the raise-hand
9 function in Zoom. Also, the chat is enabled,
10 and periodically both myself and
11 Senator Krueger will post the order of our
12 colleagues, the Assembly and Senate
13 respectively, so you can see where we are.
14 With that being said, we go to our
15 chair of Mental Health, Aileen Gunther, for
16 10 minutes.
17 CHAIRWOMAN KRUEGER: And as she starts
18 to speak, I will just note -- sorry -- we've
19 been joined by Senator Gustavo Rivera and on
20 the phone by the Mental Health ranker,
21 Jim Tedisco, who I understand is having some
22 kind of systems problem in wherever he might
23 be today. So I think we just may have him on
24 phone for the day.

1 Thank you, Helene.
2 SENATOR O'MARA: And if I may add,
3 yes, I was going to say that --
4 ASSEMBLYWOMAN GUNTHER: Is this part
5 of my time?
6 SENATOR O'MARA: -- that we've been
7 joined by Senator Peter Oberacker, ranker on
8 Alcohol and Substance Abuse.
9 CHAIRWOMAN KRUEGER: Thank you.
10 No, we did not eat up your time,
11 Aileen, you have your full 10 minutes.
12 ASSEMBLYWOMAN GUNTHER: Good morning.
13 And I'm just going to get to the questions
14 right away, I'm not going to do an opening
15 statement.
16 For the 200 inpatient beds that would
17 be eliminated, where are they and when will
18 they be taken offline?
19 OMH COMMISSIONER SULLIVAN: We --
20 we --
21 ASSEMBLYWOMAN GUNTHER: I just kind of
22 want quick answers because I have quite a few
23 questions. So I only have 10 minutes.
24 OMH COMMISSIONER SULLIVAN: Quick

1 answer, they're all across the system, and we
2 determine them as we have either a 90-day
3 vacancy or longer. So they vary across the
4 entire system.
5 ASSEMBLYWOMAN GUNTHER: Okay. My
6 other question is when you say 90 days or
7 longer, one of the things during COVID, which
8 is going on since March, is that we have
9 avoided putting people in beds in the
10 hospital as much as we can. We also know
11 there's an increase in the number of children
12 and adults that are having mental health
13 issues.
14 So are we going to close these beds --
15 and I don't know where they're going to be
16 closed, but before we evaluate the impact of
17 COVID on the residents of New York?
18 OMH COMMISSIONER SULLIVAN: We're very
19 carefully looking at the need for beds. That
20 includes the -- these are long-term-care beds
21 that are referred from the Article 28s. So
22 we are looking at the need from the Article
23 28s, we monitor that extremely closely, we
24 have been since COVID. And when those

1 beds are needed, they are there for the
2 patients. These are --
3 ASSEMBLYWOMAN GUNTHER: Remember,
4 we're avoiding admitting, so I just -- I want
5 -- we're avoiding admitting and we're
6 watching in a period of a pandemic. So, you
7 know, I don't know that if you're going to
8 delay it an extra year once we have some
9 normalcy in New York State.
10 OMH COMMISSIONER SULLIVAN: Many of
11 the beds we're proposing to close have been
12 vacant for over seven months. We're not
13 talking about brief -- most of them have been
14 vacant for a longer period of time.
15 We watch it very, very closely. We
16 are not avoiding admissions at this point of
17 time. The state hospital system is open. We
18 are expecting admissions across the system.
19 We do very careful admissions, and we monitor
20 for the virus, we do all kinds of testing, we
21 keep people in isolation until they're ready
22 to be part of the community in the hospitals.
23 But we have not decreased the admissions that
24 are needed across the system. That has not

1 happened.
2 ASSEMBLYWOMAN GUNTHER: So I talk to
3 employees of OMH, and they have said that,
4 you know, for some strange reason, even
5 though the incidence of mental health issues
6 are rising, that there has been some
7 hesitancy to admit people. I can understand
8 COVID, but this is not a normal period of
9 time that we should use to make decisions for
10 the future about closing beds.
11 And I also must say that this year's
12 reinvestment of $22 million -- can you tell
13 me what programs that money is going to and
14 this funding would have gone?
15 OMH COMMISSIONER SULLIVAN: Where it
16 will probably go next year will be to enhance
17 the crisis system across the state, will be
18 one use of those dollars.
19 The rest of the use of the dollars, we
20 traditionally work with the counties and we
21 talk with the county mental health directors,
22 and we get information from them about where
23 they have gaps in services and what they will
24 need. So there will be planning at --

1 (Zoom interruption.)
2 UNIDENTIFIED MALE SPEAKER: And that's
3 this year's proposal? We had some Medicaid
4 --
5 OMH COMMISSIONER SULLIVAN: I'm sorry.
6 So basically some of that money will
7 definitely be used for expansion of the
8 crisis services system, which I've talked
9 about in terms of crisis residential, crisis
10 stabilization centers.
11 Another chunk of the money next year
12 would be utilized based on what the
13 communities and the counties need. That's
14 the way we've traditionally done
15 reinvestment, we've talked with the counties
16 about what's important.
17 So I'm assuming a lot of that
18 importance will include crisis services, but
19 sometimes it's also clinic services, other
20 things that they need in the community. So
21 that really is tailored to what's needed
22 across the state.
23 ASSEMBLYWOMAN GUNTHER: Article 28s
24 aren't admitting people, so they're really

1 not referring people to the Article 28s,
2 because they are not admitting.
3 Also, we have Rockland Psych Center.
4 This is a place where children with mental
5 health needs, usually acute needs, are going.
6 And we're hearing that there will be bed
7 closings there.
8 Now, I know that I live in Sullivan,
9 County and then there's Orange County and
10 many other counties that refer children to
11 the Rockland Psych Center. And right now
12 they are not -- those referrals aren't
13 happening. So I feel like we don't have our
14 finger on the pulse of really what's
15 happening in the community.
16 And again, during this time many
17 children out there -- and you know better
18 than I do, Doctor, that when we give psych
19 meds, psych meds are not like the kind of med
20 -- like a blood pressure. We can't measure
21 the efficacy of them; it takes a while. So
22 observation is so very important.
23 So what I'm saying is I think we're
24 putting the cart before the horse. We have

1 not been reinvesting in mental health for a
2 very long time. We have been closing beds.
3 We have an increase of homelessness in
4 New York City and across New York State, and
5 most of these people are impacted by mental
6 health.
7 And I don't understand regarding
8 reinvestment taking money away from really
9 people that are in really tragic situations.
10 And you know what? We have to assess, we
11 have to get down on the streets, we have to
12 talk to counties before we do this. We can't
13 legislate from the top down. We've got to
14 legislate from the bottom up. And we have to
15 talk to people in the field.
16 And I have been talking to them. I
17 have been talking to them, and they're saying
18 we don't have places to put these kids, we're
19 closing the beds, people are losing their
20 jobs in the middle of COVID, and yet we know
21 there's going to be a tsunami coming.
22 OMH COMMISSIONER SULLIVAN: The
23 conversion at Rockland will provide
24 community-based services which are high

1 intensity services, such as crisis
2 residential beds, crisis outreach ACT teams
3 that will serve 500 individuals in that area.
4 So we are actually expanding the services.
5 The inpatient beds will move. They are not
6 closing. The inpatient beds will move. But
7 that --
8 ASSEMBLYWOMAN GUNTHER: Where are they
9 going?
10 OMH COMMISSIONER SULLIVAN: They're
11 going to Bronx Children's Psychiatric Center.
12 So it's a --
13 ASSEMBLYWOMAN GUNTHER: So if I'm a
14 parent of a child and I live in Orange or
15 Sullivan County, the most important thing
16 that we can do during a therapeutic time is
17 have family involvement. How are you going
18 to get people without cars, in the COVID,
19 they're not getting paid, to get on a bus for
20 60 bucks to go down to the Bronx?
21 I certainly -- I'm glad the Bronx is
22 open, but you're not really dealing with
23 people in their community. They have to go
24 back to their community. Where is the

1 community care? Rockland was far enough.
2 You closed the psych beds in Middletown, that
3 was a big loss in the Orange-Sullivan-
4 upstate area. Now you're closing the one in
5 Rockland? And how far are we going to go
6 before people will be -- increased
7 homelessness and wandering the streets?
8 OMH COMMISSIONER SULLIVAN: Just to
9 clarify, in the Rockland area there are 300
10 acute-care beds for youth. That's one of the
11 highest concentrations of acute-care services
12 for youth. There are always vacant beds in
13 that acute-care system. We have tracked up
14 to 40 to 50 beds at any point in time.
15 So there are lots of community-based
16 services. What's lacking -- and
17 community-based inpatient services. What's
18 lacking are the kinds of crisis and other
19 services that can help individuals and their
20 families and youth not to have to go into a
21 hospital.
22 So I'm --
23 ASSEMBLYWOMAN GUNTHER: Commissioner,
24 one size does not fit all.

1 You know, the census dropped by over
2 50 beds in March and April. Is that a
3 coincidence of pause? It's just a little bit
4 -- you know, it's kind of hard to believe
5 that all of a sudden everybody's okay, the
6 census drops by 50, and they're getting care
7 not in -- you know, not in the hospital, but
8 they're getting care someplace else.
9 And then, you know, we always talk
10 about people that have mental health issues,
11 they're wandering the streets, whether it be
12 upstate, downstate, Buffalo, Long Island --
13 because they can't get access to care. I
14 mean, 50 beds in March and April it dropped.
15 And it doesn't make sense that all of a
16 sudden, you know, God came down and healed
17 this census and made it lower.
18 It just doesn't make sense to me. The
19 numbers don't make sense. The closing of
20 children's beds don't make sense to me.
21 OMH COMMISSIONER SULLIVAN: Truly, I
22 understand your concern --
23 ASSEMBLYWOMAN GUNTHER: And you know I
24 like you, we're friends. But I'm

1 emotionally -- I just can't believe that
2 we're putting -- you know, we're taking
3 money, putting it in one place but taking it
4 away from the most vulnerable population.
5 OMH COMMISSIONER SULLIVAN: But the
6 highest need right now, I believe -- just to
7 say this -- is the kind of services we need
8 to happen in the communities. The beds have
9 been stable, the beds that we are closing
10 have been stably open for a long period of
11 time. These beds -- money and the dollars
12 and the investment in time and effort should
13 be in the community, so people don't have to
14 be in long-term beds.
15 Let me just say one other statistic
16 which is very real across the nation.
17 Basically we're a long-term state, we're long
18 term. Long-term beds do not go up in crisis
19 situations. The need is in the community,
20 not necessarily in the long-term beds.
21 ASSEMBLYWOMAN GUNTHER: But that's the
22 part of stabilization. And then the
23 community, then you give a report to a
24 community practitioner and it goes from

1 stabilization, which doesn't take a day or
2 two days or an emergency room visit. We know
3 that. And then with that stabilization. And
4 without that reinvesting of the $22 million
5 this year, I don't see how it's going to
6 work. You're saying you're going to delay
7 the reinvestment and then -- he who giveth
8 and then taketh away in a vulnerable
9 community -- it's like our DD community, our
10 mental health community. We are the voice
11 for these people. I am the voice, my
12 colleagues are the voice. The parents, their
13 voice has been heard by me and I know my
14 counterpart in the Senate, and I'm listening
15 to them. And I'm saying we're not even doing
16 enough as is, and we're going to take more
17 away.
18 These children that have really very,
19 very difficult mental health, they need
20 observation. You know, and there are short
21 lengths of stay as we are. And I know that,
22 because parents have called me.
23 So I know I'm preaching to the choir.
24 I know. But I am upset, and I don't think

1 we're doing the right thing. And I'm here as
2 an elected official to do the right thing,
3 and I don't think we're doing the right thing
4 for vulnerable people. I get the care
5 outside, I do. But I also get that we don't
6 reinvest, we're going to wait a year to
7 reinvest. It's like it's a shuffle game of
8 money, and you're taking it away from poor
9 people that have such difficult lives. And
10 that's what I feel.
11 CHAIRWOMAN WEINSTEIN: Assemblywoman,
12 thank you. You'll have an additional five
13 minutes after we go through the first round.
14 So we go back to the Senate now.
15 CHAIRWOMAN KRUEGER: Thank you,
16 Assemblywoman.
17 Our first questioner is the
18 Minority Leader, Robert Ortt.
19 SENATOR ORTT: Thank you,
20 Senator Krueger.
21 Commissioner, good to see you.
22 And I will say very quickly I was
23 always proud, when I was chair of this
24 committee, to call Aileen Gunther a

1 colleague, and I am so this morning as well.
2 Assemblywoman Gunther I thought raised some
3 very good points.
4 Commissioner, I wanted to talk to you,
5 though, about a glaring omission in the
6 Governor's budget that is directly within
7 your department, and it is the lack of
8 funding for the Joseph P. Dwyer Program. It
9 is not a ton of money when you talk about
10 $170 billion -- or, in this year's case, $190
11 billion. And yet once again it is not listed
12 in the Governor's budget -- $4.5 million,
13 which as you know goes to prevent suicide
14 amongst veterans, who have a much higher risk
15 of suicide than even the general
16 population -- and that was before COVID.
17 And as the former chair of Mental
18 Health, as a former ranker on Veterans, and
19 as a combat veteran myself, I will tell you I
20 know firsthand, as I'm sure you do, the
21 impact that this program has had for not a
22 lot of money on saving lives and helping and
23 assisting with mental health of our
24 veterans -- and, by extension, their

1 families, you know, their children, their
2 spouses. It has saved marriages, and it has
3 saved lives and it has saved relationships.
4 And not only was it not included in
5 this year's budget, but last year's funding
6 has not been released. It has not been
7 released. And that is very problematic to me
8 at a time when all I hear about is isolation
9 and the pandemic and suicide rates are
10 higher. All these things, we talk about
11 them, here's a program that works. It works.
12 We get maximum leverage from our dollar.
13 And the Governor -- and I know, we all
14 know what goes on with the budget, and
15 there's some trading and negotiating. I get
16 that. We all get that. This is not one of
17 those things that should be leveraged or
18 horse-traded or negotiated. This is an easy
19 thing for the Governor to include in his
20 budget and just be done with it. And
21 instead, we've got to buy it back, we've got
22 to negotiate it back in.
23 But again, last year's money -- which
24 we did put back in there, and I credit my

1 colleague Senator John Brooks, because I know
2 he was a champion for that funding. But it
3 has not been released.
4 So I want to ask you, why isn't that
5 in this year's budget, and why hasn't the
6 funding from last year been released?
7 OMH COMMISSIONER SULLIVAN: Thank you,
8 Senator Ortt. Last year's money we just
9 recently received -- and I'm sorry, I'm not
10 entirely clear if it was from the Senate and
11 Assembly, but the paperwork that would cause
12 the release -- the funds flow through the
13 Department of Mental Health.
14 So as soon as we receive them, we are
15 moving that forward to Budget. Budget's
16 going to review last year's funding. They
17 are getting the paperwork now from -- I
18 believe it's the Assembly. Or maybe it was
19 the Senate, I'm not sure. And then if the
20 other house can please give us their
21 paperwork, we'll push it right through to
22 Budget, and Budget will make their decision.
23 Budget is making the decision on this.
24 SENATOR ORTT: Okay, so two things.

1 OMH COMMISSIONER SULLIVAN: You know,
2 you're absolutely right that these are
3 tremendous -- the veterans need these
4 services, that the Dwyer program is a
5 valuable program. And I think that, you
6 know, it's been a -- it's a very tough budget
7 year. But we're doing everything to move the
8 paperwork to Budget to make the decision
9 about last year's investment.
10 SENATOR ORTT: I would like to know --
11 if you could follow up, I would like to know
12 which house submitted the paperwork and which
13 house did not.
14 Certainly if it's the Senate, I would
15 certainly call on my colleagues, who I know
16 support this program, to make sure that
17 paperwork gets submitted, because it is very,
18 very important that it gets out.
19 And again, I would ask -- can you
20 speak to why it's not included, though -- it
21 wasn't included in last year's budget by the
22 Governor, and it's not included in this
23 year's. Can you speak to that and to your
24 feeling on the program and the need for it?

1 OMH COMMISSIONER SULLIVAN: Well,
2 veterans need services. We do coordinate
3 services with the Division of Veterans
4 Services, and we do so with prevention, we do
5 a lot of outreach work and services. It has
6 not been included in the budget. And I think
7 it's -- this year it's really a piece of a
8 lot of issues with just how desperate we are
9 if we don't get these dollars from the
10 federal government. And I think that that's
11 just a very serious issue. But no, it has
12 not been included in this year's budget.
13 SENATOR ORTT: Well, I appreciate
14 that, Commissioner. And like I said, I think
15 it is, to me, absolutely unconscionable that
16 we would not have released the money by now,
17 whatever the procedure is. I understand what
18 you're saying, but that needs to happen.
19 But again, I was greatly disappointed
20 to see that the Governor did not include it
21 in this year's budget, and I call on my
22 colleagues to make sure it is included in the
23 final budget. It is $4.5 million. It saves
24 lives. It is invaluable to our veterans.

1 And at a time when we always give I think lot
2 of lip service to these issues, this is a
3 program that our actions can back up our
4 words.
5 And I thank you for the time,
6 Madam Chair.
7 OMH COMMISSIONER SULLIVAN: I will get
8 you the follow-up on the paperwork,
9 absolutely, right after this hearing.
10 SENATOR ORTT: Thank you very much,
11 Commissioner.
12 CHAIRWOMAN KRUEGER: Thank you. And
13 I'll be saying it throughout the course of
14 the day: Whenever any individual member has
15 asked you for follow-up on paper, please make
16 sure to forward it to Helene Weinstein and
17 myself as well, so we can make sure everyone
18 has access to the information. Thank you.
19 Assembly.
20 CHAIRWOMAN WEINSTEIN: We go to
21 Assemblyman Gandolfo, the ranker on Mental
22 Health.
23 ASSEMBLYMAN GANDOLFO: Thank you,
24 Chair. And thank you, Commissioner, for

1 being here with us this morning and for your
2 testimony.
3 And thank you to the chairwoman of the
4 Mental Health Committee, Aileen Gunther. I
5 really appreciate the passion you have for
6 these issues, and I'm happy to serve
7 alongside you.
8 I want to just bring it back really
9 quick to what my colleague in the Senate just
10 mentioned. That was my concern. He had
11 asked the question I was planning to ask.
12 But I just want to emphasize his concerns on
13 that as well.
14 The Dwyer project, it's just really a
15 great project. It originated here in Suffolk
16 County, and we're very proud of it. They've
17 done great work.
18 And I know in your testimony,
19 Commissioner, you mentioned the need to
20 support suicide prevention services. And in
21 light of a recent report by the United States
22 Department of Veterans Affairs, I believe
23 they said 18 veterans commit suicide every
24 day, and it totals about 6600 veteran

1 suicides each year. So I just hope that
2 you'll do whatever you can to release last
3 year's funding. Anything we can do to help,
4 please reach out. I'm happy to help make
5 sure this funding goes out.
6 I'm also very disappointed that again
7 this funding was not included in the
8 Governor's proposal. It's something that the
9 Legislature is again going to have to
10 negotiate back in, which is -- you know, it
11 should just be a permanent fixture.
12 And you've already kind of spoken to
13 your thoughts on it, and I just want to say
14 thank you for also recognizing the need for
15 this funding. And again, if there's anything
16 we can do to help move this along, please
17 reach out.
18 And with that, I'll yield the
19 remainder of my time. And thank you again,
20 Chair and Commissioner.
21 OMH COMMISSIONER SULLIVAN: Thank you.
22 CHAIRWOMAN KRUEGER: Okay, thank you.
23 Senator Jim Tedisco, ranker for the
24 Mental Health Committee. And thank you, Jim,

1 for letting me jump your leader Robert Ortt
2 before you. Are you with us, Jim?
3 SENATOR O'MARA: I think Senator
4 Tedisco is still having technical
5 difficulties. The phone isn't working now.
6 CHAIRWOMAN KRUEGER: I see him on, but
7 then he's on mute. So perhaps it's just not
8 coming together.
9 SENATOR O'MARA: He texted me that his
10 audio wasn't working.
11 CHAIRWOMAN KRUEGER: Okay, I
12 apologize. Thank you.
13 Before I just jump, do you have any
14 questions, Tom?
15 SENATOR O'MARA: I will, but you can
16 move mine {inaudible}.
17 CHAIRWOMAN KRUEGER: Okay, thank you.
18 And again, reminding people, put their hands
19 up if they do have questions.
20 So I have a few questions,
21 Commissioner. I'm very concerned about the
22 use of -- I'm sorry, I'm forgetting the
23 terminology, but where you make a decision
24 that someone is not capable of caring for

1 themselves, although they would no longer
2 need to prove that they were at risk of doing
3 harm to themselves or others, and that the
4 state would then be able to place them in a
5 facility without their permission.
6 One, can you explain a little bit to
7 me, where they would be placed?
8 OMH COMMISSIONER SULLIVAN: Well, the
9 first is that it gives the ability to
10 transport -- to help to bring people in for
11 assessment. And that's the way it's mostly
12 used.
13 And then when the assessment would be
14 at either a medical emergency room or a
15 psychiatric emergency room, one of our CPEPs.
16 That assessment is done by a physician after
17 they have been brought in to determine,
18 again, based on -- by the statute, whether or
19 not services in the community or all kinds of
20 things would help, or whether the situation
21 is dire enough to actually need admission to
22 an acute-care hospital.
23 And then there are various protections
24 for that admission. They are reviewed by a

1 judge. They have to be recertified within
2 two days, and then there has to be a review
3 by a judge at the patient's request.
4 So the commitment laws are very tight
5 in terms of getting people the ability to
6 pursue -- and they have mental health legal
7 services, a lawyer who works with them when
8 they are admitted. But they would first be
9 brought for an assessment. And then after
10 the assessment, if -- and it might not -- for
11 many cases, that might not be the case, they
12 might be admitted to an acute-care hospital,
13 would be one possibility.
14 CHAIRWOMAN KRUEGER: So I'm from
15 New York City, and everybody's closing their
16 psychiatric units, and our emergency rooms
17 and our hospitals are filled with patients
18 with COVID, and people who don't have COVID
19 are being advised not to go to the hospital
20 unless they're in an emergency surgical
21 situation.
22 So I'm very confused. We want who,
23 the police, to bring people that they're
24 evaluating as being in some category into

1 emergency rooms that can't handle them at
2 this point?
3 OMH COMMISSIONER SULLIVAN: This is
4 usually done by outreach teams that have been
5 working with individuals. We have -- as you
6 know, in the city there are outreach teams
7 that work with the homeless on the streets.
8 And usually that's the group that would bring
9 a person in. Sometimes they do it with
10 police assistance.
11 But those are the groups that would be
12 bringing forward these cases, because they
13 are not individuals who are obviously in need
14 of being brought in by the police. The more
15 subtle question is do individuals have
16 serious, serious medical problems that are
17 not being addressed.
18 And this does happen. It's a very
19 small group, Senator. This is not a large
20 number of people by any means, but it does
21 exist. And I think we have a responsibility
22 for those individuals.
23 CHAIRWOMAN KRUEGER: And because
24 again, at least in New York City, we have

1 almost no psychiatric inpatient hospital beds
2 anymore, where would they be placed?
3 OMH COMMISSIONER SULLIVAN: Oh, we do.
4 We have over 2,000 psychiatric beds. Now, at
5 this moment, some of them are reduced. But
6 we're down -- we watch it very closely. From
7 close to 2700 beds, we're at 2200 beds that
8 are still available in New York City for
9 psych. And they are open.
10 Now, depending upon an individual's
11 COVID status, there's the moving them from
12 hospital. But we still have over 2,000 beds
13 that are open right now.
14 And we're hoping most of them that
15 have temporarily been downsized from COVID,
16 about 400, will come back. We're really
17 concerned about maybe a hundred that seem to
18 be saying they may not be reopening. But the
19 vast majority of those beds will be coming
20 back. Or are present now. We still have
21 over 2200 beds that are operating in New York
22 City.
23 CHAIRWOMAN KRUEGER: So when I
24 reviewed the language of existing involuntary

1 commitment, it sounds like you already have
2 these powers. So where would you be
3 expanding your power?
4 OMH COMMISSIONER SULLIVAN: You're
5 absolutely right. It is a clarification.
6 The issue here is that many people, whether
7 the statute actually said -- they read it as
8 you have to either be homicidal or acutely
9 suicidal.
10 What most states have done -- because
11 that particular use has been to add one other
12 thing, that when we talk about serious harm,
13 it can also include serious, complete
14 neglect.
15 And that's why. Because most often
16 when you try to bring someone in like this
17 for an evaluation, someone will say, well,
18 he's not threatening to kill himself or to
19 hurt anybody else, and then you present all
20 these other issues. And people are
21 reluctant -- and appropriately so, at
22 times -- to maybe do -- to admit if
23 absolutely necessary.
24 This is the clarification of the

1 statute that under those extreme
2 circumstances, yes, you could use an
3 involuntary commitment -- hospitalization. A
4 hospitalization. It's always for involuntary
5 hospitalization at an acute-care facility.
6 CHAIRWOMAN KRUEGER: So you're saying
7 you have 2200 psychiatric beds in New York
8 City today.
9 OMH COMMISSIONER SULLIVAN: Yes.
10 CHAIRWOMAN KRUEGER: Do you know what
11 number of them are involuntary?
12 OMH COMMISSIONER SULLIVAN: The vast
13 majority. The vast majority.
14 CHAIRWOMAN KRUEGER: And --
15 OMH COMMISSIONER SULLIVAN: Well,
16 wait, they're not all -- everybody is an
17 involuntary, but we have the capacity to take
18 in voluntary beds, yes.
19 CHAIRWOMAN KRUEGER: So but of the
20 current 2200, approximately what percentage
21 or number are there for an involuntary
22 placement?
23 OMH COMMISSIONER SULLIVAN: In that
24 2200, probably 60, 70 percent. Time. Time.

1 CHAIRWOMAN KRUEGER: And what's the
2 process for them being allowed out? Is it
3 two psychiatrists needed to sign them out?
4 OMH COMMISSIONER SULLIVAN: Yes. Yes.
5 But -- well, no, if they -- as they improve,
6 they are discharged. Almost all -- many of
7 them convert to voluntary after they're -- a
8 brief period of time. But they do have
9 mental health legal services that meet with
10 them immediately upon admission, and if they
11 wish to leave before the recommendation of
12 the psychiatrist, it goes to court.
13 CHAIRWOMAN KRUEGER: So we also have a
14 different program where you are in prison for
15 some kind of criminal act, you've done your
16 time, but then we, the state, determine you
17 are of danger to yourself or others if let
18 go. So we then shift you to a psychiatric
19 facility, perhaps in a prison or perhaps
20 separately.
21 Is that under OMH's authority?
22 OMH COMMISSIONER SULLIVAN: Yes. But
23 those all have hearings with the court as
24 well. They do not come without that.

1 CHAIRWOMAN KRUEGER: But those also
2 require someone to determine you no longer
3 are at risk to yourself or others in order to
4 be let out, right?
5 OMH COMMISSIONER SULLIVAN: Yes. Yes.
6 CHAIRWOMAN KRUEGER: How many have we
7 let out?
8 OMH COMMISSIONER SULLIVAN: Oh, the
9 vast majority of individuals who have serious
10 mental illness leave prison and come into a
11 whole host of services that we have.
12 CHAIRWOMAN KRUEGER: No, no, no. Of
13 those people who got directed from prison
14 into a mandatory psychiatric facility.
15 OMH COMMISSIONER SULLIVAN: Oh. I
16 don't think I can give you an exact number,
17 but the vast majority of them over time are
18 let out. Some quickly, some are discharged
19 quickly into the community. Others can spend
20 some increased time in the state civil
21 psychiatric centers, yes.
22 But again, once they're in a civil
23 center, all their legal rights and the
24 representation by mental health legal

1 services begins. So that all is always there
2 all the time as well.
3 CHAIRWOMAN KRUEGER: And you think
4 there's adequate mental health services
5 available?
6 OMH COMMISSIONER SULLIVAN: For those
7 individuals -- for -- in terms of the
8 long-term inpatient beds?
9 (Zoom interruption.)
10 CHAIRWOMAN KRUEGER: Please go on
11 mute, whoever is on the phone.
12 Okay, sorry, keep going.
13 OMH COMMISSIONER SULLIVAN: --
14 sometimes need to have assistance is with the
15 community-based services, for individuals who
16 have a forensic history. But that's where we
17 have some issues, is making sure that they
18 get housing -- you know, there's reluctance
19 sometimes in communities or even in housing
20 to provide housing for people, depending upon
21 their forensic history, how severe it was.
22 And also making sure that we have the
23 provider community -- we're constantly
24 working to increase this -- who know how to

1 work with those patients. That's where we
2 really have some struggles in terms of making
3 sure that we have enough services for
4 forensic-involved patients in the community.
5 CHAIRWOMAN KRUEGER: So thank you.
6 Clearly, my concern is we already have a
7 system that at least I have heard you can
8 never get out of once you're in. So I would
9 look forward to seeing the stats --
10 (Zoom interruption.)
11 CHAIRWOMAN KRUEGER: Okay, put
12 yourself on mute. Thank you.
13 I would like to see the stats on the
14 number of people who go from prison to
15 psychiatric and then never get let go.
16 And also my concern is that we will
17 somehow, in our inability to have the right
18 services at the community level, we will
19 respond by taking people off our streets and
20 putting them into psychiatric facilities
21 against their will where they may also never
22 get let go. So that's basically my concern.
23 OMH COMMISSIONER SULLIVAN: I
24 understand your concern, Senator. But we

1 work very, very hard to keep people out of
2 hospitals and to get them out -- I don't mean
3 this in a bad way -- to move them from our
4 hospitals as quickly as possible, because we
5 understand exactly what you're saying, that
6 clients should be in hospitals only for the
7 minimal amount of time that is needed.
8 And we work very hard to get our
9 clients out, and we're pretty good in the
10 state system. Very few come back once we get
11 them out. We get into them housing, we get
12 them into services.
13 But yes, that's our goal as well, it
14 really is. But we will get you those
15 statistics.
16 CHAIRWOMAN KRUEGER: Thank you very
17 much.
18 Back to the Assembly.
19 CHAIRWOMAN WEINSTEIN: Yes, we've been
20 joined by Assemblywoman Frontus.
21 And before I go to the next member, I
22 just wanted to clarify for all of the members
23 and all the witnesses that when the clock
24 goes down to zero, it starts to then count

1 how much time you're over. We're not giving
2 you extra minutes. Senator Krueger and I
3 aren't -- we've been doing this for a lot of
4 days, you know.
5 But it's to remind you of how much
6 time you are over. And we really do want
7 people to try and pay attention to the clock.
8 So now we go for five minutes to our
9 ranker -- I'm sorry, to Assemblyman Abinanti,
10 the chair of our new Committee on People with
11 Disabilities.
12 Tom, you have five minutes.
13 ASSEMBLYMAN ABINANTI: There we go.
14 Thank you. Thank you very much to all of you
15 for putting together this hearing.
16 Commissioner, thank you very much for
17 joining us.
18 I'm a little concerned about the
19 state's commitment to mental hygiene services
20 in general. What we have here sounds good on
21 paper. Let me repeat that: It sounds good
22 on paper. That sounds a little strange, I
23 think, though, as a budget proposal.
24 The state monies for mental hygiene

1 agencies over the last 10 years have actually
2 decreased dramatically. From what I see, in
3 2015 we actually spent $7.72 billion. We're
4 now proposing $5.6 billion. This is six
5 years later.
6 And it's affected the manpower in your
7 department. Your department, on March 31,
8 2010, had 16,173 employees. You are now
9 proposing at the end of this fiscal year, in
10 this budget, that we have 13,246 employees.
11 That's a dramatic decrease.
12 And it's affected the voluntary OMH
13 agencies. The All Funds disbursements in
14 2010, with $3.3 billion, that's the same
15 thing you're proposing in this budget,
16 10 years later.
17 So I'm very, very concerned about the
18 state's commitment to mental hygiene
19 services.
20 Now, given that, let's talk a little
21 bit about the new proposal that you're
22 talking about with crisis intervention.
23 Again, it sounds good on paper. It's what
24 I've been calling for since I became an

1 Assemblyman 10 years ago. So I very much
2 appreciate the outline you've given.
3 How much money is behind it? How much
4 money is in this budget to set up the
5 services and then to pay for the ongoing
6 services?
7 OMH COMMISSIONER SULLIVAN: The
8 services that we're working on for this year
9 will be to strengthen the three currently
10 operating crisis centers. Each of those
11 costs in the range of about $4 million. Some
12 of them have already been receiving --
13 ASSEMBLYMAN ABINANTI: Commissioner,
14 so we're not talking about this new program
15 that you outlined, then.
16 OMH COMMISSIONER SULLIVAN: Oh, yes, I
17 am --
18 (Overtalk.)
19 ASSEMBLYMAN ABINANTI: -- you're
20 talking about the police and stabilization
21 and all of that.
22 OMH COMMISSIONER SULLIVAN: I'm sorry,
23 yes, we are. For this year we have --
24 ASSEMBLYMAN ABINANTI: How much new

1 money is in the budget to do this?
2 OMH COMMISSIONER SULLIVAN: The new
3 money in the budget for the expansion,
4 further expansion next year, some of that
5 will come from the reinvestment dollars.
6 Within this year, this is state aid
7 which has been available for counties and
8 which some of these crisis centers already
9 have. Which we will continue --
10 ASSEMBLYMAN ABINANTI: Well, I'm not
11 quite sure where you're talking about crisis
12 centers, because I know in Westchester they
13 were talking about setting one up and the
14 money just wasn't there to help them do it.
15 And they've been doing a very good job, we've
16 got a very good commissioner, et cetera.
17 So you're basically saying we're just
18 moving money from one place to another,
19 there's no new monies to --
20 OMH COMMISSIONER SULLIVAN: Not in
21 this year's budget. The monies that are in
22 this year's budget are being moved within the
23 state aid, yes.
24 ASSEMBLYMAN ABINANTI: Okay. So

1 there's no new --
2 OMH COMMISSIONER SULLIVAN: Wait just
3 a second. But next year, with the
4 reinvestment dollars, those reinvestment
5 dollars will be utilized to expand --
6 ASSEMBLYMAN ABINANTI: You're saying
7 next year, not the budget we're going to vote
8 on now, but the next budget we're hoping to
9 --
10 OMH COMMISSIONER SULLIVAN: Also in
11 this year we are working with them to be able
12 to bill Medicaid for the services that they
13 are providing. Then --
14 ASSEMBLYMAN ABINANTI: But if the
15 person is not Medicaid-eligible, then we
16 can't help them.
17 OMH COMMISSIONER SULLIVAN: We work
18 with commercial payers. Yes, we work with
19 those --
20 ASSEMBLYMAN ABINANTI: If they don't
21 have that either? I mean, when somebody has
22 a problem, they get picked up and so the
23 first thing you ask is can you afford to pay
24 for this service?

1 OMH COMMISSIONER SULLIVAN: Not for
2 these services, no.
3 ASSEMBLYMAN ABINANTI: Well, I'm
4 not -- okay.
5 (Overtalk.)
6 OMH COMMISSIONER SULLIVAN: We bill
7 their insurance. But no, but we do not not
8 provide it if you need it.
9 ASSEMBLYMAN ABINANTI: Let me go to
10 another area, then.
11 One of the things that I'm very
12 concerned about is the silos. You hear that
13 all the time. You hear people talking about,
14 you know, they have comorbidity, they have
15 co-occurring conditions. You know, there's a
16 famous story, there's a documentary Off the
17 Rails with a young man named Darius McCollum.
18 I spoke with his lawyer about a year ago. He
19 was arrested 32 times for impersonating New
20 York City bus drivers and subway conductors,
21 et cetera. At 8 years old he was running
22 away from bullies, and guys in the subways
23 taught him how to run trains, run subways.
24 He's been doing this his entire life.

1 He's now in Rikers because he's never
2 -- he's always been in the mental health
3 system, but he's got autism. He has never
4 been assessed by the -- by OPWDD, never had
5 OPWDD services. There's a famous -- there's
6 a documentary out on him.
7 I want to know why your department,
8 when confronted with somebody with autism,
9 does not assess that person having autism and
10 moving them over to OPWDD and working
11 together to solve the problem.
12 OMH COMMISSIONER SULLIVAN: Well,
13 you're absolutely right, that's what we
14 should be doing. And if we're not, in
15 certain instances, then we need to know about
16 it, because we should --
17 ASSEMBLYMAN ABINANTI: I've talked
18 with mental health commissioners --
19 OMH COMMISSIONER SULLIVAN: -- you're
20 right, and we should be working --
21 ASSEMBLYMAN ABINANTI: What are you
22 going to do in this budget to solve that
23 problem?
24 CHAIRWOMAN WEINSTEIN: Quickly,

1 Commissioner, because the time has expired.
2 OMH COMMISSIONER SULLIVAN: We are
3 going to be expanding, within this budget
4 there are dollars to open up -- I hope it
5 doesn't get delayed -- I mean, it's been
6 delayed due to COVID -- two inpatient units
7 that will work with us very closely with
8 OPWDD for youth. We are also going to
9 continue to fund the Baker Victory step-down
10 unit and we are funding an inpatient unit in
11 Kings County for adults with disabilities,
12 and a step-down unit for that.
13 Those dollars are in -- solid in the
14 budget. They have been given increased
15 rates. These are major efforts, with us
16 working very closely with OPWDD to serve
17 these individuals.
18 And in addition, within the budget
19 there's lots of training dollars, et cetera,
20 for our individuals to be able to better
21 screen and do work with autism and, just as
22 you said, be able to move those clients to
23 the appropriate services that they need, or
24 even give them if we're capable of doing it.

1 So yes, those dollars are in the
2 budget. Thank you. Thank you.
3 CHAIRWOMAN WEINSTEIN: Thank you.
4 We go back to the Senate.
5 CHAIRWOMAN KRUEGER: Thank you. I
6 believe we have how Jim Tedisco -- audio and
7 visual -- ranker, for five minutes.
8 SENATOR TEDISCO: Okay. Thank you so
9 much, Chair and Senator. This has been a
10 nightmare here for me. Our power's been out
11 for four hours this morning, so I had to go
12 to my phone and I couldn't get any audio on
13 that. So you all look very nice to me, but I
14 don't read lips. So I don't know much of
15 what has been said until the last five or 10
16 minutes. So -- but I'd like to ask a
17 question of the commissioner, if that is
18 possible.
19 Commissioner, thank you for answering
20 my questions. In the spring of 2020 we had,
21 I believe, close to 8,000 retirees, students,
22 student volunteers who were giving 24/7
23 no-cost mental health counseling. Has there
24 been any ability or idea to retain these

1 professionals post-COVID to help with the
2 cost and the services that we provide for
3 some of our most needy in this area?
4 OMH COMMISSIONER SULLIVAN: Yes, we
5 have definitely kept in touch with them. We
6 have a list of all the individuals who were
7 kind enough and generous enough to volunteer,
8 and we will be calling them from time to time
9 for specifics issues that we need. It's a
10 very good suggestion.
11 You know, it's not -- they have --
12 some of them have more limited time than some
13 others, but we are looking into this,
14 especially as we expand out the whole crisis
15 counseling program with COVID.
16 Some of those counselors are paid for
17 by FEMA, but they won't be able to cover
18 everything. So we are thinking again of
19 working with them. Some of them did our
20 Coping Circles, and we are thinking of again
21 asking them or others if they would be
22 willing to do that with us.
23 So yes, we keep in touch. And you're
24 right, it's a -- they're very generous

1 people, and they're a great piece to the
2 workforce. Thank you.
3 SENATOR TEDISCO: Okay. Secondarily,
4 we've had kind of an outmigration of
5 population over the last three years, over
6 the last 10 years, but some of the mental
7 health service providers and those who would
8 be here providing services are needed, I
9 think, in our state.
10 Is there any plan or is there any
11 long-term consideration or plan to retain or
12 attract mental health service providers to
13 New York State to keep them here? Do we have
14 any long-term plan, ideas about that?
15 OMH COMMISSIONER SULLIVAN: Well, we
16 do a lot of -- I'm sorry. We do a lot of
17 training of professionals in New York State.
18 And what we are doing is reaching out
19 and doing -- we have a program now with -- I
20 think it's over 20 social work schools, for
21 example, where we work with them, we do some
22 special evidence-based {inaudible}, very
23 small stipends for them to be a part of
24 working with us on mental health issues, to

1 recruit them from social work schools into
2 the mental health field. And we give them
3 placements, for example, in our facilities if
4 they're interested in that -- or other
5 community-based. Not just us, but
6 community-based.
7 So we are reaching out to schools to
8 enable -- we do a lot of training. We want
9 to hold those individuals. We want to keep
10 them, also if possible, in the public sector.
11 So that's one thing that we're doing.
12 The other thing that we're doing with
13 physicians, because there's always a shortage
14 of physicians, is we have the ability to
15 repay physician's loans in the state system,
16 the state hospital system, up to $150,000 if
17 they stay with us for five years. And I
18 think that that's been successful. We've
19 been able to recruit about 25, 26
20 psychiatrists for that within the state
21 system.
22 So programs like that help to keep
23 people in New York. We do a lot of training,
24 and also get them interested in the mental

1 health field.
2 SENATOR TEDISCO: Yeah, I and others
3 fought for and won student loan forgiveness
4 for health professionals.
5 Is there any concept of continuing
6 some of that or expanding some of that,
7 student loan forgiveness for health
8 professionals? I mean especially nurses,
9 mental health nursing and nurses in general,
10 because nursing homes -- we talk about
11 expanding the workforce and the allotment of
12 time that they should be limited to, but it's
13 not the finances for many programs, it's the
14 ability to find the staff and the workers.
15 So possibly we could expand some
16 tuition forgiveness or expansion or help in
17 that, in loans. Is that a possibility?
18 OMH COMMISSIONER SULLIVAN: It's
19 something to -- I mean, I think I -- I don't
20 know exactly the programs you're talking
21 about. But yes, we can look into that.
22 There might not be anything in this budget,
23 but those are things we can look into. We
24 can look into that.

1 SENATOR TEDISCO: You know, the beds
2 I'm talking about -- because in the Executive
3 Budget is to eliminate 200 state-operated
4 inpatient beds and an additional 100
5 state-operated community residence beds, you
6 know. I don't know what the rationale is,
7 probably to save money. Is that what that
8 is?
9 OMH COMMISSIONER SULLIVAN: Those are
10 vacant beds. We only close beds when they're
11 vacant. And over the past five or six years
12 we've closed about 700 beds total.
13 The reason we're able to close beds is
14 because we've expanded community services and
15 we want as many of our patients not to be in
16 hospitals but to be in the community.
17 So yes, there's money saved when you
18 do it, but it's not like "we need money,
19 close the beds." That's not the issue. The
20 issue is that we've been able to have the
21 community-based services strong enough to be
22 able to have individuals live, truthfully,
23 successfully in the community.
24 And that gives us the ability to close

1 some of those beds, especially some of our
2 long-stay clients who have been with us way
3 too long, to give them the wraparound
4 services that they need to be in the
5 community.
6 SENATOR TEDISCO: Well, if you wanted
7 community-based beds, the projection is to
8 close an additional 100 state-operated
9 community residence beds.
10 OMH COMMISSIONER SULLIVAN: We're
11 moving them to the community.
12 We're also under something called the
13 Olmstead Act, which says that you shouldn't
14 be having long-term community beds on state
15 hospital campuses. So they really want those
16 beds in the communities.
17 It's not a reduction, that's a
18 movement. That's a movement from the campus
19 to the community. Those beds will exist.
20 SENATOR TEDISCO: Thank you,
21 Commissioner. Appreciate that.
22 OMH COMMISSIONER SULLIVAN: Thank you.
23 CHAIRWOMAN KRUEGER: Thank you very
24 much. Assembly?

1 CHAIRWOMAN WEINSTEIN: We go to
2 Assemblyman Brown for three minutes.
3 THE MODERATOR: I'm asking him to
4 unmute. I don't know if he is available.
5 CHAIRWOMAN WEINSTEIN: Okay, then we
6 can go -- let's go to Assemblywoman Miller
7 for three minutes.
8 THE MODERATOR: No, Assemblyman Brown
9 is here.
10 CHAIRWOMAN WEINSTEIN: Oh, you have
11 him? Okay. Sorry, Missy, we'll be back to
12 you.
13 ASSEMBLYMAN BROWN: Can you all hear
14 me okay?
15 OMH COMMISSIONER SULLIVAN: Yes, we
16 can.
17 ASSEMBLYMAN BROWN: Okay. So good
18 morning.
19 As a new member of the Assembly, I
20 asked to be placed on the Assembly Committee
21 of Alcoholism and Substance Abuse. I was
22 extremely pleased to be named minority ranker
23 of the committee, since this issue is very
24 personal to me. I've been involved with

1 Outreach Long Island for many years now, and
2 the issue is one that I'm all too familiar
3 with on several levels.
4 Just at first blush, just on a general
5 level, my Assembly district office and
6 district is located in Suffolk County, which
7 as you know leads the nation in the highest
8 number of overdoses. And I feel that we are
9 not doing enough and we need to do more.
10 I'm deeply troubled by the
11 announcement by the Governor to place in the
12 budget the legalization of marijuana. The
13 coronavirus impact on mental health is
14 palpable; we're seeing a rise in drug use,
15 suicides, anxiety, depression, et cetera, as
16 a result of COVID. And I'm equally concerned
17 about the proposed Executive Budget proposal
18 for treating mental health and vulnerable
19 people afflicted with mental health issues.
20 And finally, I'm concerned about the
21 proposal to merge OASAS into the Office of
22 Mental Health, and I have several questions
23 with regard to that.
24 So I know I have additional time to

1 speak later with respect to OASAS, so I'm
2 going to save my questions now for those
3 questions related to mental health. And with
4 respect to addiction and mental health, I was
5 wondering if there's any data on the office's
6 current treatment for cannabis addiction.
7 And does the office anticipate the need for
8 increased capacity for cannabis addiction
9 treatment due to the possibility legalization
10 of cannabis?
11 OMH COMMISSIONER SULLIVAN: Well, one
12 of the major mental health issues with
13 cannabis is the effect of cannabis on youth
14 that have psychiatric issues. So there is
15 dollars in the cannabis legislation that
16 would enable a great deal of education to
17 families and to youth about the risk for
18 individuals, youth who are at risk for
19 psychosis.
20 We know that cannabis use can
21 sometimes increase that risk or even make the
22 psychotic episodes occur sooner. We also
23 know that cannabis use among individuals with
24 serious mental illness can sometimes

1 interfere with their progress and recovery,
2 et cetera.
3 So there is a lot of work that's being
4 done to prepare for the education that has to
5 be out there -- which we're already doing
6 much of because some of our clients are
7 already using cannabis -- but to expand on
8 the education and the work to help prevent
9 the use for individuals who are at risk for
10 cannabis use, even recreational cannabis use.
11 So we're going to be working with
12 that. There's a lot of education, and we're
13 already doing some of it, but we will
14 continue to do more if the cannabis
15 legislation passes.
16 ASSEMBLYMAN BROWN: So I --
17 CHAIRWOMAN WEINSTEIN: Thank you.
18 Excuse me, the time has expired. You
19 know, I just want to remind members to keep
20 an eye on the clock, make sure it's on your
21 home page.
22 So we're going to go to the Senate
23 next.
24 CHAIRWOMAN KRUEGER: Thank you very

1 much, Assemblywoman.
2 Tom O'Mara, ranker on Finance, five
3 minutes.
4 SENATOR O'MARA: Thank you, Senator.
5 And I would add that we have been
6 joined on our side by Senator Sue Serino and
7 Senator Tony Palumbo, who are with us now.
8 Following up, Commissioner, with
9 Senator Ortt's questions on the Dwyer
10 program, since he has departed. He's advised
11 me that he's learned that the Dwyer program
12 money that was in last year's budget that has
13 not been released is stuck in the Senate
14 awaiting the Senate Majority's approval of
15 the release of those funds.
16 So I would request Senator Krueger to
17 take a look at that, please, to see if those
18 funds can be utilized. I think that's a
19 critically important program to provide
20 mental health stability to many of our
21 veterans, and I think it's a very important
22 program going forward.
23 Commissioner, two years ago there was
24 funding in the mental health budget of I

1 think it was $1.5 million for crisis
2 intervention teams. In my understanding,
3 that was to help with training of police
4 officers in dealing with mental health
5 emergencies. And, you know, in light of --
6 first of all, why was that not continued last
7 year?
8 (Zoom interruption.)
9 SENATOR O'MARA: Why was that not in
10 last year's budget? Why is it not proposed
11 again in this year's budget? And in light of
12 all the certainly high-profile incidents that
13 we've seen in New York State and across the
14 country with the difficulty in responding to
15 these emergencies by the police, why wouldn't
16 we be focusing more and providing funding for
17 that program?
18 OMH COMMISSIONER SULLIVAN: I just
19 hope I have this right, Senator. But I
20 believe that the funding for CIT was
21 actually -- in the past has been a
22 legislative add. OMH does a lot of in-kind
23 support for it, we organize it, we do some of
24 the training. But the actual dollars that

1 appear, I think, on the line for CIT -- I
2 hope I'm not wrong about this -- are actually
3 legislative adds.
4 Within -- and then we do the -- it
5 flows through OMH, and OMH does a lot of
6 in-kind support to organize it, to do some of
7 the training, et cetera.
8 Within our current budget within --
9 not as a line item, but within the services
10 that we provide through our training and
11 state aid, et cetera, for our crisis
12 stabilization centers, we will definitely be
13 increasing the use of CIT training. So
14 that's embedded in the budget.
15 But I think the particular
16 1.5 million, I believe, for CIT training was
17 as a legislative --
18 SENATOR O'MARA: You're correct on
19 that. Two years ago, it was. Yet it wasn't
20 included as continued funding in the
21 Executive Budget last year, and the
22 Legislature didn't add it, and it's not in
23 the Executive Budget this year.
24 Do you not feel that the crisis

1 intervention teams was a successful program?
2 Or do you think that we should be looking,
3 from our side, to add back into that for this
4 important social issue that we have these
5 days?
6 OMH COMMISSIONER SULLIVAN: It's an
7 important program. I think it does --
8 there's been -- it's a nationally
9 evidence-based program, CIT training. And I
10 think we've supported some -- we will be
11 supporting some through our crisis
12 stabilization centers.
13 But it's a good program and something
14 that is important in terms of helping police
15 be able to appropriately work with
16 individuals with mental illness in crisis.
17 SENATOR O'MARA: Okay. Thank you very
18 much, Commissioner.
19 OMH COMMISSIONER SULLIVAN: Thank you.
20 CHAIRWOMAN KRUEGER: Thank you.
21 As we return it to the Assembly, we've
22 also been joined by Senator Felder.
23 CHAIRWOMAN WEINSTEIN: We go to
24 Assemblywoman Miller for three minutes.

1 Missy, you're on. We can't hear you.
2 You're unmuted, but we --
3 THE MODERATOR: The Assemblywoman is
4 unmuted, but we are not getting any sound.
5 CHAIRWOMAN WEINSTEIN: Right. We
6 can't hear you, though you are unmuted. Do
7 you want to -- maybe we'll skip --
8 CHAIRWOMAN KRUEGER: Why don't you
9 skip, come back, and they can get to the
10 bottom of it.
11 CHAIRWOMAN WEINSTEIN: We'll skip you,
12 and you'll work that out.
13 So we'll go to Assemblywoman Barrett
14 for three minutes.
15 ASSEMBLYWOMAN BARRETT: Thank you.
16 Thank you, Chairs.
17 And thank you, Commissioner. Thank
18 you for your leadership through this very
19 challenging time. I think we all agree we
20 are in the midst of a mental health crisis
21 unlike anything we've seen before.
22 I applaud the new agency merger. You
23 know, I think there's -- in the vast majority
24 of times, substance abuse is co -- you know,

1 has dual diagnosis with other mental and
2 behavioral health challenges, so I'm glad to
3 see that.
4 I do want to point out that we have,
5 in Dutchess County, a crisis stabilization
6 center, which people should take advantage of
7 coming to visit if they would like to see how
8 that works and how that's structured.
9 My main question, Commissioner, as
10 chair of Veterans Affairs, is to reiterate
11 the comments of Senator Ortt and others that
12 Dwyer is such a fantastic program, it's been
13 so effective. We are really troubled that
14 the Governor has not reached, you know, the
15 decision to make sure that that's in the
16 budget every year.
17 And I would like to know, given that,
18 whether you would support us switching the
19 Dwyer funding -- you know, making sure that
20 everybody gets what they've been entitled to
21 from last year, get it in the budget this
22 time. But would you support that we move
23 that to the Division of Veterans Services?
24 It doesn't seem to be a real fit for your

1 agency, and it -- obviously, it gets lost in
2 a lot of other things. So would you support
3 that going forward?
4 OMH COMMISSIONER SULLIVAN: I think
5 there could be discussion about that. I
6 think it's a great program, I think it has a
7 lot to offer, and I think that's an idea that
8 could be brought forward.
9 ASSEMBLYWOMAN BARRETT: I mean, I
10 think the opportunity -- it's only in, at
11 this point, 25 counties. We added -- last
12 year we added two counties and New York City
13 to the mix. There's a lot of counties across
14 the state.
15 We were talking to the commissioner or
16 the head of the veterans program in Columbia
17 County the other day; he was saying they get,
18 you know, a lot of people from other
19 surrounding counties because of the work that
20 they're doing.
21 I think that this is something that
22 could be more robust and be more effective if
23 it really was focused, you know, within the
24 veterans community. So I would urge you to

1 support that as we -- we're going to put that
2 certainly in our one-house budget, I'm
3 hoping, and I would hope that you would
4 support that going forward.
5 Thank you.
6 CHAIRWOMAN WEINSTEIN: So we go back
7 to the Senate.
8 CHAIRWOMAN KRUEGER: I think at the
9 moment we are out of Senators with questions,
10 but we'll get more, so please keep going,
11 Assembly.
12 CHAIRWOMAN WEINSTEIN: Okay, we have
13 quite a few.
14 So I'm not sure, I think --
15 Assemblywoman Miller, you want to try it
16 again?
17 ASSEMBLYWOMAN MILLER: Yes. Can you
18 hear me now?
19 CHAIRWOMAN WEINSTEIN: Yes, now we
20 can, thank you.
21 ASSEMBLYWOMAN MILLER: Okay.
22 Good morning, Commissioner, how are
23 you?
24 So I think a lot of what I'm hearing

1 is again this desperate need for our state
2 agencies to learn how to coordinate for
3 evaluations, reimbursements -- like we need
4 this coordination. As my colleague
5 Assemblymember Abinanti says, one size does
6 not fit all. These silos, these -- you know,
7 they get locked in. So I just want to
8 reiterate that point, I think it's so
9 important.
10 Do we know how this behavioral health
11 parity compliance fund is working? Is it
12 fully funded? I know that there's still this
13 desperate need to find providers. And I also
14 know firsthand, just from my mom with
15 Alzheimer's, trying to access a psychiatrist.
16 There's a several-month waiting list if
17 they're even taking new patients. They
18 accept no insurance or Medicaid or Medicare.
19 Like, how are we helping people find
20 the treatment when they can't even find the
21 psychiatrist or the professional to help
22 start the process?
23 OMH COMMISSIONER SULLIVAN: Parity
24 work is ongoing. The compliance fund is

1 going to be based on fines and dollars
2 received, and those have not been issued yet,
3 but the work is going on.
4 The work is going on to look at
5 basically what's happening with the insurers.
6 The Parity Reporting Act will happen this
7 year. There's a lot of work going on behind
8 the scenes, a lot of contact with the
9 insurers.
10 And just remember that there's
11 something called the CHAMP program. The
12 CHAMP program basically will take a request
13 from anybody who's having trouble finding
14 services or getting approvals from insurance
15 companies. The CHAMP program is there for
16 providers, it's there for individuals, it's
17 there for family members.
18 And I don't have the number, but it's
19 available. Anyone can call. They've seen
20 over I think 600 cases so far, and they've
21 been very active in helping individuals work
22 with insurers who may not be following
23 strictly the kind of rules for parity.
24 So the parity compliance fund doesn't

1 -- is not really -- it's there to receive
2 those dollars. It's not there yet.
3 ASSEMBLYWOMAN MILLER: Okay. And then
4 just back to Assemblymember Gunther's, you
5 know, issue with closing these -- the
6 children's long-term beds. You know, just as
7 we keep hearing from our health
8 commissioners, from medical experts how
9 during the pandemic we can't ignore our
10 existing conditions, our existing health
11 issues, nor can we ignore especially
12 children's existing mental health issues or
13 remove their treatments if they need a
14 long-term treatment bed.
15 If the numbers are down, maybe it's
16 because -- I know even with my son, with
17 medical issues, I was deathly afraid of
18 bringing him to the hospital. I would do
19 anything -- we did try many things to keep
20 him out of the congregate environment during
21 the pandemic. I don't think it's really a
22 true reflection of an improvement. I think,
23 if anything, we're about to see a dramatic
24 increase from the isolation and from, you

1 know, the exacerbation of their underlying
2 conditions for not getting treatment during
3 the pandemic or not having available
4 treatment.
5 And as we know, the suicide risk is
6 crazy and looms above us all. So it's a
7 significant concern.
8 OMH COMMISSIONER SULLIVAN: Yes. But
9 just to clarify again, for Rockland, that
10 those beds will be moving. It may be that
11 they have an increased distance for some
12 families, but we are actually enhancing the
13 services in Rockland. Those services will be
14 increased for youth in Rockland.
15 ASSEMBLYWOMAN MILLER: Thank you.
16 CHAIRWOMAN WEINSTEIN: Thank you.
17 Since there are no Senators, we have I
18 believe eight Assembly members.
19 CHAIRWOMAN KRUEGER: Actually, we have
20 one Senator. Sorry.
21 CHAIRWOMAN WEINSTEIN: Okay, so we're
22 going to go back to the Senate.
23 CHAIRWOMAN KRUEGER: Thank you.
24 John Brooks. I think he couldn't get

1 his hand up, but he texted me.
2 Are you there, John?
3 SENATOR BROOKS: I'm here. Thank you,
4 Madam Chairman. I appreciate the opportunity
5 to speak for a moment here.
6 There's been a lot of discussion on
7 the Dwyer program, which is an excellent
8 program. You know, every single year, as has
9 been mentioned, it's cut out of the budget.
10 I think with absolute certainty this
11 budget -- it is misplaced in the budget. We
12 don't have an opportunity, as the Veterans
13 Committee, even to comment in this hearing.
14 I'm commenting via my membership of other
15 committees.
16 But the veterans program has been
17 exceptionally successful. The demand is
18 greater than ever, with the pandemic and what
19 is happening. We're in a situation where the
20 director's position is empty. We have been
21 trying to get these funds out to the units.
22 And to me, as was mentioned by other
23 members, it's incredible that this program is
24 not in the budget year after year after year.

1 Everybody and his brother -- and his sister,
2 I guess, to be correct -- understands the
3 great success and the need to have this in;
4 in fact, the need to increase the funding for
5 this program.
6 I believe we really have to rethink
7 what we're doing with veterans within the
8 budget. It probably should be part of the
9 cabinet. We've got individuals who serve
10 this state and this nation in an outstanding
11 way. We know, particularly with some of our
12 Vietnam vets, they're having additional
13 problems now as they get older. We've
14 changed the role of the military, in that
15 what was once a part-time soldier becomes a
16 full-time soldier. You know, I spent six
17 years in the National Guard. We were never
18 federally activated at all at that time. Now
19 it's a common practice.
20 And it puts these individuals in
21 significant stress. You go from a peacetime
22 environment, walking down a street, and maybe
23 two months later you're in a hazardous zone.
24 So I share with everybody that's

1 commented it's incredible that this isn't
2 even in the budget. And then, you know, for
3 me even to speak to the departments that are
4 controlling the budget, we had to go through
5 a back door to allow us to do that.
6 We've got to rethink what we're doing.
7 And this past year we lost three members,
8 just recently, in the National Guard on a
9 service mission. We have people that are
10 having a great deal of stress, suicide risk.
11 The Dwyer program works. We should all be
12 ashamed that it's not in this budget.
13 CHAIRWOMAN KRUEGER: Thank you. And
14 thank you for allowing us the leeway of
15 Senator Brooks not actually asking a
16 question, just being the chair of the
17 Veterans Committee where this technically
18 won't come up because it's in the mental
19 health budget.
20 I think -- I think we all are agreeing
21 this is a serious issue, both houses, both
22 parties. So thank you, Assembly.
23 SENATOR BROOKS: Thank you.
24 CHAIRWOMAN WEINSTEIN: Yes. We go to

1 Assemblywoman Griffin, three minutes.
2 ASSEMBLYWOMAN GRIFFIN: Good morning.
3 Good morning, Commissioner Sullivan.
4 I just wanted to say I'm deeply
5 concerned about the cuts in residential beds
6 and the cuts to mental health counseling and
7 suicide prevention.
8 I'm also concerned about the proposal
9 to delay the $1 million investment in suicide
10 prevention for veterans, first responders and
11 law enforcement. These groups are
12 particularly vulnerable and can't afford a
13 delay in services.
14 Over the past four years there has
15 been a significant increase in suicides in
16 ages 14 through 25 in my district. Really
17 startling. And -- it's like we have a couple
18 a year. And it's very devastating for
19 families, students, everyone.
20 And I heard you mention specific
21 groups that sounded like they were increasing
22 suicide prevention. I just wondered if you
23 could elaborate on that.
24 OMH COMMISSIONER SULLIVAN: Yes, thank

1 you. We have -- when you look at the suicide
2 data, there are certain high-risk groups that
3 are particularly at risk.
4 And one particular group, just to
5 describe one, is the Black youths group.
6 Young Black children in the ages of even up
7 to 9 to 12 have seen the largest increase in
8 suicide nationally of any group. And it's
9 very, very tragic and terribly sad.
10 So we brought together experts from
11 NYU, Dr. Lindsey and others, into a Black
12 Youth Suicide Workgroup, for example, and
13 that workgroup has now made recommendations
14 which we're following up on. And they will
15 include working with those -- with Black
16 communities on the issues of suicide.
17 One particular piece will be working
18 with the church faith groups on alerting
19 people on how to assess, on what we call
20 mental health first aid, what are the risks
21 and risk factors of suicide, working with the
22 schools in those communities to be able to
23 talk in a way that can be understood by the
24 youth and the teachers as to what they need.

1 So we're talking about some very
2 intense grassroots work with those
3 communities to talk about suicide, to talk
4 about mental health issues, and to talk about
5 being open about asking for help.
6 You know, suicide prevention has many,
7 many pieces that have to come together. You
8 have to work with the community, you have to
9 work with teachers, you have to work with the
10 -- which is another initiative we have with
11 healthcare providers. Pediatricians, for
12 example, for the Black youth group are
13 critical for them to understand, to be
14 attuned to what can be activities or ways
15 that kids are acting that could actually end
16 up resulting in something as tragic as a
17 suicide. So all those groups.
18 What we've found is, though, that you
19 have to hone it down to specific populations
20 sometimes. You can't just do a generic. And
21 I think that's one of the things -- for
22 example, we're doing Black youth, the other
23 group is Latina adolescents, and the other
24 very high risk group is the LGBTQ young

1 people. I mean, I think they have one of the
2 highest rates of suicide attempts and, sadly,
3 successful suicides.
4 So we're working with someone called
5 the Trevor Foundation, for example, on that,
6 who's done tremendous work with LGBTQ. They
7 have a hotline for youth that is specifically
8 for individuals who are LGBTQ.
9 So those are the kinds of things that
10 we're doing. And as we move it, we're going
11 to be moving it out across the state to those
12 affected communities.
13 ASSEMBLYWOMAN GRIFFIN: Thank you very
14 much.
15 OMH COMMISSIONER SULLIVAN: Thank you.
16 CHAIRWOMAN KRUEGER: Thank you. I
17 don't think we have any more Senators right
18 now --
19 CHAIRWOMAN WEINSTEIN: Okay, so then
20 we're going to go to --
21 CHAIRWOMAN KRUEGER: Oh, oh, oh,
22 Michelle Hinchey raised her hand, excuse me.
23 Senator Michelle Hinchey.
24 SENATOR HINCHEY: Hello. I'm trying

1 to start my video, but for some reason I'm
2 not allowed to.
3 CHAIRWOMAN KRUEGER: There you are.
4 OMH COMMISSIONER SULLIVAN: We can see
5 you.
6 SENATOR HINCHEY: Wonderful. Thank
7 you so much.
8 Commissioner, thank you so much for
9 being here.
10 Farming is a stressful business in the
11 best of times, and this year we see how
12 disruptions in the food supply chain have
13 made it more so. New York FarmNet, which is
14 a mental and financial distress hotline
15 specifically for the farm and agricultural
16 community, has reported that farm caseloads
17 have not only increased from previous years,
18 but that the percentage of farmers dealing
19 with significant stress and mental health
20 challenges has doubled.
21 Yet the Executive Budget has again
22 eliminated $400,000 in funding. Can you
23 share why the Governor's budget proposal is
24 not providing adequate funding for New York

1 FarmNet in a time when mental health services
2 have never been more important?
3 OMH COMMISSIONER SULLIVAN: Let me
4 just say that we know the importance of
5 mental health in the rural communities, and
6 we're doing a lot of work in those
7 communities with telehealth to kind of spread
8 some of the ability for mental health
9 professionals to be there and to work on
10 something very effective and very helpful.
11 On the FarmNet issue, I know that that
12 was one of the issues that was pushed into --
13 {audio feedback} -- were not moved in the
14 budget this year, but last year's -- I don't
15 know if they've been moved from last year or
16 not, I'm not that familiar with it. Yes,
17 they were not approved. They were not
18 approved at this point in time.
19 SENATOR HINCHEY: Okay, thank you.
20 And --
21 OMH COMMISSIONER SULLIVAN: I think if
22 those -- paperwork for something like that
23 comes through to OMH, we'll forward that
24 {continued audio feedback}. From last year.

1 SENATOR HINCHEY: Thank you. And
2 within that, you mentioned how important
3 mental health is in our rural communities.
4 Can you talk about where in the budget
5 support for mental health is specifically for
6 rural communities?
7 OMH COMMISSIONER SULLIVAN: It's not
8 specific. It's embedded in the work we do
9 with telehealth, the work that we do with
10 mobile crisis teams, the work that we do with
11 the expansion of clinic services.
12 For example, some of our CCBHCs are in
13 -- well, we have one in Franklin County,
14 which is rural communities. So it's not a
15 specific line. It's embedded in the overall
16 work we do and the state aid that we give.
17 And then the counties often are a partner
18 with us to use those dollars.
19 SENATOR HINCHEY: Thank you. I'll
20 just say from my experience in my
21 communities, we are losing mental health and
22 detox beds repeatedly in our rural
23 communities, and it's definitely something --
24 these are communities that are ravaged by

1 these types of needs, and yet we're losing
2 them repeatedly. So it's something that is
3 an absolute priority for me and those of us
4 who live in the rural communities.
5 So thank you, and I appreciate you
6 looking into it.
7 OMH COMMISSIONER SULLIVAN: Yes, and I
8 absolutely agree with you {continued audio
9 feedback} -- I think we need to {feedback}--
10 beds are critical in those areas, and we work
11 very hard with the providers in those areas
12 not to close psych beds because ours aren't
13 as lucrative as some other beds in the
14 medical system.
15 But yes, I agree with you, there are
16 areas, pockets, where those acute-care beds,
17 acute-care beds need to be there.
18 SENATOR HINCHEY: Thank you.
19 CHAIRWOMAN KRUEGER: Thank you.
20 Assembly.
21 CHAIRWOMAN WEINSTEIN: We go to Ken
22 Zebrowski.
23 The next order for Assemblymembers,
24 just for your information, is then Burdick,

1 Epstein, Byrne -- actually, it's Burdick,
2 Bronson, Epstein.
3 So we go to Assemblyman Zebrowski now,
4 Ken Zebrowski.
5 ASSEMBLYMAN ZEBROWSKI: Thanks, Chair
6 Weinstein. And good morning, Commissioner.
7 When I raised my hand to speak, it was
8 right as Chair Gunther was speaking, so I
9 have to say that I can attribute many of my
10 comments to her frustrations.
11 And I also want to touch briefly on
12 the Rockland psych beds. I've got to say
13 that I think it would be far more beneficial
14 and helpful for us to be able to get to the
15 bottom of these beds and the need over the
16 next year than to do this in this budget.
17 We're hearing different things than
18 some of the data you're giving us now. We're
19 hearing that those beds aren't utilized not
20 because there isn't a need, but because
21 they're not being filled. And, you know, I
22 have to say that in the downstate region
23 there is a difference between travel in
24 Rockland, Orange, Putnam than there is

1 crossing over the river and into the New York
2 City area.
3 So I'm not sure that, you know,
4 replacing the beds from Rockland or sending
5 folks down to the Bronx is just a hop, skip
6 and a jump for folks that are in the
7 Hudson Valley region. You know, there's not
8 great mass transit options. You know, if --
9 earlier this week I was talking to the head
10 of the MTA about, you know, our lack of train
11 access and there's bus limitations and things
12 like that. So I know it's, you know, a
13 bigger catchment area than just Rockland
14 County, but the entire region sort of uses
15 these beds.
16 So we're concerned about eliminating
17 these beds right now. We don't think it's
18 the right thing to do in the middle of COVID
19 when I feel like there can't be a sort of
20 proper analysis. And also, I'm really
21 concerned about the employees. There's a lot
22 of confusion as to what their options would
23 be, where they would be going.
24 So in my opinion -- you know, I

1 appreciate your comments here today. I just
2 think that this is something that we should
3 take out of the budget, eliminate, and have a
4 conversation over the next year with maybe
5 some roundtables and things like that with
6 certainly your participation and the
7 leadership of both committee chairs in the
8 Senate and the Assembly and both ranking
9 members.
10 Thank you.
11 CHAIRWOMAN KRUEGER: Thank you.
12 Assembly, please continue.
13 CHAIRWOMAN WEINSTEIN: We've been
14 joined by Assemblywoman De La Rosa and
15 Assemblywoman Jackson, and we go to
16 Assemblyman Burdick, to be followed by
17 Assemblyman Bronson. Three minutes.
18 ASSEMBLYMAN BURDICK: Thank you. And
19 I want to thank the chairs and commissioners
20 for holding this.
21 And clearly, what we hear repeatedly
22 is that we have a crisis which has deepened
23 with the pandemic. And I support the
24 impassioned pleas of so many of my colleagues

1 to restore funding.
2 I want to speak for a moment about one
3 of the missions of OPWDD, to work closely
4 with nonprofit partners to help individuals
5 with developmental disabilities find
6 residential housing.
7 I had direct experience some seven
8 years ago as supervisor of the Town of
9 Bedford at that time, when Cardinal McCloskey
10 Community Services applied for a permit to
11 provide housing in Bedford to four young
12 autistic men who had aged out.
13 I have two questions on that; the
14 first I would ask that you get back to me on.
15 And the first is what appropriation level is
16 proposed for the funding for such facilities
17 in the budget, how does that compare to the
18 existing level, and can we please have the
19 actual expenditures over the last three
20 years, and in comparison to the appropriation
21 levels.
22 The main question I have relates to
23 the process itself. It was very painful. I
24 understand that several years previously this

1 statute had been revised to facilitate the
2 siting. There still are serious issues. And
3 what recommendations might you have to
4 facilitate Cardinal McCloskey and others to
5 be able to get their approvals?
6 OMH COMMISSIONER SULLIVAN:
7 Assemblyman Burdick, that really falls within
8 Dr. Kastner, who will be testifying later,
9 OPWDD. I am not the -- this is --
10 ASSEMBLYMAN BURDICK: Okay, I'm sorry.
11 I will hold off on that. I apologize.
12 OMH COMMISSIONER SULLIVAN: Thank you.
13 CHAIRWOMAN WEINSTEIN: So then we're
14 going to go to Assemblyman Bronson.
15 ASSEMBLYMAN BRONSON: Hello,
16 Commissioner. Nice to see you.
17 I'm going to ask two questions, or
18 actually two areas. The first I just want to
19 point out, you know, some of my colleagues
20 mentioned that we're facing three crises
21 simultaneously, the first being the COVID-19
22 health crisis and pandemic as well as the
23 resulting downturn in the economy, and then
24 racial injustice -- you know, three at the

1 same time. And this has really had an impact
2 on the emotional health of our citizens.
3 And here in Rochester, you know, we
4 had the tragic death of Daniel Prude last
5 year and the recent pepper-spraying of a
6 9-year-old child. This has rightfully
7 outraged our communities and shown that real
8 change is needed to prevent more tragedies
9 like these from occurring.
10 Yesterday, myself and Senator Brouk
11 introduced legislation which will help ensure
12 our most vulnerable friends and neighbors are
13 directly connected to trained mental health
14 professionals who will treat them with
15 compassion at their time of greatest need.
16 You know, simply put, New Yorkers that are
17 experiencing mental health and substance
18 abuse crises are best served by a public
19 health response, one that maximizes consent,
20 treatment and services and minimizes the role
21 of law enforcement and the use of force.
22 We have to have transformative change
23 that moves us away from a model of control
24 and force to one of compassionate, care and

1 treatment.
2 So, you know, Daniel's Law has been
3 introduced. I hope that you and the Governor
4 can take a close look at that and partner
5 with us so that we get it right and that we
6 can get that measure passed.
7 As for my question, as you know, three
8 years ago there was a robust group of
9 behavioral health advocates who came together
10 and worked with your staff, the Governor's
11 staff and other agencies to address the
12 exemption from licensure for those working in
13 state licensed or operated facilities. That
14 exemption was extended for another three
15 years with an agreement.
16 And now the exemption is due to sunset
17 in June, and nothing has been done. Agencies
18 don't want to hire anyone at this point for
19 fear they will not be able to practice at the
20 top of their education. All of this is
21 happening in the middle of a behavioral
22 health and workforce crisis that I mentioned
23 earlier, so I was kind of surprised not to
24 see anything.

1 Does your agency have a plan for June?
2 I mean, where do we stand on getting this
3 exemption to make sure it goes beyond June or
4 making it permanent?
5 OMH COMMISSIONER SULLIVAN: There are
6 some -- I know that there are some
7 discussions about moving it because of the
8 disruption of COVID to longer than June, but
9 that has not been decided yet.
10 And I think that there has been a
11 tremendous amount of dialogue on this issue,
12 and we do have procedures for how agencies
13 can work and appropriately do the required
14 supervision, et cetera. But the grandfather
15 issue, which I think is one of the issues
16 that you're bringing up, yes, technically it
17 would be in July, but I know there are
18 discussions to see if that could be extended.
19 But I do not know. I do not know.
20 ASSEMBLYMAN BRONSON: Thank you.
21 CHAIRWOMAN WEINSTEIN: Thank you.
22 We go to Assemblyman Epstein.
23 ASSEMBLYMAN EPSTEIN: Thank you,
24 Commissioner. Thank you for your work.

1 Commissioner, do you think it's in the
2 best interest of New York to do cuts like
3 what is proposed here, including the
4 200 beds?
5 OMH COMMISSIONER SULLIVAN: I think
6 that you have to use healthcare dollars right
7 now, and all dollars, wisely. I think if you
8 don't do that -- me, as the commissioner -- I
9 don't think I'm being responsible.
10 So I do think it is important to look
11 at beds that we have looked at, and we'd be
12 glad to share the data with everyone on how
13 long they've been vacant, why they've been
14 vacant, that there's no reason that those
15 beds should not be closed and that those
16 healthcare dollars should not be spent on
17 something that is not being utilized.
18 ASSEMBLYMAN EPSTEIN: So you don't
19 think we need the beds, then, Commissioner?
20 OMH COMMISSIONER SULLIVAN: The beds
21 that are being closed, no, I do not think we
22 need them. As we close them. We close them
23 very slowly, very carefully for --
24 ASSEMBLYMAN EPSTEIN: So you don't

1 think that there are people with mental
2 health issues who aren't getting access to
3 beds, then?
4 OMH COMMISSIONER SULLIVAN: The state
5 hospital or long-term-care beds? And I think
6 that's a -- that is different from the
7 community beds. The community beds across
8 New York State have only decreased slightly,
9 and we've fought very hard to keep those
10 community beds up. And they basically have
11 -- I think we've lost about 200 over a couple
12 of years, something like that. It's not been
13 a lot. That's where I think a lot of the
14 work is.
15 These are long-term-care beds, and
16 many of these individuals that we are closing
17 the beds for have been with us for a long
18 time and we've been successfully able to move
19 them successfully into the community, opening
20 up that bed as a vacant bed.
21 ASSEMBLYMAN EPSTEIN: Okay, so it
22 sounds like you think closing the long-term
23 beds makes sense, but additional community
24 beds might be useful.

1 OMH COMMISSIONER SULLIVAN: Yes.
2 Critical. Critical. Community beds are
3 critical. Please don't get me wrong.
4 But the long-term beds I think for
5 many individuals who have been with us too
6 long, we now have the opportunity to go to
7 housing that has come up, et cetera, to help
8 those individuals move successfully into the
9 community. That has helped us tremendously
10 to lower our bed use.
11 ASSEMBLYMAN EPSTEIN: So,
12 commissioner, I know I only have a minute
13 left, but I know Assemblymember Abinanti
14 raised a lot of issues around cuts to
15 services, you know, the cuts to providers.
16 I'm wondering if you think that's in the best
17 interests of New Yorkers that those cuts move
18 forward, in the best interests of New Yorkers
19 with mental health needs or people with
20 disabilities.
21 OMH COMMISSIONER SULLIVAN: Well, I
22 think there's an -- you know, the 5 percent
23 reductions which -- to state aid I think are
24 hard on the providers, and it's something

1 that I think will -- if we can get a
2 significant federal input, which I think New
3 York needs and deserves, if we can get those
4 dollars, then that 5 percent, as has been
5 said by the Department of Budget, that that 5
6 percent cut to the providers will go if -- if
7 we get the federal aid. I think everyone in
8 the state right now is in the bucket of
9 having to deal with the fact that we don't
10 have sufficient federal aid to balance the
11 budget.
12 ASSEMBLYMAN EPSTEIN: Right. Well,
13 Commissioner, I appreciate it. We agree, we
14 want as much federal aid as possible. But
15 the state could step up too. The state could
16 raise additional revenue sources that could
17 facilitate this. So I would encourage you
18 not just to talk about federal aid, but
19 additional state revenue, because in times of
20 crisis we can raise revenue and we have lots
21 of tools available to do that. And I would
22 encourage you to support moving forward with
23 more revenue, not less.
24 Thank you, Commissioner.

1 OMH COMMISSIONER SULLIVAN: Thank you.
2 CHAIRWOMAN WEINSTEIN: Thank you.
3 We go to Assemblyman Byrne.
4 ASSEMBLYMAN BYRNE: Yes, thank you,
5 Chairwoman.
6 And thank you, Commissioner, for your
7 testimony and answering my colleagues'
8 questions. I'm going to echo all the calls
9 for the Joseph P. Dwyer Peer-to-Peer Program.
10 It is extremely upsetting to see that while
11 the Governor likes to laud the program, it's
12 conspicuously absent in the Executive's
13 proposed budget each and every year.
14 So I'd like to echo those calls for us
15 to restore that in the final budget
16 agreement.
17 But my question specifically to you,
18 Commissioner, is more about the jail-based
19 substance use disorder treatment and
20 transition services and the significant
21 cut -- I believe it's a 50 percent cut, cuts
22 in half from what we had last year, from
23 $3.75 million, and it takes away
24 $1.9 million.

1 I can understand that -- I think the
2 argument is that the jail population is
3 reduced because of things like bail reform.
4 What I would caution and just try to
5 express to you is that many of these people
6 that are in county jails, they're not just
7 numbers. The need is still there, very much
8 so. It may even be exacerbated, I believe,
9 by the COVID-19 pandemic. And a lot of our
10 county governments, they use these state
11 dollars to leverage additional federal
12 assistance for these types of services.
13 And I would like to ask if you would
14 be supportive of the Legislature seeking to
15 restore those fundings, bringing it back.
16 OMH COMMISSIONER SULLIVAN: I believe
17 -- I'm not sure exactly the funding you're
18 referring to. I think it might be under
19 OASAS and Dr. Sanchez, Arlene Sanchez.
20 Because it sounded like substance
21 abuse treatment leaving prisons. We don't --
22 we work with the seriously mentally ill
23 leaving prisons. And we have not cut that.
24 So --

1 ASSEMBLYMAN BYRNE: Sure. Thank you.
2 That's my mistake. You know what, we're
3 doing this virtually and I have this long
4 witness testimony list, and sometimes it's
5 hours and hours before we get to speak. So
6 my mistake. I gave a heads-up to the other
7 commissioner for when I ask that question
8 later on.
9 But I will go back to my initial point
10 and just echo my colleagues on the importance
11 and value of the Joseph P. Dwyer Program,
12 making sure that the dollars that were
13 already committed by previous budgets are
14 given to the counties for the service, and it
15 does a tremendous amount of good.
16 So thank you, Madam Commissioner.
17 CHAIRWOMAN KRUEGER: Thank you.
18 Assembly, still yours.
19 CHAIRWOMAN WEINSTEIN: Mary Beth
20 Walsh, then.
21 ASSEMBLYWOMAN WALSH: Thank you.
22 Good morning, Commissioner.
23 My question has to do with the
24 Executive Budget's proposal which would allow

1 the commissioner to create a schedule of
2 penalties for violations of operating
3 certificates. Why is this necessary?
4 OMH COMMISSIONER SULLIVAN: Let me
5 just say that we've had several -- we've had
6 instances where, for example, beds,
7 psychiatric beds -- acute psychiatric beds in
8 the community were closed precipitously. The
9 communities were upset, basically, et cetera.
10 The penalty for that, for not
11 consulting with DOH, for not consulting with
12 OMH, is so small -- it's like $15,000 total,
13 total, that you could be fined. That's
14 really not a deterrent to anybody to do those
15 things precipitously. So that's one example
16 where it's really important, I think, that
17 there be some teeth in the regulations.
18 For example, when a hospital comes to
19 us -- and often the hospital's having
20 financial problems -- and they say they want
21 to close beds, acute beds in the community,
22 we work very closely with them about setting
23 up the necessary community-based services.
24 Sometimes we figure it out so they don't have

1 to close the beds.
2 But it's really not acceptable for
3 them to just close the beds and give us
4 notice that they no longer have a psychiatric
5 unit.
6 That's happened a couple of times --
7 that's just one example -- of where the
8 ability to say to a certain system, like
9 hospital systems, You can't just do this
10 without consulting with us -- so that's an
11 example of why, the penalties are just so low
12 that they don't -- the other issue, sometimes
13 it comes up in terms of care. But usually
14 it's someone who hasn't let us know that
15 they're doing something kind of dramatic in
16 the community and they have not come forward
17 to discuss it with us.
18 ASSEMBLYWOMAN WALSH: Thank you,
19 Commissioner. Do you have an idea of -- or a
20 thought as to if $15,000, say, is too low, do
21 you have a sense of whether those violation
22 penalties would be doubling, tripling? You
23 know, can you give us some insight as to what
24 your thinking is on that?

1 OMH COMMISSIONER SULLIVAN: I think
2 we're still working on that. We're working
3 on -- you know, I think we have to look at
4 the kinds of penalties that other places do.
5 I mean, we don't want to be over -- you don't
6 want to go overboard, but you also want to
7 make the penalties something that would make
8 people think twice before not letting you
9 know.
10 So we're still in the process of doing
11 that, so I can't give you a number. But it
12 would be considerably more.
13 ASSEMBLYWOMAN WALSH: Okay,
14 Commissioner. And is there a sense of where
15 that money, the penalty money would be --
16 would it go right back into the budget, do
17 you have it earmarked for some other purpose?
18 Or what is your thinking on that?
19 OMH COMMISSIONER SULLIVAN: I think
20 the plan at this time is it would go back
21 into the budget.
22 ASSEMBLYWOMAN WALSH: Okay. Thank you
23 very much.
24 OMH COMMISSIONER SULLIVAN: Thank you.

1 CHAIRWOMAN WEINSTEIN: We go now to
2 Assemblyman Aubry.
3 ASSEMBLYMAN AUBRY: Good morning,
4 Commissioner. I thank you for your testimony
5 and the time you've taken.
6 My question concerns the issue of your
7 relationship with the Department of Community
8 Corrections, who oversees that delivery of
9 services of mental health? How much money in
10 the budget is directed toward what goes on in
11 the prisons? As well as your view, if you
12 have one, on the use of special housing units
13 in the prisons and how you manage services
14 under those circumstances.
15 OMH COMMISSIONER SULLIVAN: We have a
16 Division of Forensics which does all the
17 forensic services. We work very closely with
18 the Department of Corrections. We have a
19 whole array of services that include
20 inpatient psychiatric services, what we call
21 crisis residential beds. We have also
22 residential beds. We also have treatment of
23 the general population.
24 I don't know the number offhand of

1 breaking off the cost, but I could get that
2 to you. So we can get that. But we have a
3 whole array of services, almost like
4 community services and inpatient services we
5 have in the community are in the prison
6 system. So we are working very closely.
7 We also have discharge planning
8 services that are very intense. We do some
9 wraparound services when seriously mentally
10 ill individuals are leaving prison. We have
11 some specialized housing when they leave
12 prison.
13 Actually, in the prisons we have two
14 what we call transition units which are
15 two -- and I think it's in now three of the
16 prisons, for individuals who have serious
17 mental illness go for anywhere from 24 to 48
18 months before they leave prison to give an
19 idea of what it would be like to go into the
20 community. Because we don't want individuals
21 being -- returning to prison.
22 So we have a whole array of services
23 that we fund in the prison system for both
24 the seriously mentally ill and for the other

1 issues, people with a mental illness. I
2 believe the total of individuals on our
3 caseload are about 8,000 in the prison
4 system. About half of those -- a quarter of
5 those have serious mental illness. So about
6 8,000 individuals in a prison system of about
7 fifty -- 49,000, 50,000.
8 We work very closely with the
9 Department of Corrections. You have to be
10 partners with them if you're doing this work.
11 ASSEMBLYMAN AUBRY: And your position
12 about the use of isolation for individuals in
13 prison and what effect that has.
14 OMH COMMISSIONER SULLIVAN: Yeah, it's
15 a very complicated issue. But we are very
16 happy to have two pilot programs that are
17 going on, one in Bedford Hills, which is a
18 women's prison, and the other -- I don't want
19 to say the wrong one -- which are really
20 diminishing the use of SHU tremendously for
21 our clients who have mental illness. And
22 basically those pilots are in close
23 conjunction with the Department of
24 Corrections. So we work very closely

1 together.
2 We also screen all patients in SHU and
3 work with any patients who need our
4 assistance in SHU. But those pilots are very
5 exciting in terms of working with how to help
6 individuals with mental illness who may, as
7 part of their issues, do the kind of
8 behaviors that could get them into SHU, to
9 avoid that and get mental health treatment.
10 ASSEMBLYMAN AUBRY: And Bedford Hills
11 is a women's facility, which tends to be
12 smaller and less restrictive because of the
13 way in which women are treated.
14 I'm interested in what happens with
15 the men's prisons with the majority of those
16 incarcerated there. And also, how do you
17 deliver cultural competency in a prison
18 setting, particularly when prisons are, for
19 the most of them, are located in upstate
20 regions where finding staff might not be as
21 easy or have associations with the
22 relationships with most of the prisoners who
23 come from the downstate area?
24 OMH COMMISSIONER SULLIVAN: Yeah,

1 that's a struggle. It's a struggle for
2 staffing. We do a lot of training, and a lot
3 of that training includes, you know, how you
4 work with individuals who are incarcerated.
5 It also talks about cultural competency. We
6 do a lot of work, we do a lot -- we also do
7 some telework, especially with psychiatrists
8 in our prisons.
9 But yes, the recruitment and retention
10 and training people appropriately is
11 something we're constantly doing. But you're
12 right, Assemblyman, it's a struggle in the
13 prison system. But we work very hard to do
14 the very best we can.
15 ASSEMBLYMAN AUBRY: Do you know how
16 you have --
17 CHAIRWOMAN WEINSTEIN: Thank you. I'm
18 sorry, Assemblyman, the time has expired.
19 ASSEMBLYMAN AUBRY: Thank you so very
20 much.
21 CHAIRWOMAN WEINSTEIN: We go to
22 Assemblyman Ra, ranker on Ways and Means, for
23 five minutes.
24 ASSEMBLYMAN RA: Thank you.

1 Good morning, commissioner. Just -- I
2 have a couple of questions about telehealth,
3 but just quickly, I know a number of my
4 colleagues mentioned the Rockland Children's
5 Psych Center. I just wanted to, on behalf of
6 my colleague Mike Lawler, you know, convey
7 his concerns with that proposal as well.
8 But I think Chairwoman Gunther covered
9 it quite well, as did several other
10 colleagues from that region.
11 Regarding -- you mentioned the
12 telehealth reform proposal earlier. And one
13 of the things that I guess is somewhat
14 unclear to me was the inclusion of audio-only
15 services for coverage. Can you speak about
16 that and if that would be included in the
17 proposals?
18 OMH COMMISSIONER SULLIVAN: Yeah,
19 currently in all the emergency orders
20 audio-only is included. And we are working
21 to see if that's possible. I think there is
22 support to do it. There are some glitches
23 with Medicare and the influence that Medicare
24 not yet kind of approving that, the influence

1 that that has on Medicaid's ability to
2 approve it.
3 I think there is a desire to approve
4 it for Medicaid. I think the Department of
5 Health and others are working out those legal
6 issues. And we are certainly lobbying, I
7 know whole groups are lobbying in Washington
8 to get Medicare to approve it. So there's a
9 lot of push to ensure that we can have audio.
10 It's worked well, and I think that it
11 has been very helpful for our clients over
12 this period of the pandemic, the audio has
13 been very successful.
14 ASSEMBLYMAN RA: Okay, thank you for
15 that. I think it's definitely both --
16 sometimes, you know, just in terms of access,
17 certain people having an easier time doing
18 those type of settings and then certainly,
19 you know, sometimes just in terms of the
20 technological side of it, which, you know,
21 we've even seen this morning.
22 So this stuff is great when it works,
23 but it doesn't always. And it causes great
24 frustration when it doesn't. So thank you,

1 Commissioner.
2 OMH COMMISSIONER SULLIVAN: It's very
3 helpful. It's very strong. And I think,
4 having done some of it myself, the old
5 telephone can work very well.
6 ASSEMBLYMAN RA: Thank you.
7 CHAIRWOMAN WEINSTEIN: Thank you.
8 We're going to go to Assemblywoman
9 Gunther for a second five minutes.
10 ASSEMBLYWOMAN GUNTHER: So there's
11 quite a bit of work behind the scenes, so
12 I'll go quickly, I'll ask the questions and
13 then you can answer it and then I can
14 respond.
15 What is the total amount for these
16 reductions in funding? For the 5 percent
17 withheld, can you provide me a list of what
18 programs will be impacted, first of all. We
19 heard from providers that the state is
20 planning to restore all but 5 percent of the
21 20 percent withheld, but there has not been
22 any official word. Is there going to be
23 official word on that? Can you commit today
24 that those agencies will get their funding

1 cuts back retroactively and provide a
2 timeline for when that would happen?
3 And also, can you give me more detail
4 about your plan for the transfer of the 100
5 state-operated community residence beds to
6 voluntary agencies, including where in the
7 state will this transfer be implemented and
8 how capacity in these beds was used to make
9 this determination?
10 So there's a few questions there
11 regarding some of the budget priorities that
12 you have, and I just kind of need some
13 answers to be able to answer to my
14 constituency.
15 OMH COMMISSIONER SULLIVAN: Yeah, it's
16 my understanding that the 5 percent cut is
17 going forward. What that will look like, we
18 are working with the -- that's a cut to state
19 aid going forward to the counties, and that's
20 something that we are working with the
21 counties on how they will -- a lot of the
22 decisions will be made at the local level
23 with us about those reductions, that 5
24 percent of state aid primarily to the local

1 counties. The --

2 ASSEMBLYWOMAN GUNTHER: You know,

3 during -- I just want to say for the

4 counties, and to defend the counties at this

5 point, the revenue is going down in the

6 counties, the number of people that are

7 having issues are going up. And to withhold

8 5 percent to smaller counties and upstate

9 counties really has a definite impact.

10 So I just want to respond to that.

11 And if you would keep going, thank you so

12 much.

13 OMH COMMISSIONER SULLIVAN: Thank you.

14 The other is it is my understanding that the

15 15 percent of that 20 percent withhold will

16 be reimbursed and that it will be

17 retroactive. That's if -- so it's what if.

18 If that $6 billion -- if we get that minimum

19 of $6 billion from the federal government,

20 that that will happen, and that will be

21 retroactive.

22 ASSEMBLYWOMAN GUNTHER: Will you

23 commit that these agencies will get their

24 money back? Because a lot of times we really

1 need a commitment to make sure that if we're
2 getting money from the feds, that the money
3 is going to go back into their hands.
4 OMH COMMISSIONER SULLIVAN: It's my
5 understanding that that's what has been
6 committed to.
7 ASSEMBLYWOMAN GUNTHER: But we don't
8 need -- you know, I understand that. But I'm
9 asking for a commitment. For my counties
10 across New York State, I think a commitment
11 is very important about that.
12 So it's evident that this pandemic is
13 going to have a long-lasting impact on people
14 with mental health. Our not-for-profit
15 service providers and their staff have worked
16 tirelessly, again and again. The Executive
17 Budget is enacted and we're waiting for the
18 -- there's a deferral of the COLAs. Will
19 these non-for-profits get this money back?
20 They are -- they are having a very
21 difficult financial time. They are providing
22 most of the services, these non-for-profits,
23 to people in our communities, so they need
24 this 5 percent in order to continue to exist

1 in our communities. Is there a commitment
2 that this money will go back to these
3 agencies that are vital to all of our
4 communities?
5 You know, sometimes, you know, we take
6 money from the most needy -- the most needy
7 areas and we don't, you know, consult with
8 people like me that represent all those
9 people in these communities. So we really
10 need a commitment to give that money back to
11 these non-for-profits. They will not stay in
12 existence. Five percent means a lot to them.
13 OMH COMMISSIONER SULLIVAN: Whether or
14 not that 5 percent is restored will depend
15 upon the degree of federal aid. I can't give
16 you a commitment on that. That's a decision
17 that will be made based upon the amount of
18 federal aid, as I understand it. But I can't
19 give you a commitment on that 5 percent. Not
20 from me.
21 ASSEMBLYWOMAN GUNTHER: Okay, so we're
22 going to close 100 state-operated community
23 residence beds. Can you tell me where that
24 money is going to go and into what

1 communities? And are you evaluating
2 communities in accordance to need?
3 OMH COMMISSIONER SULLIVAN: Yes.
4 We're evaluating -- thank you. We're
5 evaluating the communities in accordance to
6 need. Those -- the dollars will support the
7 beds in the community.
8 And as I said before, we -- these will
9 be evaluated primarily if they are truly
10 long-term beds that are on our campuses. We
11 shouldn't be having long-term beds on our
12 campuses. That's a violation of Olmstead,
13 that's something that we should be fixing.
14 So basically we're doing it slowly,
15 we're looking at these hundred beds, but
16 there will be a hundred comparable beds in
17 the community, and those individuals -- when
18 those beds of those individuals are moved to
19 those community-based beds.
20 But we're looking at that across the
21 system. And I can give you -- as we decide,
22 Assemblywoman, I'll be glad to let you know
23 where they are.
24 ASSEMBLYWOMAN GUNTHER: So at this

1 point in time our communities and our
2 counties have very little money. In order to
3 create these beds, you also need money for
4 our non-for-profits for, you know, increased
5 employees. So is the money that you're
6 investing in our communities because you feel
7 that they shouldn't be institutionalized,
8 et cetera, in those institutions -- so are
9 you going to support the creation of
10 appropriate care for our folks with mental
11 health in the communities? You know, this
12 isn't a cheap thing. We need 24-hour care,
13 correct, we need reimbursement to our
14 communities, we need the money for the
15 purchase of buildings, et cetera, that we
16 don't have at this moment.
17 So when you say that we're going to
18 support the community, community beds are
19 great -- and also about the money for jobs.
20 CHAIRWOMAN WEINSTEIN: Thank you --
21 ASSEMBLYWOMAN GUNTHER: You're saving
22 $4 million from closing those beds. Why are
23 you only investing $2 million? So we need
24 every bit of that $4 million.

1 CHAIRWOMAN WEINSTEIN: Thank you.
2 Thank you, Assemblywoman.
3 Commissioner, there's a number of
4 questions there. Perhaps you can send some
5 information in writing and we can share it
6 with all the members, not just with
7 Assemblywoman Gunther.
8 OMH COMMISSIONER SULLIVAN: Mm-hmm.
9 (Nodding.)
10 CHAIRWOMAN WEINSTEIN: Senate, do you
11 have anybody else?
12 CHAIRWOMAN KRUEGER: No.
13 CHAIRWOMAN WEINSTEIN: We do have one
14 other Assemblymember.
15 CHAIRWOMAN KRUEGER: No, there's just
16 the one more Assemblymember.
17 CHAIRWOMAN WEINSTEIN: We have
18 Assemblyman Anderson for three minutes.
19 ASSEMBLYMAN ANDERSON: Thank you. Can
20 I be heard?
21 CHAIRWOMAN WEINSTEIN: Yes.
22 ASSEMBLYMAN ANDERSON: Okay, thank
23 you, Chairwoman Weinstein. Thank you,
24 Commissioner, for being here. And also thank

1 you, Chairwoman Gunther, and all of our
2 leaders who are here today.
3 So I have several questions and
4 concerns regarding the cuts to the Office of
5 Mental Health. I think that when we're
6 looking at cuts to this degree, this
7 5 percent that my colleague mentioned, it's
8 also important for us to mention early
9 intervention, prevention. I know there's
10 some cuts to the crisis intervention budget.
11 So I want to know in terms of --
12 separate from the reliance on the federal
13 budget, what are some steps that your agency
14 is going to take to ensure that services are
15 still met even with all of these cuts to the
16 three programs that I've mentioned? Or the
17 focus areas, excuse me that I mentioned. So
18 that's early intervention, crisis
19 intervention, and prevention -- or early
20 intervention, early prevention and crisis
21 intervention, those programs or areas of
22 expertise. Can you answer that?
23 OMH COMMISSIONER SULLIVAN: The early
24 intervention programs that we fund are not --

1 we're not cutting those.
2 ASSEMBLYMAN ANDERSON: The prevention,
3 the crisis prevention.
4 OMH COMMISSIONER SULLIVAN: Oh, the
5 crisis prevention? We're not cutting those.
6 ASSEMBLYMAN ANDERSON: Yes.
7 OMH COMMISSIONER SULLIVAN: We're --
8 I'm sorry --
9 ASSEMBLYMAN ANDERSON: If I understand
10 correctly, I'm looking at page 72 of our book
11 here, it looks like there is a reduction for
12 that office, care coordination and -- I'm
13 just looking at it here.
14 I just want to make sure that there's
15 a plan to kind of fill in those services. If
16 you look at, for example -- I'm sorry?
17 OMH COMMISSIONER SULLIVAN: I'm
18 sure -- please, if you can get us that,
19 because I'd be glad to get you back the
20 details, Assemblyman. I'm just not familiar
21 with the --
22 ASSEMBLYMAN ANDERSON: Okay, that's
23 fine.
24 OMH COMMISSIONER SULLIVAN: I'm sorry,

1 but I'm not.
2 ASSEMBLYMAN ANDERSON: And -- okay,
3 that's fine.
4 So when we're also talking about the
5 downsizing -- and I guess I'm looking at it
6 in a different light than you in that
7 respect. If we're looking at the downsizing
8 here, the state-operated facilities, you're
9 talking about a reduction in 200 beds. For
10 me, that's -- that's inter -- you know, a
11 prevention mechanism to be able to have those
12 services, wraparound services under one roof.
13 But what I'm asking is in terms of
14 making sure that we preserve those services,
15 what is your plan or strategy to preserve
16 those services?
17 OMH COMMISSIONER SULLIVAN: So
18 basically the individuals who -- the cutting
19 -- lowering those beds enables -- we'll be
20 moving individuals into the community. And
21 as we move them into the community, we have
22 what we call mobile integration teams with
23 our hospitals, we have Pathways to Home teams
24 with our hospitals. They all help these

1 individuals move into the community and stay
2 in the community. And it's the movement of
3 those long-term patients that enable us to
4 close the beds.
5 So basically those services will
6 continue. That's what we've been doing all
7 along in terms of the reduction in beds that
8 we've had. And we wrap these services around
9 the individual. They then get hooked into
10 all the community-based services that we
11 support -- the clinic services, the rehab
12 services. All the services that are
13 available -- the home-based crisis
14 intervention services, all those services.
15 So we will be maintaining those, the
16 individuals.
17 And only when beds have absolutely
18 been vacant for a protracted period of time
19 do we close them, so we're sure that we've
20 been able to move people successfully and
21 that we don't have a need at the front door,
22 either, for individuals to come in.
23 ASSEMBLYMAN ANDERSON: Don't you think
24 --

1 CHAIRWOMAN WEINSTEIN: Thank -- thank
2 you. Thank you, Commissioner.
3 So now we are -- I'm going to turn it
4 back --
5 ASSEMBLYMAN ANDERSON: But Chairwoman,
6 I had one follow-up. I just had one
7 follow-up.
8 CHAIRWOMAN WEINSTEIN: Your time has
9 expired. You can send -- if you could share
10 with my staff, and we will make sure that the
11 commissioner gets that information.
12 ASSEMBLYMAN ANDERSON: Thank you,
13 Chairwoman.
14 CHAIRWOMAN WEINSTEIN: So I'm going to
15 turn it back to Assemblywoman -- I'm sorry,
16 Senator Krueger, because -- since this panel
17 has ended, and she will be calling the next
18 witness. Thank you.
19 CHAIRWOMAN KRUEGER: Thank you very
20 much.
21 And thank you very much, Commissioner
22 Sullivan, for answering the questions. And I
23 think you have quite a few homework
24 assignments for following up with us.

1 OMH COMMISSIONER SULLIVAN: Thank you.
2 CHAIRWOMAN KRUEGER: Thank you.
3 I would next like to call up the
4 New York State Office for People With
5 Developmental Disabilities, Dr. Theodore
6 Kastner, commissioner.
7 Then, again, just reminding everyone
8 of the rules of the road. Then Senator
9 Mannion and Assemblymember Abinanti, as the
10 two chairs, will each have 10 minutes of
11 questioning, then their rankers have five
12 minutes of questioning, and then everyone
13 else who's a member of the committees
14 participating with us today will have three
15 minutes. But when you ask a question -- so
16 everybody get ready -- the answer has to come
17 within that time period also. That's why we
18 have the clock there. And we've added a
19 flash when it gets to zero.
20 And simply because there are so many
21 government witnesses today and we are already
22 at almost noon and we're coming to number two
23 out of quite a few pages of testifiers,
24 unfortunately Helene and I will have to be

1 strict gatekeepers.
2 So with that, welcome,
3 Commissioner Kastner.
4 OPWDD COMMISSIONER KASTNER: Thank
5 you. And good morning, Chairs Krueger,
6 Weinstein, Mannion, Gunther, Abinanti and
7 other distinguished members of the
8 Legislature.
9 I'm Ted Kastner, commissioner of the
10 New York State Office for People with
11 Developmental Disabilities. Thank you for
12 the opportunity to provide testimony about
13 Governor Cuomo's fiscal year 2021-2022
14 Executive Budget and how it benefits the more
15 than 126,000 New Yorkers served by OPWDD.
16 Governor Cuomo continues to make
17 strategic investments in the OPWDD service
18 system designed to maintain access, increase
19 equity and enhance the sustainability of our
20 community-based, person-centered service
21 system. These investments have enabled OPWDD
22 to invest approximately $710 million in the
23 salaries of direct support professionals and
24 clinical staff since January 1, 2015.

1 These investments have also enabled
2 OPWDD to increase the number of individuals
3 supported through most of our programs,
4 including the Home and Community-Based
5 Waiver, which increased by nearly 28 percent
6 over the past seven years; Self-Direction,
7 which increased by more than 160 percent over
8 the past four years; independent living
9 arrangements, which increased by 170 percent
10 in the past eight years; day program and
11 employment options, which increased by 11
12 percent over the past five years; and an
13 increase in the number of people receiving
14 respite by 22 percent over the last five
15 years.
16 In addition, our care coordination
17 organizations have increased enrollments by 6
18 percent between July 2019 and June 2020.
19 OPWDD also continues to offer housing
20 supports in the community to more than 36,000
21 people who are currently living in certified
22 community-based residential programs. These
23 residential opportunities alone support a
24 budget of $5.2 billion in public resources

1 annually.
2 The Governor's fiscal year 2022 budget
3 builds upon these accomplishments. Despite
4 the global pandemic, in fiscal year 2022
5 growth in state spending on OPWDD programs
6 will increase to almost $4 billion, or more
7 than $9.1 billion when all shares funding is
8 included. These new resources, which
9 increase state spending on OPWDD supports by
10 about $110 million, or 2.8 percent year over
11 year, will fund minimum wage increases for
12 staff in the nonprofit sector with a new
13 investment of $32 million in state resources,
14 which equates to $58 million in all shares
15 funding to support the transition to a
16 $15-per-hour minimum wage.
17 The new resources will also support
18 new services for OPWDD-eligible individuals
19 and their families for the eighth consecutive
20 year and commit an additional $15 million in
21 new capital funding to continue efforts to
22 expand the availability of affordable housing
23 opportunities for the seventh consecutive
24 year.

1 In addition, the budget supports
2 OPWDD's ongoing efforts to enhance our
3 ability to deliver person-centered services.
4 In fiscal year 2022, OPWDD will increase
5 access to residential services in the most
6 integrated settings by expanding the options
7 available to individuals across our continuum
8 of supports, including apartments with
9 wraparound support and family care. OPWDD
10 will also assist individuals who have aged
11 out of their residential schools to move to
12 appropriate adult residential opportunities.
13 OPWDD will continue to allow
14 individuals to receive community habilitation
15 and respite using tele-modalities and make
16 investments in respite opportunities for
17 those families in need of short-term support.
18 Finally, we will enhance and
19 strengthen the quality of research for people
20 with developmental disabilities by
21 transitioning the Institute for Basic
22 Research from OPWDD to the Office for Mental
23 Health, leveraging their research expertise.
24 OMH will work with its partners, including

1 the New York State Psychiatric Institute, to
2 improve and expand the quality and scope of
3 research activities supporting our needs.
4 I would also like to take this
5 opportunity to recognize the impact that
6 COVID-19 has had on our community. Our
7 highest priority has always been to preserve
8 the health and safety of our individuals and
9 families. I deeply appreciate the
10 extraordinary sacrifices that individuals and
11 families have made.
12 Our response to COVID-19 has been made
13 possible only by the incredible work of the
14 direct support professionals and clinical
15 staff who daily have demonstrated courage,
16 commitment and compassion in supporting
17 individuals with developmental disabilities
18 over this past year. These amazing women and
19 men have been at the front lines of our war
20 against the pandemic, and I am personally
21 grateful for their continued dedication.
22 And finally, the many leaders of our
23 voluntary provider organizations, in addition
24 to our state operations staff, have been

1 fully engaged in this effort and have been
2 key partners in quickly and effectively
3 mounting our statewide response.
4 Our response to the pandemic included
5 the creation of COVID-19 specific data
6 reporting systems that were later modified
7 and expanded to include mandatory reporting
8 through a 24-hour hotline which informed
9 deployment of statewide resources. We
10 dedicated over 100 staff to contact-tracing
11 efforts within our system of supports. We
12 provided financial and regulatory relief to
13 the service providers. We issued over 80
14 guidance documents and offered countless
15 trainings to assist providers in ensuring the
16 health and safety of our families,
17 individuals and their staff.
18 We also quickly launched mitigation
19 and containment efforts, which included
20 visitation restrictions and program
21 suspensions. We worked with providers to
22 establish additional facilities to treat and
23 house individuals who contracted the virus
24 both in residential settings and in the

1 community, and we greatly expanded provider
2 flexibility through Appendix K and waiver
3 authorities.
4 We have met regularly -- at the
5 beginning of the pandemic, this occurred
6 several times per day. We continue to meet
7 biweekly with our stakeholder groups,
8 including provider associations, family and
9 self-advocacy support groups, and care
10 coordination organizations, to share
11 information, including data related to COVID
12 infections, for feedback and to answer
13 questions.
14 We've also revamped our website and
15 integrated a new listserv application to help
16 us improve our communication with all
17 stakeholders.
18 The pandemic has taught us a lot about
19 being flexible. We've made a number of
20 changes to the way we deliver services in our
21 system. One of these changes is the delivery
22 of teleservices. We support the Governor's
23 executive proposal to expand telehealth
24 services, which will make services more

1 accessible to individuals, particularly those
2 in rural areas of the state.
3 With these thoughts in mind, I want to
4 thank you for your continued partnership and
5 your support for individuals with
6 developmental disabilities. I look forward
7 to answering any questions you may have.
8 CHAIRWOMAN KRUEGER: Am I now unmuted?
9 Yes. Thank you very much, Commissioner.
10 Our first questioner will be the chair
11 of the committee, Senator John Mannion.
12 SENATOR MANNION: Thank you, Senator.
13 Thank you, Commissioner, for your
14 report. And it's nice to see you again.
15 As chairman of the new Senate
16 Committee on Disabilities, I'm
17 extraordinarily concerned about the
18 state-funded services, or lack thereof, for
19 individuals with developmental disabilities
20 and intellectual disabilities. These
21 programs are chronically underfunded in the
22 best of times, and when times get tough,
23 budgetary times get tough, like the one we're
24 in the midst of now, they seem to be the

1 first to get cut. And I'm hoping that we can
2 begin to change that destructive pattern.
3 I can assure you, my colleagues, and
4 those watching the feed that I will
5 vigorously object to any cuts when we should
6 be doing the opposite and investing in the
7 system.
8 So, Commissioner, I ask within the
9 Executive Budget Proposal Book, it states
10 that OPWDD will undertake several initiatives
11 to manage access to residential
12 opportunities, with the goal of ensuring that
13 people live in settings that most
14 appropriately align with their needs. So
15 ensuring that people live in these settings
16 and it aligns with their needs, can you
17 explain exactly what that means and what
18 assurances you can provide that people who
19 need access to 24/7 care will still be able
20 to find it?
21 OPWDD COMMISSIONER KASTNER: Well,
22 thank you. And congratulations on your
23 appointment as chair of the committee. We
24 look forward to working with you, and I hope

1 this is a long and productive relationship.
2 There are opportunities for us,
3 particularly in light of COVID, to refocus
4 our energy on providing person-centered
5 services, in particular to try to address the
6 individual needs of our individuals and
7 families around residential services.
8 We're proposing several modifications,
9 and the first is to strengthen our ability at
10 the point of contact, which is typically the
11 regional offices, to offer families new to
12 the residential service system opportunities
13 that may be more reflective of their needs
14 and may be more person centered.
15 We will be consolidating access to all
16 of our residential opportunities through that
17 point of contact, and that will include not
18 just access to supervised and supported IRAs,
19 but also access to independent living in
20 apartments, with potentially some wraparound
21 services, and also access to the Family Care
22 Program.
23 We've experienced an increase in
24 demand for both apartment living and access

1 to family care. We think coordinating access
2 to those services at a single point of entry
3 will improve our ability to deliver services
4 in a more person-centered manner.
5 In terms of individuals who are
6 currently residing within our system, there
7 is an opportunity for us to look at how we
8 support those individuals, our provider
9 system, and in particular to focus on our
10 reimbursement methodology. We currently have
11 a cost-based reimbursement methodology which
12 pays a provider a certain rate regardless of
13 what the needs of the individual might be.
14 We believe -- and we've actually discussed
15 this with all of our stakeholders, our
16 residential providers, our families and
17 individuals. But we believe that a payment
18 model that's based on the needs of the
19 individual and reflect the individual's
20 acuity is a more appropriate model.
21 As I said, we've been working with our
22 stakeholders, we're working with the
23 actuaries. We will propose later in the year
24 a redesign of the payment methodology. We

1 will incorporate that into our waiver, which
2 means there will be public comments and
3 opportunity for greater feedback on the
4 proposal. But our hope is that later in the
5 fiscal year we can integrate a new payment
6 methodology which will be more reflective and
7 responsive to the needs of individuals based
8 on their acuity.
9 SENATOR MANNION: Thank you for that.
10 I will be interested to see that and
11 hopefully work collaboratively to try to land
12 at a good spot.
13 In relation to the residential
14 facilities, how many certified residential
15 vacancies are there currently within the
16 system?
17 OPWDD COMMISSIONER KASTNER: I'm
18 sorry, how many vacancies are there?
19 SENATOR MANNION: Yes.
20 OPWDD COMMISSIONER KASTNER: I
21 actually don't have a count on the number of
22 vacancies. I apologize for that.
23 SENATOR MANNION: Okay. I appreciate
24 that, Commissioner. And I believe we

1 provided these questions ahead of time.
2 And, you know, as you can imagine,
3 individuals and families are very concerned
4 about the availability when they -- when it
5 has been deemed that they need to enter a
6 facility. So I just want to I guess
7 highlight that, that if there are vacancies
8 available and people are on a list, that
9 hopefully that those average -- the average
10 length of time that those vacancies are in
11 place is as short as possible so that those
12 people can get into the settings that work
13 best.
14 You know, so another question, I guess
15 I would say, is who's responsible for
16 approving the level of residential services
17 required for individuals? If you could just
18 kind of run me through that, I would
19 appreciate it.
20 OPWDD COMMISSIONER KASTNER: Sure. We
21 have a process whereby individuals and their
22 families who request residential services
23 undergo an assessment through our regional
24 offices. Our regional offices, with the

1 families, make a determination about the
2 level of need and the types of support that
3 they may require.
4 As I said, we want to expand the
5 options that are made available to families
6 at that point of contact so that we can
7 provide them with the most appropriate, least
8 restrictive setting that might be necessary
9 to meet their needs.
10 So that planning process occurs at the
11 regional level, a more local level. It's not
12 centralized within OPWDD's central office.
13 SENATOR MANNION: Gotcha, I appreciate
14 that. And, you know, I understand the
15 commentary you made before.
16 Moving a little bit beyond that, the
17 Executive Budget includes more than
18 $330 million in cuts to voluntary providers.
19 And this, combined with the October 1st, now
20 May 1st cuts to residential programs, amount
21 to more than $550 million.
22 While I'm glad that the proposed
23 reductions to residential providers for the
24 occupancy factor and therapeutic leave days

1 were delayed, I still am concerned about the
2 impact those reductions will have on the
3 provider's ability to provide high-quality
4 supports for the most vulnerable people that
5 need that help.
6 Are there additional cuts that OPWDD
7 is planning on?
8 OPWDD COMMISSIONER KASTNER: Well, let
9 me try to unpack a little bit of what you've
10 described.
11 So as I testified at this committee
12 last year, OPWDD was required by the budget
13 to make the equivalent of a 2 percent
14 reduction in spending. We did not offer a
15 specific plan at that time, but all of our
16 stakeholders knew that we were going to have
17 to make a reduction during the fiscal year.
18 Shortly after that testimony, in
19 March, we began to experience the impact of
20 the COVID pandemic, and we thought very
21 carefully about what our reductions should
22 be. We met with numerous stakeholders and
23 asked for their input as to where we should
24 prioritize our investments and consequently

1 look at where we could make reductions.
2 We determined that at the time it was
3 best that we preserve the funding that we had
4 just gained for the salary increases for
5 DSPs. We also made a commitment to all of
6 our stakeholders to preserve services and to
7 minimize any impact on loss of service. We
8 also looked for opportunities to maximize
9 federal financial participation and enhance
10 the match.
11 Having prioritized our service system
12 and potential revenue reductions in that
13 manner, we then looked at the elements that
14 you described, things like the occupancy
15 factor. The occupancy factor is a payment
16 made to providers to pay for the maintenance
17 of a vacant residential opportunity. There
18 are no individuals in that bed, if you would
19 like to call it. We felt that it was prudent
20 to avoid cutting DSP salaries, cutting
21 service from other stakeholders, and to focus
22 our efforts on these narrowly defined
23 targeted reductions in the occupancy factor.
24 Unfortunately, that did mean that the

1 burden of the cuts fell on our residential
2 providers. I recognize that that is a
3 hardship for them. But at the same time, no
4 individual lost access to services as a
5 result of the elimination of funding for the
6 occupancy factor.
7 The second area that you mentioned was
8 that of the therapeutic leave. Therapeutic
9 leave was an open-ended opportunity for
10 individuals to leave their residential
11 setting for whatever reason, for whatever
12 length of time, and in the prior therapeutic
13 leave OPWDD would pay the provider their full
14 rate for that open-ended period of time.
15 We felt that that was an opportunity
16 to rationalize the payments that were made to
17 support that activity. We capped the number
18 of days of therapeutic leave at 96 per year,
19 which we still think affords families the
20 opportunity to bring their loved ones back
21 home for periods of time over the course of a
22 year.
23 We also were forced to reduce the
24 payment from 100 percent of the residential

1 provider's effective rate to 50 percent of
2 the provider's rate. Again, I recognize that
3 that created a hardship for our residential
4 providers. However, we believe it was a
5 superior alternative to reducing DSP
6 salaries, cutting other services or other
7 activities.
8 CHAIRWOMAN KRUEGER: Commissioner,
9 we've gone over, so I'm going to --
10 OPWDD COMMISSIONER KASTNER: Oh, I'm
11 sorry.
12 CHAIRWOMAN KRUEGER: That's okay.
13 There will be other people who follow up on
14 this question, I have no doubt, since it's
15 important to so many.
16 I'm going to now hand it over to the
17 chair of the Assembly Committee on People
18 with Disabilities, Assemblyman Abinanti.
19 ASSEMBLYMAN ABINANTI: Thank you,
20 Senator.
21 Good morning, Commissioner.
22 I'm going to start off by saying we
23 have a crisis of capacity. You rightfully
24 highlighted that we have an increasing number

1 of people who need services, but frankly
2 we're not providing them.
3 But let's start off with any good
4 department that intends to meet the needs of
5 people in the state does good planning. Can
6 you tell me why no 5.07 Plan has been filed
7 for OPWDD since 2012? When do we expect to
8 get the next OPWDD 5.07 Plan, a five year
9 plan?
10 OPWDD COMMISSIONER KASTNER: There
11 will be an OPWDD 5.07 Plan filed this year.
12 ASSEMBLYMAN ABINANTI: Filed this
13 year, thank you.
14 And what about the autism study? In
15 2018 the Legislature passed and the Governor
16 signed a bill that was A261 at the time that
17 said that -- excuse me, that said we needed a
18 study to determine what the needs of people
19 with autism are and what it would cost the
20 State of New York to meet those needs. When
21 do we expect we'll get that study?
22 OPWDD COMMISSIONER KASTNER: That
23 study will be completed this year also.
24 ASSEMBLYMAN ABINANTI: Thank you.

1 Now, I'm a little concerned about the
2 commitment of the state to people with
3 special needs. I'm looking -- in 2014 the
4 state All Funds spent $4.7 billion. You're
5 proposing here a $4.9 billion budget, which
6 is a $60 million decrease from last year.
7 What kind of a commitment, how are you going
8 to meet all those needs if we have all of
9 these people seeking more and more of these
10 services, and yet there's going to be a
11 decrease, and it's virtually the same as it
12 was seven years ago?
13 And if we take a look, this is also
14 affecting -- this is also affecting our
15 voluntary agencies. If you look at the
16 actual Aid to Localities in 2019, it was $3.2
17 billion. But in 2020 it was only
18 $1.9 billion. And now you're projecting, for
19 2021, about $3 billion. With all of the
20 increased needs -- first of all, what
21 happened in 2020? Why did we spend so
22 little? How much is outstanding to the
23 providers and people with disabilities? How
24 much do we owe?

1 OPWDD COMMISSIONER KASTNER:
2 Assemblyman, I must apologize. Can you run
3 the --
4 ASSEMBLYMAN ABINANTI: Sure. 2019 was
5 $3.2 billion, 2020 was $1.9 billion -- is
6 projected for the next few months -- and
7 2021, you're asking for 3 billion in Aid to
8 Localities.
9 OPWDD COMMISSIONER KASTNER: Well, our
10 local assistance payments are much, much
11 smaller than that. They're on the order of
12 300 to 400 million dollars per year. I
13 apologize, I don't know where you got these
14 numbers.
15 ASSEMBLYMAN ABINANTI: These are
16 actual disbursements. They're published
17 numbers.
18 OPWDD COMMISSIONER KASTNER: For
19 OPWDD?
20 ASSEMBLYMAN ABINANTI: Yes.
21 All right, let me ask you, how much --
22 how much of the monies that you spent this
23 year are accounted for in the rollover from
24 the Medicaid of last year? What percentage

1 of your expenditures were actually for last
2 year's bills?
3 OPWDD COMMISSIONER KASTNER: We don't
4 have a rollover. We operate on a cash basis.
5 Our providers have a period of about
6 three months to submit --
7 ASSEMBLYMAN ABINANTI: No, no,
8 commissioner, at the end of the quarter of
9 last year the Governor withheld payments on
10 Medicaid, and he rolled them over into this
11 year. It was something like a billion
12 dollars of the last quarter that got rolled
13 over. You're not familiar with that?
14 OPWDD COMMISSIONER KASTNER: No, that
15 was not something that had an impact on
16 OPWDD.
17 ASSEMBLYMAN ABINANTI: Well, your
18 department has Medicaid. All of the people
19 who get your services must be on Medicaid,
20 correct?
21 OPWDD COMMISSIONER KASTNER: Not
22 necessarily. We have a small number of
23 individuals who we can --
24 ASSEMBLYMAN ABINANTI: Okay, but

1 almost all.
2 OPWDD COMMISSIONER KASTNER: That's
3 fair enough, sure.
4 ASSEMBLYMAN ABINANTI: So you're not
5 affected by a rollover of Medicaid from last
6 year.
7 OPWDD COMMISSIONER KASTNER: We have a
8 fiscal plan with a target, and we operate on
9 a cash basis. We spend to that --
10 ASSEMBLYMAN ABINANTI: Any of the
11 money that came from COVID relief, did any of
12 that go to the voluntary agencies like it did
13 in other states?
14 OPWDD COMMISSIONER KASTNER: The New
15 York State Division of the Budget manages the
16 receipt of COVID relief funds, and each --
17 ASSEMBLYMAN ABINANTI: Right. So
18 you're not aware of any money having passed
19 through your department going to the
20 voluntary agencies, correct?
21 OPWDD COMMISSIONER KASTNER: The
22 monies that are used by DOB, received from
23 the federal government by DOB, are used to
24 support all programs. They're not passed

1 through, they're used to --

2 ASSEMBLYMAN ABINANTI: Now,

3 Commissioner, I'm understanding that there is

4 a very significant waiting list just to get

5 processed for eligibility for services. How

6 long is that waiting list, do you know?

7 OPWDD COMMISSIONER KASTNER: We have a

8 process of -- called the Front Door, which

9 supports --

10 ASSEMBLYMAN ABINANTI: How many people

11 have gone through the Front Door and are

12 still waiting to be processed?

13 OPWDD COMMISSIONER KASTNER: I don't

14 know that I fully understand the question,

15 but I --

16 ASSEMBLYMAN ABINANTI: In the Lower

17 Hudson Valley I am aware of several hundred

18 people on a waiting list just to get approved

19 for eligibility. So what is it statewide?

20 OPWDD COMMISSIONER KASTNER: There is

21 a process with people --

22 ASSEMBLYMAN ABINANTI: So you don't

23 know the number.

24 OPWDD COMMISSIONER KASTNER: --

1 engaged in determining their eligibility --
2 ASSEMBLYMAN ABINANTI: Commissioner,
3 you're not aware of the number, you just tell
4 me there's a process.
5 OPWDD COMMISSIONER KASTNER: Yeah, and
6 I think, you know, it sometimes means they've
7 got to come back and collect information
8 about --
9 ASSEMBLYMAN ABINANTI: Commissioner,
10 I'm very concerned about -- on March 31 of
11 2010, OPWDD had 21,500 employees. You are
12 proposing in your budget that on March 31,
13 2022, there will be 18,600 employees. That's
14 almost 3,000 employees fewer than you had in
15 2010. Could that be why we have such waiting
16 lists and why people can't get declared
17 eligible for services?
18 OPWDD COMMISSIONER KASTNER: We
19 process every application for every
20 individual who applies for services.
21 Sometimes --
22 ASSEMBLYMAN ABINANTI: Eventually.
23 Eventually.
24 OPWDD COMMISSIONER KASTNER: No,

1 there's a process, and sometimes it's a
2 lengthy one because reports, assessments and
3 other types of material need to be collected.
4 ASSEMBLYMAN ABINANTI: Commissioner,
5 right now somebody in Westchester County
6 who's going into the system for the first
7 time must go through an entire process with
8 about seven steps, maybe eight steps, and it
9 takes two years. Are you aware of that?
10 OPWDD COMMISSIONER KASTNER: I can't
11 speak to the length of time for any specific
12 individual.
13 ASSEMBLYMAN ABINANTI: Commissioner, I
14 would ask that you maybe look into it.
15 OPWDD COMMISSIONER KASTNER: I would
16 be happy to.
17 ASSEMBLYMAN ABINANTI: Now, you're
18 talking about money for minimum wage. Is
19 there any new money in your budget to pay for
20 minimum wage? My understanding is you're
21 actually proposing that we defer the cost of
22 living for DSPs so that we can pay for the
23 minimum wage, is that correct?
24 OPWDD COMMISSIONER KASTNER: No, there

1 is an appropriation of $32 million, state
2 share --
3 ASSEMBLYMAN ABINANTI: Correct.
4 OPWDD COMMISSIONER KASTNER: -- which
5 when --
6 ASSEMBLYMAN ABINANTI: Now, but you
7 are also proposing we defer the
8 cost-of-living increases, the COLAs, correct?
9 OPWDD COMMISSIONER KASTNER: There's
10 no cost-of-living increase in the budget.
11 ASSEMBLYMAN ABINANTI: Right. So
12 we're deferring what was supposed to be a
13 COLA and we're instead going to get a new
14 headline that says we're going to meet the
15 minimum wage, correct?
16 OPWDD COMMISSIONER KASTNER: I'm
17 sorry, I can't comment on -- on --
18 ASSEMBLYMAN ABINANTI: Okay. Part of
19 your system -- in July of 2018, the Governor
20 -- or your department created this system of
21 care coordination organizations, July of
22 2018. For the first two years it was paid
23 for 90 percent by FMAP funds, federal
24 Medicaid funds. As soon as it became a state

1 fifty-fifty match, last year, July 2020, you
2 imposed a 16 percent rate cut, correct? A
3 $73 million savings, is that correct?
4 OPWDD COMMISSIONER KASTNER: Yes --
5 ASSEMBLYMAN ABINANTI: All right, now
6 you're proposing for this May another 23
7 percent rate cut, is that true, another $309
8 million, quote, savings?
9 OPWDD COMMISSIONER KASTNER: There is
10 a rate cut of approximately $53 million.
11 There's also a withhold of approximately $40
12 million.
13 ASSEMBLYMAN ABINANTI: Okay. So what
14 we're saying here, then, is that you're
15 basically going to cut almost 40 percent of
16 the rate for the entry level for anybody
17 going into OPWDD. Before they get anywhere
18 near OPWDD, they need to have a care
19 coordinator. And now we're going to cut the
20 rate that we pay care coordinators 40
21 percent, is that what you're saying?
22 OPWDD COMMISSIONER KASTNER: No.
23 As -- as you mentioned, this was a new
24 program that launched in 2018. Prior to July

1 of 2018 we contracted with approximately 350
2 agencies called Medicaid --
3 ASSEMBLYMAN ABINANTI: But now we have
4 seven statewide agencies with about 3,000
5 people handling all of the people who want to
6 get into the system or are already in the
7 system. These people do a huge amount of
8 work, and yet we're going to cut them 40
9 percent, is that correct?
10 OPWDD COMMISSIONER KASTNER: As I -- I
11 think the context in understanding the
12 targeted reduction is that we increased
13 spending on care coordination by 60 percent,
14 between the MSC program and the CCO program.
15 On July 1st of 2018 our total --
16 (Overtalk.)
17 ASSEMBLYMAN ABINANTI: Because you put
18 it into effect then. Now everybody who wants
19 to get into the system has to have a care
20 coordinator, is that correct?
21 OPWDD COMMISSIONER KASTNER: No, it's
22 not --
23 ASSEMBLYMAN ABINANTI: Are you aware
24 that there are not enough care coordinators

1 and there are not enough fiscal
2 intermediaries and there are not enough any
3 of the people that you've set up? You've got
4 like an eight-step process before anybody can
5 get any services, and now you're not paying
6 them enough and there's not enough of them to
7 handle all of the applications, Commissioner.
8 I ask that you take a look at that and
9 take another look at your budget.
10 I think my time is out, thank you.
11 CHAIRWOMAN WEINSTEIN: Thank you.
12 We go to the Senate.
13 CHAIRWOMAN KRUEGER: Thank you very
14 much. I'm just checking, is our ranker
15 Senator Martucci here with us? No.
16 THE MODERATOR: We have not seen him.
17 CHAIRWOMAN KRUEGER: We've not seen
18 him. Okay, then we will skip him and we will
19 go to the Assembly ranker -- I'm sorry, we
20 don't go to the Assembly, we go to a
21 different Senator. Excuse me. And I'm just
22 double-checking whether we have other Senate
23 hands up yet. And we don't, so we are going
24 to go to the Assembly for now.

1 CHAIRWOMAN WEINSTEIN: Thank you.
2 We go to Assemblywoman Miller, the
3 ranker on OPWDD, for five minutes.
4 ASSEMBLYWOMAN MILLER: Hi, good
5 morning.
6 Good morning, Commissioner, how are
7 you?
8 OPWDD COMMISSIONER KASTNER: It's nice
9 to see you again.
10 ASSEMBLYWOMAN MILLER: Nice to see
11 you. Thank you for being here.
12 As you know, I live in the world of
13 people with disabilities who are serviced
14 through OPWDD, and I've made it pretty public
15 that I have a child in the system who has the
16 ability to fall through many cracks. As you
17 also know, I'm very committed to representing
18 those like Oliver who have such difficulty
19 accessing what's supposed to be available to
20 help them.
21 I want to say on record that having
22 met you and spoken with you so many times, I
23 really do believe that you have a great
24 understanding of our population's needs and

1 truly believe that you're listening to us,
2 which is refreshing, and trying to improve
3 the system. So I want to thank you for that.
4 I can't imagine -- I know it must be
5 very difficult to try and do this in our
6 state where we, where you, OPWDD, is not ever
7 a priority in our budget. With a population
8 that, as you said, is growing and growing,
9 you're asked to make more and more cuts.
10 Money is there in our budget, but it goes
11 elsewhere instead of to help our most
12 vulnerable. So I don't envy your task.
13 As Tom was alluding to, you know,
14 these cuts, there's more cuts that have come
15 out about 40ish percent towards CCOs. That
16 being said, you know, with all of these cuts
17 and you're being accused of cutting here and
18 cutting there, how do you allocate -- I'm
19 just going to ask the several questions that
20 I have and then you can answer at the end, if
21 that's okay.
22 So the first is, how do you allocate
23 your monies? How do you decide what gets
24 cut? Like is it CCOs or therapeutic leave

1 days? Or are there ever cuts from within
2 your administration, the administrative
3 offices, rather than just spitting it out to
4 program services, other organizations?
5 My next question is regarding day
6 programs. As you know, many are still closed
7 due to the COVID, the lowered census, but
8 which leaves so many people just languishing
9 at home with nothing to do.
10 What alternatives -- it's almost a year --
11 are we coming up with that are being offered?
12 And are you going to advocate strongly to
13 reopen all the day programs to continue the
14 mission of integrating our loved ones into
15 the community?
16 It seems like our population is
17 forgotten during COVID. We were in no
18 phases, there were lots of excuses. We're
19 still not being considered. When budget cuts
20 need to occur, somehow we seem to be at the
21 top of this list. So it's funny to me how
22 we're not even a thought during phases and
23 pandemic strategies, but we're the top of the
24 list, the first thought, for budget cuts.

1 And lastly, regarding that, this
2 vaccine distribution. You know, I was very
3 happy to see that people with disabilities
4 were included in the vaccine distribution
5 phases, but only for those in congregate
6 settings. While I understand that, what
7 about those living at home, which are way
8 more numerous? They are stuck. We're stuck,
9 can't go out, can't go to day programs, can't
10 go to school, can't -- unless they are
11 considered to receive the vaccine. And will
12 you advocate for them to have a phase here,
13 to have a voice here? I know I've been
14 writing and calling and emailing, but can you
15 advocate for them?
16 OPWDD COMMISSIONER KASTNER: Well,
17 Assemblywoman, I apologize that in the minute
18 I have I won't be able to respond to every
19 question.
20 But in terms of how we allocate our
21 funding, I tried earlier to outline our
22 prioritization as we approached last year's
23 budget, and I would say we will continue to
24 prioritize in the same fashion in this year

1 going forward. We will try to preserve our
2 DSPs' salaries so that we stabilize our
3 workforce. We will try --
4 ASSEMBLYWOMAN MILLER: Do you ever cut
5 from within the administrative, within those
6 offices, rather than outward?
7 OPWDD COMMISSIONER KASTNER: I don't
8 believe it's a secret, but there has been a
9 freeze on salaries for state employees.
10 There's also been a freeze on hiring for
11 non-clinical roles within OPWDD.
12 So in terms of state-operated
13 functions, there is an effort to look at
14 cost-containment activities.
15 ASSEMBLYWOMAN MILLER: Okay, we're not
16 going to get to the other questions. I would
17 hope that they could be answered and
18 addressed in some other way if not -- we
19 can't speak about it on here. I would
20 appreciate that.
21 OPWDD COMMISSIONER KASTNER:
22 Certainly.
23 CHAIRWOMAN WEINSTEIN: Commissioner,
24 if you could share the answers to the

1 Assemblywoman's questions with my office and
2 Senator Krueger's office, and we'll make sure
3 they're distributed both -- not only to
4 Assemblywoman Miller, but to all of the
5 members who are on the call today.
6 We go now to the Senate.
7 CHAIRWOMAN KRUEGER: Thank you.
8 Actually, Commissioner, that was where
9 I was going to start, that these questions
10 being asked of you, we would love to see the
11 numbers broken out somehow by region on a
12 statewide basis. Because we'll have
13 individual members talking about the
14 experiences from their own districts, but I
15 don't think there's any of us who are hearing
16 a different story.
17 So I want to ask you specifically
18 around Manhattan, where I come from, in New
19 York City, we have seen such enormous
20 waitlists for adults living with elderly
21 parents where the elder parent is trying to
22 plan for, unfortunately, their own passing
23 and what's going to happen to their adult
24 children who they have amazingly been able to

1 keep with them for 40, 50, even 60 years but
2 can't possibly function independently.
3 Where are we on keeping track and
4 actually having waitlists that are either
5 going up or down for making sure that these
6 folks are not left unattended when the
7 parents can no longer care for them or,
8 particularly in light of COVID, the parents
9 pass?
10 OPWDD COMMISSIONER KASTNER: So I
11 realize that's a difficult situation for
12 older parents.
13 As people come to the regional office
14 and ask for access to residential services,
15 there is a prioritization process. We
16 identify approximately 800 families who have
17 an emergent need during that assessment.
18 Each year we have turnover within our
19 existing residential capacity of
20 approximately a thousand opportunities per
21 year. We are able to meet the need for
22 everyone who has an emergent need for
23 residential services. And that would
24 include, I think, the older parents that

1 you're describing.
2 There's some people who are very
3 proactive and they come to us and seek
4 residential services at some point in the
5 future, particularly for younger children and
6 individuals. We don't consider those to be
7 urgent. We do maintain a list of them, but
8 they would not be the priority for placement.
9 Priority would go to folks who are older, as
10 you described it, people who are ill, who
11 have COVID and can't take care of their
12 children, things of that type.
13 CHAIRWOMAN KRUEGER: And you're saying
14 you have adequate placement services, that
15 everyone who comes to you with this story
16 gets a placement for their adult child?
17 OPWDD COMMISSIONER KASTNER: We can
18 support everyone who is in the emergency
19 category for placement each year, through
20 turnover in our existing residential
21 capacity.
22 CHAIRWOMAN KRUEGER: So I'm not nearly
23 the expert that the chair, Tom Abinanti, is.
24 So when he was talking about not being able

1 to get through the I guess gatekeepers. So
2 when you answered that question for me, that
3 is for people who have successfully gotten
4 through the gatekeepers?
5 OPWDD COMMISSIONER KASTNER: There is
6 an eligibility process for OPWDD services.
7 The process is called the Front Door.
8 Individuals and families need to present
9 evidence that the individual has a disabling
10 condition that results in significant
11 functional deficits and is expected to last
12 for the lifetime of the individual.
13 CHAIRWOMAN KRUEGER: So if I've been
14 in OPWDD nonresidential, I don't have to go
15 through a new review process at that time?
16 OPWDD COMMISSIONER KASTNER: Correct.
17 You would go through a process of assessment
18 of need relative to the request for
19 residential services.
20 CHAIRWOMAN KRUEGER: Got it. All
21 right.
22 I just want to quickly make an
23 announcement. Apparently it's worth having
24 these budget hearings, because I have been

1 told that there will be an immediate release
2 of the funds for the suicide services that
3 everyone has been so concerned about and
4 talking about, mostly in the previous Office
5 of Mental Health section of this hearing.
6 But I think that we can all give ourselves a
7 hand that we all spoke out and talked about
8 how critical emergency service suicide is,
9 and so suicide now apparently has been moved
10 to a category of release of funds,
11 recognizing that suicide should be treated as
12 an emergency, particularly in times of
13 COVID -- I would argue at all times. So I
14 just wanted to throw in that we have some
15 good news here.
16 And I will cede the rest of my time to
17 the Assemblywoman.
18 CHAIRWOMAN WEINSTEIN: Thank you.
19 Now we go to Assemblywoman Gunther for
20 five minutes.
21 Aileen, you have to just unmute
22 yourself to begin. There you go.
23 ASSEMBLYWOMAN GUNTHER: So -- good
24 morning, everybody.

1 So my first question is due to the
2 COVID pandemic, what is the level of savings
3 that was achieved by OPWDD because of the
4 decreased disbursements? And also that we
5 have heard from several provider agencies
6 across the state who are dealing with
7 exceptionally high vacancies in their
8 districts to support their workforce. Does
9 OPWDD have a plan to help them?
10 OPWDD COMMISSIONER KASTNER: Thank
11 you. A pleasure to see you again.
12 It -- it -- we're still in the process
13 of collecting the data from our providers as
14 to the costs that they incurred as a result
15 of COVID and the cost of the services that
16 they provided.
17 But I don't believe that there are
18 substantial savings that resulted as a result
19 of program closures or suspension of
20 activities. I'll give you an example of day
21 programs in particular. On March 24th, we
22 closed all day programs across the state, but
23 we continued to pay the providers for day
24 program services all the way through the

1 middle of July, using what were called
2 retainer payments which were approved through
3 our Appendix K application to CMS.
4 So from March 24th through July, there
5 were no savings on day program services.
6 Providers received the full amount of funding
7 that they had received, and they were able to
8 redeploy those staff --
9 ASSEMBLYWOMAN GUNTHER: Till July,
10 right?
11 OPWDD COMMISSIONER KASTNER: -- to
12 different settings, including residential
13 programming.
14 In addition, at the same time we
15 expanded the range of opportunities for
16 people to receive day program services. So
17 we added what was called COM-HAB R, the
18 ability to provide community habilitation in
19 residential settings, and made that available
20 to the 35,000 people -- 36,000 people in
21 certified residential who could no longer go
22 to a day program.
23 So we were effectively paying for day
24 program services twice, once through the

1 retainer program and the second through
2 COM-HAB R.
3 For those families who were --
4 ASSEMBLYWOMAN GUNTHER: That was only
5 for the first six months, though, right?
6 OPWDD COMMISSIONER KASTNER: -- at
7 home and couldn't access their day program,
8 we afforded the opportunity to receive
9 COM HAB on a tele basis. So we tried to
10 support the 20,000 families who had
11 individuals at home who lost access to their
12 day program. So again, we were paying for a
13 duplication of service for those four months.
14 The federal government ended the
15 retainer program for day programs in the
16 middle of July. At that time the pandemic
17 was waning. We removed the order to close
18 all day programs. We allowed every day
19 program to reopen based upon whether they
20 wanted to. If they chose to reopen, they had
21 to submit a safety plan. We received 225
22 safety plans from our day program providers.
23 Many providers told us that they didn't have
24 the same demand as previously, partly in part

1 due to the now availability of competing
2 services, Community HAB R and the delivery of
3 COM HAB via tele.
4 We increased the rate, effectively
5 doubled the rate paid to day program
6 providers by reducing the length of service
7 required to bill for both full-day and
8 half-days. That effectively doubled the rate
9 for the services that we provided through day
10 program, simultaneously with the ongoing
11 commitment to COM HAB R and the delivery of
12 COM HAB in a family's home via tele.
13 So I think it's clear in terms of what
14 we were doing that we actually bore more
15 costs in providing these services than we had
16 previously.
17 ASSEMBLYWOMAN GUNTHER: Thank you.
18 So, you know, during -- I had a lot of
19 calls from parents during the time when their
20 loved ones weren't going out to these
21 programs, and a lot of them said there was a
22 lot of difficulty in isolation, so I was
23 concerned about that.
24 So you had a little bit of savings

1 this year, and I just want to know how you're
2 going to reinvest it.
3 OPWDD COMMISSIONER KASTNER: Well,
4 Assemblywoman, I'm not sure that we have
5 savings this year as a result of --
6 ASSEMBLYWOMAN GUNTHER: Okay, thank
7 you.
8 CHAIRWOMAN KRUEGER: Thank you.
9 Senator Diane Savino, whose hand won't
10 be raised for some reason.
11 SENATOR SAVINO: I'm coming, I'm
12 coming. Oh, there I am. Now I can't seem to
13 -- the video won't open. Oh, there --
14 CHAIRWOMAN KRUEGER: We've got you
15 both ways.
16 SENATOR SAVINO: All right, thank you.
17 Dr. Kastner, I'll be brief, because I
18 know there have been so many issues that
19 people want to cover with you. But I want to
20 cover an issue that is close to home to us
21 here on Staten Island, specifically the fate
22 of IBR. So if you could talk to us about --
23 what we're hearing is the closure of IBR
24 again, the shifting of the researchers that

1 are there.
2 What's happening, and what can we do
3 about this? Because there's a lot of concern
4 about the loss of the Institute for Basic
5 Research.
6 OPWDD COMMISSIONER KASTNER: Well, the
7 institute is not being lost. As I described
8 in my testimony, we are transferring
9 responsibility for the operation of IBR from
10 OPWDD to OMH.
11 OMH has experience running three
12 research institutes; this would be their
13 fourth. We believe that that can be
14 effective in improving the quality of the
15 research that's being performed there. OMH
16 has numerous partners that they can work
17 with, most notably the New York State
18 Psychiatric Institute, and we hope that that
19 can improve, again, the quality of the
20 research that's being performed at IBR.
21 SENATOR SAVINO: But what guarantee
22 can -- do we have? I mean, are we talking
23 about transferring the physical location of
24 the Institute for Basic Research or just the

1 administrative oversight of it?
2 OPWDD COMMISSIONER KASTNER: The
3 programmatic component, the staff and the
4 programs that are affiliated with those
5 staff.
6 SENATOR SAVINO: So you're taking it
7 off of Staten Island, out of the facility
8 that houses it.
9 OPWDD COMMISSIONER KASTNER: No, OPWDD
10 is transitioning the responsibility for
11 operating the program to OMH.
12 SENATOR SAVINO: Right, okay. That I
13 understand. But will the Institute for Basic
14 Research remain in its current building and
15 then be operated by OMH? I think that's the
16 question I'm asking.
17 OPWDD COMMISSIONER KASTNER: The
18 program will remain at Staten Island. I
19 can't speak to specifically what OMH would do
20 with its various partners in terms of the
21 specific research programs.
22 SENATOR SAVINO: Okay. But it will --
23 the jobs will remain there, the program will
24 remain there, you won't supervise it anymore,

1 they will.
2 OPWDD COMMISSIONER KASTNER: All I can
3 say is we have no plans to reduce any of the
4 staff that are currently involved at that
5 site, but I can't describe what OMH will do
6 because I don't know how they propose to
7 implement the program with their partners.
8 SENATOR SAVINO: But their overall
9 mission of research, particularly into the
10 areas of autism, will continue, as far as you
11 are aware of?
12 OPWDD COMMISSIONER KASTNER: Yes, that
13 is our hope, that actually it not just
14 continue, but it will -- {audio dropped}.
15 SENATOR SAVINO: Okay. I'll Probably
16 reach out to you and to the commissioner of
17 OMH offline to get some more detail on that.
18 And I just want to echo the concerns
19 that were raised by Senator Krueger. I'm a
20 little concerned that you think we have
21 enough capacity for parents who are
22 approaching end of life and are concerned
23 about what's going to happen to their adult
24 children, who also are getting older and

1 older. I don't think we have that capacity.
2 But thank you again for your efforts
3 and what you're doing. Thank you.
4 CHAIRWOMAN KRUEGER: Thank you.
5 CHAIRWOMAN WEINSTEIN: Thank you.
6 We go to Assemblywoman Griffin for
7 three minutes.
8 ASSEMBLYWOMAN GRIFFIN: Good
9 afternoon, Commissioner Kastner.
10 As Assemblywoman Missy Miller
11 mentioned, I too am very concerned that the
12 intellectually and developmentally disabled
13 who live at home have not been prioritized to
14 get a COVID-19 vaccine. These individuals,
15 you know, still yet remain ineligible. And
16 many of my constituents take care of their
17 adult children and younger children at home,
18 and they have been struggling immensely
19 throughout the pandemic due to all of the
20 issues that have come up with COVID-19.
21 One constituent describes how his
22 adult nonverbal son with autism, his whole
23 life has been turned upside-down. He
24 can't -- you know, for a while his day hab

1 was closed, he couldn't go anywhere, he was
2 isolated. Now the day hab is open, it's
3 sponsored by AHRC, but the van that picks him
4 up no longer can pick him up because of
5 COVID.
6 But worse yet is a lot of the
7 activities they normally do, they're not
8 doing, again because of COVID. So if they
9 were to get prioritized and get the vaccine,
10 along with their family caregivers, that
11 would be immensely helpful to these families.
12 The other issue is the cuts that are
13 pending for AHRC and other services are
14 posing a great threat. So this is a facility
15 in Oceanside, there are many throughout
16 Nassau County and New York State; this may
17 permanently close. So when everything would
18 get turned back on after the pandemic, he may
19 not have access to this wonderful facility
20 that gave him, you know, great advantages
21 while, you know, being a 23-year-old and
22 wanting to have some purpose and
23 socialization.
24 So my questions to you are what is

1 your position on this population still yet to
2 be made eligible and a priority for the
3 vaccination, and also what is your position
4 on the funding cuts that are causing AHRCs in
5 Nassau County and around New York State to
6 potentially close?
7 OPWDD COMMISSIONER KASTNER: Well, I
8 assume in terms of AHRCs you're referring to
9 day program operations.
10 ASSEMBLYWOMAN GRIFFIN: Yeah.
11 OPWDD COMMISSIONER KASTNER: I think
12 it's a very challenging time for providers of
13 day programs. There's really a fundamental
14 change in the business model. It's a new
15 paradigm when we are now offering day program
16 or habilitative services in residential
17 settings, and we're also offering
18 habilitative services in people's homes.
19 That has fundamentally decreased the demand
20 for day program services.
21 And we've asked our day program
22 providers to re-look at their business
23 models, to try to come up with
24 non-center-based options that would allow

1 them to be more flexible, to scale more
2 easily, both up and down. But that's going
3 to be a challenging transition.
4 As far as vaccine, we're hopeful that
5 we can make a lot of progress. We're
6 grateful that we've got our residential
7 individuals categorized as 1a. We're working
8 very quickly to ensure that they get access
9 to the vaccine as soon as possible. And
10 hopefully as New York's supply increases, it
11 can expand to other populations.
12 ASSEMBLYWOMAN GRIFFIN: Okay, thank
13 you very much.
14 OPWDD COMMISSIONER KASTNER: Thank
15 you.
16 CHAIRWOMAN KRUEGER: Thank you.
17 Senator Tom O'Mara for five minutes, ranker
18 on Finance.
19 And then we will be turning it back
20 over to the Assembly for a number of
21 Assemblymembers.
22 For people who don't necessarily know
23 this, the Assembly has two and a half times
24 the number of members we do, so it just takes

1 a little bit longer to get through their
2 questions. Thank you.
3 Tom.
4 SENATOR O'MARA: Thank you, Senator
5 Krueger.
6 Thank you, Commissioner, for your time
7 here today. I appreciate it.
8 Can you give us the status -- for the
9 last several years, due to the -- primarily
10 the $15 fast-food minimum wage, it has really
11 hurt the workforce for the developmentally
12 disabled across upstate New York. We still
13 have not, across the board, reached that $15
14 minimum wage in upstate New York, and our
15 providers are still struggling with employees
16 that choose to flip burgers at McDonald's
17 because they can get paid more.
18 Where do we stand this year on the
19 extra funds that were budgeted to make up
20 those wage differences, and where do you see
21 us going forward to help with that
22 differential?
23 OPWDD COMMISSIONER KASTNER: Well, as
24 I said, we've made a sustained and

1 significant commitment to our direct support
2 professionals. Over the past five years, we
3 have increased funding for our DSPs by $710
4 million, in an effort to increase their
5 compensation and make it more competitive
6 with the types of other jobs that you're
7 describing.
8 In this year we will be increasing the
9 amount of funding again to support an
10 expansion of that effort. We are part of a
11 consortium of 20 states that provides data, I
12 think it's to the University of Minnesota,
13 and we look at our efforts to raise the wages
14 of DSPs relative to other states.
15 I didn't look this year; last year we
16 were I think fourth in the country in terms
17 of the average annual starting salary. We
18 were in the high $13 per hour range. I think
19 with this increase we should get into the low
20 $14 per hour range. We're getting closer and
21 closer to the $15 minimum wage.
22 But it's a priority. We keep making
23 investments in it, and hopefully we can
24 continue to make progress in the years to

1 come.
2 SENATOR O'MARA: I would think that
3 being fourth on that list nationwide, if you
4 actually compared that to what the cost of
5 living is in New York State, we would be much
6 farther down that list in the desirability of
7 this type of work. When we have individuals
8 that really have a calling to do it, yet have
9 to make that choice to take a fast-food job
10 to put more money on the table at home, it's
11 concerning. And this minimum wage has caused
12 an imbalance in many areas.
13 But you're saying that since we
14 started trying to make up this difference for
15 minimum wage, the state is paying
16 $710 million a year more to offset that
17 minimum wage loss?
18 OPWDD COMMISSIONER KASTNER: Since
19 2015 we've invested $710 million in funding
20 in our DSP salaries.
21 SENATOR O'MARA: What is that on an
22 annual basis that we're doing? And what's
23 your projection on where we're going with
24 that?

1 OPWDD COMMISSIONER KASTNER: Well, as
2 I said, we're making progress and moving
3 towards a $15 per hour minimum wage. And
4 every year we get closer to that goal.
5 I don't know quite how else to respond
6 to the question.
7 SENATOR O'MARA: Okay. Well, I guess
8 suffice it to say that our providers are
9 still struggling with disparities in the
10 workplace and being able to work at a higher
11 wage in certainly much less important work, I
12 think, from our perspective and I'm sure
13 yours as well.
14 To move on to another quick subject,
15 on vaccinations. What is being done to help
16 the -- those with developmental disabilities
17 that are living in their home or with family,
18 to get them on the priority list to receive a
19 vaccine? Because it's certainly restricting
20 everyone else in the household's ability to
21 get back to a more normal life, with the
22 concerns of bringing COVID home to an
23 individual that they're caring for, keeping
24 it out of a home or out of the system, so to

1 speak.
2 How are we working to help get
3 vaccines to those individuals?
4 OPWDD COMMISSIONER KASTNER: I
5 understand that that's a significant hardship
6 for families. The Centers for Disease
7 Control established the priorities for
8 vaccination. We were fortunate that the 1a
9 designation included all of our individuals
10 who live in congregate care, and all of their
11 staff. The subsequent expansions have
12 included all of our direct support
13 professionals and clinical staff working with
14 individuals, so that includes not just staff
15 in residential settings but staff throughout
16 our system working in self-direction, working
17 in families' homes, working in day programs.
18 New York, just like every state, is
19 challenged by a lack of supply. New York
20 received approximately 300,000 doses per
21 week, and that was reduced to about 250,000
22 doses per week. With the announcement last
23 week that the state would receive an
24 additional 16 percent supply, we've been able

1 to focus on ensuring that all of our
2 individuals in congregate care have access to
3 the vaccine. We've created a distribution
4 channel through the county Departments of
5 Health. We've activated our Office of
6 Emergency Management to interface with them
7 directly and provide them with any logistical
8 support. We have surveyed our providers to
9 identify every individual who wants a vaccine
10 who's in congregate care, and every staff
11 person who wants a vaccine, to try to
12 coordinate their access to vaccine --
13 CHAIRWOMAN KRUEGER: Thank you,
14 Doctor. You're a minute over, so we're going
15 to cut you off here. But we'll be happy to
16 hear more from you. Thank you.
17 Assemblywoman.
18 CHAIRWOMAN WEINSTEIN: Yes, so we're
19 going to go to Assemblyman Ra for five
20 minutes.
21 ASSEMBLYMAN RA: Thank you very much,
22 Chairwoman.
23 Commissioner, good afternoon.
24 I know you did speak a bit earlier

1 about reimbursement rates for retainer day
2 and therapeutic leave days. Just a plug on
3 that in terms of there does seem to be some
4 confusion out there in terms of what agencies
5 are communicating to families. I know that
6 was delayed. But there seems to be some
7 confusion out there in what families are
8 being told about, you know, their loved ones
9 coming home to visit from those facilities.
10 And certainly I think it's something that we
11 need to look at opportunities to maybe make
12 some restorations there and simplify that
13 once again, because the costs are steady for
14 the agencies housing those individuals.
15 But I wanted to talk about another
16 housing issue with regard to self-direction.
17 And I know there's a restoration, but there
18 remains a 5 percent cut that could affect the
19 budget allocation for many of these
20 individuals that they use towards rent, which
21 allows them to live independently.
22 I know on Long Island there's a $1339
23 maximum for rent for a one-bedroom apartment.
24 High cost of living here, and it's very

1 unlikely that you're going to find an
2 apartment for that, so some use other money
3 to supplement.
4 But given that a cut like this
5 directly affects the ability of these
6 individuals to find appropriate housing, is
7 it possible to restore some of the kind of
8 flexibility and discretion that had been in
9 the past, to maybe use, you know, other
10 allotments that are for other things that are
11 not fully used to help with these costs?
12 OPWDD COMMISSIONER KASTNER: So when
13 the 20 percent withhold was enacted, it was
14 for non-Medicaid local assistance payments,
15 and that did include some rental subsidy
16 payments, in addition to environmental
17 modifications and assistive technology.
18 We were able to carve those out of the
19 cut, or out of the withhold. So there was no
20 withholding of funding for payments to
21 support apartments and individuals, you know,
22 living independently. We were very pleased
23 with that, and I think that's important for
24 folks to know.

1 ASSEMBLYMAN RA: Okay, thank you.
2 Definitely, you know, a very important --
3 both of those issues, obviously, that and,
4 you know, the issue I mentioned previously
5 are -- have an impact on individuals and
6 their living situations.
7 So I thank you for your work and your
8 answer. Thanks for being here.
9 OPWDD COMMISSIONER KASTNER: Thank
10 you.
11 CHAIRWOMAN WEINSTEIN: We're going to
12 just go to the next Assemblymember. The
13 order is, for your information, Epstein,
14 Bronson, Cusick, Burdick, and Anderson. Then
15 we'll go to the Senate for a second round.
16 ASSEMBLYMAN EPSTEIN: Thank you, Chair
17 Weinstein.
18 And thank you for your time,
19 Commissioner.
20 So 30 years after the ADA, people with
21 disabilities have really stubborn high
22 unemployment rates. And I'm wondering,
23 especially with people with developmental
24 disabilities, you know, do we need a new

1 approach to this? Because it doesn't seem
2 like we're moving the needle at all in our
3 current approach.
4 OPWDD COMMISSIONER KASTNER: Well,
5 thank you for the question. We actually were
6 making progress. Unfortunately, COVID set
7 those efforts back substantially.
8 We've asked our day program providers,
9 as I described earlier, to look at
10 alternatives to site-based support --
11 ASSEMBLYMAN EPSTEIN: So,
12 Commissioner, you know, I only have three
13 minutes. So like how much money is in the
14 budget for employment programs for people
15 with disabilities?
16 OPWDD COMMISSIONER KASTNER: I don't
17 know exactly. I apologize.
18 ASSEMBLYMAN EPSTEIN: You agree that
19 it's a high rate of unemployment for these
20 New Yorkers, right?
21 OPWDD COMMISSIONER KASTNER: Yes.
22 ASSEMBLYMAN EPSTEIN: And so I hear
23 what you're saying about making progress, but
24 it's -- you know, it feels like it's moving

1 at a snail's pace. We really need a real --
2 like a Marshall Plan, to get people
3 employment opportunities that want to work.
4 Right?
5 OPWDD COMMISSIONER KASTNER: This year
6 was extremely challenging --
7 ASSEMBLYMAN EPSTEIN: A hundred
8 percent, for so many New Yorkers. You know,
9 millions losing their jobs. But that doesn't
10 mean we don't need to marshal our forces now
11 to have a real plan.
12 OPWDD COMMISSIONER KASTNER: As I
13 said, we have a tremendous commitment in
14 funding to our day program services. We've
15 asked our providers to look at alternatives
16 to site-based day programming, to look at
17 things like supported employment, job coaches
18 and other types of roles, where we can
19 redeploy those funds and that service to
20 support people in more competitive employment
21 environments.
22 ASSEMBLYMAN EPSTEIN: I'd love to know
23 the numbers of people -- you say you've made
24 real progress. I'd love to see those

1 numbers. Can you share that with the chairs
2 so they can distribute it amongst the
3 members?
4 OPWDD COMMISSIONER KASTNER: Certainly.
5 ASSEMBLYMAN EPSTEIN: And so when you
6 say to redistribute money, you mean taking
7 money away from other programs so they can be
8 put into these employment programs?
9 OPWDD COMMISSIONER KASTNER: So we're
10 asking -- we've been asking our day program
11 providers since the summer to try to come up
12 with alternatives to delivering services in
13 congregate settings. Because of the risks of
14 COVID, because of now I think in some regard
15 a lesser degree of interest in that service
16 model, there's an opportunity for our
17 providers to look at being more involved in
18 supported employment and other opportunities
19 that are not site-based.
20 ASSEMBLYMAN EPSTEIN: Right. (Pause.)
21 OPWDD COMMISSIONER KASTNER: I'm still
22 here. I'm sorry, did you have a question?
23 CHAIRWOMAN WEINSTEIN: Harvey, I
24 believe you've been frozen.

1 We have to see if we can do that for
2 some other hearings.
3 (Laughter.)
4 CHAIRWOMAN WEINSTEIN: I think you
5 answered the question.
6 So now we go on to Assemblyman
7 Bronson. Harry?
8 ASSEMBLYMAN BRONSON: Okay, I think
9 I'm here, thank you.
10 Commissioner, I want to talk about an
11 issue that I brought up when we were talking
12 to the commissioner of OMH -- and it impacts
13 OPWDD, OASAS, as well as OMH -- and that is
14 the exemption for Article 163 mental and
15 behavioral health professionals.
16 That exemption expires at the end of
17 June this year. It was last extended for
18 another three years, and there was an
19 agreement that we would work on legislation
20 and work with your agencies to modernize the
21 scope of practice, including diagnosis for
22 those various professionals licensed under
23 Article 163.
24 Earlier when I was talking to OMH,

1 they pointed out that there's no plan in
2 place to address not only the end of the
3 exemption from licensure, but also the
4 licensed mental health professionals working
5 in state facilities, even though there was a
6 commitment to work on modernizing the
7 delivery of those services, including
8 diagnosis.
9 So what is your understanding of
10 what's happening among your agencies on this
11 issue? Can we commit to move forward on the
12 critically important diagnosis issue? We
13 need this. We need this to help address the
14 workforce crisis and address the access to
15 care crisis that we're facing. And we were
16 facing it before COVID, and it's only gotten
17 worse.
18 So where is your agency on this, and
19 can we try to work to get this resolved?
20 OPWDD COMMISSIONER KASTNER: Well, I
21 have to apologize, but I don't think that
22 what you're referring to has much
23 applicability to the OPWDD service system. I
24 can go back and look, but I think this is

1 primarily a mental health issue.
2 ASSEMBLYMAN BRONSON: Well, it
3 actually crosses all the O agencies, if you
4 will. These professionals work in many of
5 the facilities for OPWDD, and certainly the
6 community-based organizations as well.
7 But if you could take a look at that.
8 You know, my understanding is previously,
9 before I was involved in this area, that
10 there were conversations among those three
11 agencies. That's where the exemption came
12 up. There was an exemption six years ago, a
13 renewal of the exemption three years ago with
14 a commitment to actually talk about and work
15 toward the scope of practice and in
16 particular diagnosis.
17 So if you could check on that, and I'd
18 appreciate it if you'd get back to me and all
19 of us on this hearing. Okay?
20 OPWDD COMMISSIONER KASTNER: Sure, I'd
21 be happy to do that.
22 ASSEMBLYMAN BRONSON: Thank you.
23 CHAIRWOMAN WEINSTEIN: Thank you.
24 Assemblyman Cusick.

1 ASSEMBLYMAN CUSICK: Hi. Hi,
2 Commissioner. Thank you. Thank you for
3 appearing here today.
4 And, you know, because of time
5 constraints, I'm not going to ask a question
6 about the Institute of Basic Research that
7 was brought up. Your staff has briefed me
8 before the budget announcement. But it is
9 something I do want to sit down with you and
10 your staff on. There are concerns that I do
11 have.
12 I understand that the IBR section that
13 houses the Jervis Center will remain, but I
14 do have concerns about possible staff moving,
15 office staff moving off of Staten Island for
16 the research part in the merger with OMH.
17 And those are things that I certainly want to
18 continue discussing with you and your staff.
19 And I want to also just say, you know,
20 with the budget -- this budget includes, as
21 my colleagues have said, you know, many cuts,
22 and cuts to the residential provider agency
23 rates for therapeutic leave and retainer day
24 payments at 50 percent, and on top of that

1 the 1 percent across the board for the
2 Medicaid.
3 In talking with a lot of the families,
4 and with the Staten Island Developmental
5 Disabilities Council on Staten Island --
6 which you have met with personally in my
7 office, and I thank you for that -- they've
8 stated that there will be a real struggle for
9 a lot of these agencies with paying operating
10 costs for group homes and due to these
11 proposed cuts. Residential provider agencies
12 will still need to pay their mortgages,
13 utilities, you know, all of the expenses that
14 go into running these agencies.
15 My question is a general question, but
16 I know in the past this has been done. When
17 your budget team is looking at these cuts --
18 you know, we have a Staten Island
19 Developmental Disabilities Council, but do
20 they bring in the agencies and the families
21 and the folks that are on the ground to
22 confer as they're deciding these budget cuts?
23 OPWDD COMMISSIONER KASTNER: So we had
24 a public process last year, meeting with our

1 stakeholders and talking about what they
2 would recommend as to specific cuts. And it
3 wouldn't be a surprise to say that there were
4 very few stakeholders that volunteered that
5 -- the programs that they were particularly
6 interested in should not be the cut target.
7 ASSEMBLYMAN CUSICK: Okay --
8 OPWDD COMMISSIONER KASTNER: That was
9 a position that --
10 ASSEMBLYMAN CUSICK: I didn't mean to
11 cut you off, Commissioner, I apologize, but I
12 just see my time running down to 20 seconds.
13 I would just -- you know, the folks I
14 deal with on Staten Island would probably
15 argue that they don't have a say in this
16 process and that they would like more input
17 on this. And I would work with your team to
18 include more of the on the ground folks who
19 are really, you know, providing these
20 services and the families that are involved
21 to be part of this process, particularly now.
22 Right? Even as we're negotiating the budget,
23 to be included and have some communication
24 from OPWDD.

1 OPWDD COMMISSIONER KASTNER: Yes,
2 thank you.
3 ASSEMBLYMAN CUSICK: I know my time
4 has run out, Madam Chair. Thank you.
5 CHAIRWOMAN WEINSTEIN: Thank you.
6 Assemblyman Burdick.
7 ASSEMBLYMAN BURDICK: Thank you. I
8 wish to thank the chairs and also the
9 commissioner for the presentation.
10 I share the view that the
11 developmentally disabled should be
12 prioritized for vaccination.
13 I wanted to talk about the Padavan Law
14 and about group homes. I completely support
15 the mission of OPWDD to work closely with
16 nonprofit partners to help individuals with
17 developmental disabilities. And I had direct
18 experience with that, actually, some seven
19 years ago as supervisor of the Town of
20 Bedford, when Cardinal McCloskey Community
21 Services, under the Padavan Law, had applied
22 for a permit to provide a group home for four
23 young adult autistic men who had aged out.
24 I have two questions. The local

1 process was painful, as I'm sure you're
2 aware. And I understand that at one point
3 the state statute was revised to make it
4 somewhat easier, but it still raises great
5 questions and push-back from communities and
6 long waits for determinations from the
7 community. And these waits have human tolls.
8 Do you feel that revisions in the
9 Padavan Law may help reduce the wait for
10 placement? And if so, what areas do you
11 think we might consider?
12 OPWDD COMMISSIONER KASTNER: Well, I
13 think you're specifically talking about a
14 site in the Hudson Valley where they're
15 trying to develop a group home for four
16 individuals with autism.
17 We work very closely with local
18 authorities to assist in any way that we can
19 to improve the process. We think it's gotten
20 better since there were amendments to the
21 law. I haven't heard an overwhelming number
22 of concerns about that specific issue, and I
23 think that it's working reasonably well at
24 this point.

1 ASSEMBLYMAN BURDICK: Well, what I'm
2 hearing -- what we had, and I've heard it
3 from other chief electeds, is that you have
4 neighborhoods that would rise up against it,
5 we had unfounded concerns regarding the
6 impact on their neighbors -- on the
7 neighborhood, and that's the concern that I
8 had.
9 And as I say, it's a painful process.
10 And maybe offline I could explore with you,
11 you know, in greater detail what we went
12 through on that. I mean, it -- I had
13 supported it from the outset, that it was
14 something that I felt was greatly needed.
15 There wasn't an over-concentration. But I'd
16 like to see if it can be facilitated for
17 people who desperately need this help.
18 OPWDD COMMISSIONER KASTNER: We'd be
19 happy to talk further about that.
20 ASSEMBLYMAN BURDICK: Thank you so
21 much.
22 OPWDD COMMISSIONER KASTNER: Thank
23 you.
24 CHAIRWOMAN WEINSTEIN: We now go to

1 Assemblyman Anderson, for three minutes.
2 ASSEMBLYMAN ANDERSON: Thank you.
3 Thank you, Chairwoman, and thank you,
4 Commissioner, for the presentation.
5 I have several questions, some I'm
6 going to ask in the beginning, and others I'm
7 going to ask you to just address at another
8 time, just in respect for the limited time we
9 have.
10 So I notice that the Executive Budget
11 mentions some program eliminations. They've
12 proposed about $440,000 in a reduction in
13 targeted grants for community-based
14 providers. What impact do you think that
15 this cut will have on the extension of
16 services for people in this population?
17 OPWDD COMMISSIONER KASTNER: I'm not
18 sure that that's a cut that's -- would be
19 made to our budget.
20 ASSEMBLYMAN ANDERSON: It is. It is a
21 cut of $440,000 in targeted grants to
22 community-based providers.
23 OPWDD COMMISSIONER KASTNER: Within
24 OPWDD?

1 ASSEMBLYMAN ANDERSON: Correct.
2 OPWDD COMMISSIONER KASTNER: I'll look
3 at that. I apologize for not knowing about
4 it.
5 ASSEMBLYMAN ANDERSON: But -- so
6 knowing that this information is in the
7 Executive Budget, what sort of impact will
8 that have for the agency?
9 OPWDD COMMISSIONER KASTNER: Again, I
10 apologize for not having specific information
11 about that specific cut, so I can't really
12 answer --
13 ASSEMBLYMAN ANDERSON: Understood.
14 OPWDD COMMISSIONER KASTNER: I
15 apologize.
16 ASSEMBLYMAN ANDERSON: Access VR is a
17 -- no problem, Mr. Commissioner.
18 Access VR services provide technology
19 opportunities for folks who live with
20 intellectual and developmental disabilities,
21 among other different health concerns. And
22 so they generally participate in this program
23 for young people ages 21 and up who have aged
24 out of the school system.

1 What role does your agency have with
2 Access VR?
3 OPWDD COMMISSIONER KASTNER: I'd have
4 to look specifically and find out what
5 services we may contract with them to
6 provide.
7 ASSEMBLYMAN ANDERSON: Okay. And last
8 question on this before I go on to my next --
9 I'm running out of time here. But in terms
10 of the community-based expansion -- I mean,
11 sorry, in terms of the care coordination, I
12 know that you're absolutely aware of the $20
13 million in reductions that CCOs will receive.
14 Can you explain what impact that would have
15 on the agency's ability to provide care
16 coordination for folks who need it?
17 OPWDD COMMISSIONER KASTNER: Sure.
18 Our goal is to ensure that we're paying the
19 correct amount for the services that are
20 being provided.
21 The context of the CCO program is that
22 when we launched the program in 2018, we
23 actually increased the rate paid to CCOs by
24 about 60 percent above what we had previously

1 been paying to the Medicaid service
2 coordination organizations. So that was
3 intended to address the fact that this was a
4 new program, these were organizations that
5 were just starting and had just launched.
6 Over the past two budget cycles, your
7 questions are correct, we have --
8 ASSEMBLYMAN ANDERSON: Commissioner,
9 I'm sorry -- Commissioner, I'm running out of
10 time here. But let me just say this. That
11 program is vitally important to helping
12 people who are on Medicare/ Medicaid, one, to
13 be able to navigate the system but, two, be
14 able to navigate services. So it's vitally
15 important.
16 And I just want to know what the
17 impact of losing these funds will be for
18 folks that need services.
19 OPWDD COMMISSIONER KASTNER: I agree
20 it's vitally important, and we believe that
21 the cuts will not reduce access to services
22 through the CCO program.
23 ASSEMBLYMAN ANDERSON: So you can
24 honestly say that there will be no reduction

1 in service for folks who need this program,
2 quality service or -- I'm just -- I want to
3 be perfectly clear.
4 OPWDD COMMISSIONER KASTNER: We
5 believe that the funding will be appropriate
6 to the level of service that's provided, and
7 there should not be a reduction in services
8 to people as a result of that reduction.
9 ASSEMBLYMAN ANDERSON: Okay, and I'll
10 follow up with you -- I guess you all will
11 follow up with me on that question around
12 Access VR and the $440,000 budget cut, is
13 that correct?
14 OPWDD COMMISSIONER KASTNER: Yes,
15 we'll be happy to do that.
16 ASSEMBLYMAN ANDERSON: Okay, thank you
17 very much, Commissioner. Thank you,
18 Chairwoman.
19 OPWDD COMMISSIONER KASTNER: Thank
20 you.
21 CHAIRWOMAN WEINSTEIN: Thank you.
22 So now we go to the Senate for a
23 second round.
24 CHAIRWOMAN KRUEGER: Thank you. For a

1 second round for the chair of the
2 Disabilities Committee, Senator John Mannion.
3 SENATOR MANNION: Thank you, Senator.
4 Thank you, Commissioner.
5 Just following up on my questions
6 earlier about residential vacancies, I have
7 to say, you know, there should never be this
8 paradigm that we have with the open beds and
9 people sitting on a waiting list waiting to
10 get in. You know, it's really the opposite
11 of what we're trying to achieve. And I'm
12 also, you know, hearing that there's fewer
13 and fewer staff to help connect these people
14 to these services.
15 So I'm just wondering, you know, in
16 the grand scheme of this, you know, why is
17 this happening, why do we have so many beds
18 that are vacant out there and so many people
19 on the waiting lists, and how can we fix
20 these problems that are clearly evident to
21 not just the people who are asking the
22 questions today, but also the families that
23 are out there?
24 Thank you.

1 OPWDD COMMISSIONER KASTNER: Well, as
2 I described earlier, we think there's an
3 opportunity to improve the quality of
4 operation of the overall residential program.
5 Again, for the new folks, we're going
6 to try to improve the function of the Front
7 Door, their access to the continuum of
8 services.
9 But for those individuals who are
10 currently in residential, I think there's an
11 agreement between OPWDD and our providers,
12 our individuals, that a payment methodology
13 based on the needs of the individuals would
14 be more appropriate than one based on the
15 agency's costs. That will help agencies
16 support individuals with high needs, it would
17 match funding to the specific individuals,
18 and hopefully address any vacancies that
19 might occur.
20 We also believe that there is an
21 opportunity to help individuals currently in
22 more restrictive settings move to
23 less-restricted settings. We hope that in
24 the context of an acuity-based payment

1 methodology that we can create a pilot
2 program, which would then assist individuals
3 who are in a more-restrictive setting move to
4 a less-restrictive one, and that we can use
5 an alternative payment model which would
6 support providers who undertake that
7 transition of individuals.
8 So we think there's an opportunity to
9 improve the manner in which we support our
10 residential providers, and we've had a lot of
11 discussion about it, we're looking forward to
12 working with them in the future.
13 SENATOR MANNION: Do we know, you
14 know, how many vacant beds there are out
15 there and how many people are on the waiting
16 list?
17 OPWDD COMMISSIONER KASTNER: We know
18 how many people are currently in the three
19 different categories of requests for
20 residential services. As I said earlier,
21 we're able to meet the needs of all families
22 who are in the emergency category due to
23 turnover within our residential system.
24 The question as to the number of

1 vacant beds is somewhat in flux because we
2 have had agencies that are taking beds
3 offline because they have been vacant and
4 they're currently not occupied, so they may
5 be changing their certificates of need to
6 reflect that.
7 SENATOR MANNION: Do we know how many
8 people -- and can I have what that number is
9 if you do know it -- that are in that
10 emergency category where they are awaiting,
11 you know, a residential setting?
12 OPWDD COMMISSIONER KASTNER: It's
13 generally in the range of 800 or so families
14 per year. We can get you specific
15 information on that.
16 SENATOR MANNION: I appreciate that.
17 And I know the time is running a
18 little bit short for me here. I'm going to
19 jump to another issue, which is in regards to
20 the Federal Medical Assistance Percentages
21 that the state received and how much money
22 was allocated to OPWDD.
23 Do we have that number about how much
24 money was allocated from that program?

1 OPWDD COMMISSIONER KASTNER: As I
2 said, in the context of this year, DOB
3 provided support to OPWDD, for example, when
4 we asked to fund retainer payments, which
5 effectively doubled the costs of our day
6 program when we expanded our capacity to
7 provide COM HAB R and COM HAB via tele.
8 I can't put a specific dollar figure
9 on funds that moved from DOB to OPWDD. All I
10 can tell you is that we did receive support
11 from DOB to make modifications to our system
12 on the fly, which actually increased our
13 costs. And we feel that that was a
14 reflection of DOB's commitment to our
15 individuals and the programs that we support.
16 SENATOR MANNION: Thank you.
17 In the interests of time, a quick
18 question. Does OPWDD have a current Section
19 5.07 Plan?
20 OPWDD COMMISSIONER KASTNER: As I
21 described earlier in response to a question,
22 we will have one completed by the end of this
23 year.
24 SENATOR MANNION: End of the year,

1 correct, yes. Thank you.
2 OPWDD COMMISSIONER KASTNER: Thank
3 you.
4 CHAIRWOMAN KRUEGER: Thank you.
5 Assembly, to close.
6 CHAIRWOMAN WEINSTEIN: We go to
7 Assemblyman Abinanti for five minutes.
8 ASSEMBLYMAN ABINANTI: Thank you,
9 Commissioner. You know what, I'm hearing you
10 say over and over again you want to be
11 person-centered, yet it appears that you're
12 cost-cutting-centered. And I think you're
13 reflecting some misplaced priorities here and
14 failing to fully recognize the humanity of
15 your clients.
16 Like, for example, you talk of --
17 group homes are not a combination of beds to
18 be dispensed out, you know, randomly. Group
19 homes are homes for a group of people. And
20 when you say that they can't go out on a
21 therapeutic leave, they can't go home without
22 being penalized, you're basically saying it's
23 not your home, it's an institution, because
24 we're going to pay only when you're in that

1 bed.
2 Now you're saying that for the first
3 96 days that somebody is not in the bed -- so
4 that means if they go home every weekend to
5 visit their parents or their loved ones or go
6 on a vacation, the agency or whoever is
7 running the group home is only going to get
8 50 percent of the daily rate. And if they go
9 over 96 days, even if they're in the
10 hospital, they're going to lose the entire
11 daily rate.
12 Now tell me, what assisted living
13 facility penalizes a senior citizen for going
14 to visit family? What college dorm penalizes
15 a college student for going home to visit the
16 family?
17 Is this a human way to run an agency
18 that's supposed to be person-centered?
19 OPWDD COMMISSIONER KASTNER: As I said
20 earlier, we do not restrict the ability of
21 individuals to visit their families on the
22 weekend.
23 ASSEMBLYMAN ABINANTI: But you're
24 going to take 50 percent of the payment, of

1 the rate, every time they go home. So that's
2 taking money out of running the home. So
3 that may mean they can't paint the room again
4 for another two years, or they can't fix the
5 steps or they can't do something else,
6 correct?
7 Commissioner, I am told there are
8 3,000 vacant beds, if we talk about beds, in
9 the voluntary sector, and that your agency
10 has told them you don't have the money to pay
11 for people in those beds. Is that true?
12 OPWDD COMMISSIONER KASTNER: I don't
13 believe that that's --
14 ASSEMBLYMAN ABINANTI: All right.
15 Well, how much money is in this budget for
16 new placements in group homes, in other beds?
17 Let's use your term, beds. How much new
18 money is this budget?
19 OPWDD COMMISSIONER KASTNER: There is,
20 as I said earlier, a sufficient amount of
21 capacity to support all individuals who have
22 an emergency request.
23 ASSEMBLYMAN ABINANTI: Emergency only,
24 Commissioner. Now, you've got three

1 categories, emergency, substantial and
2 current, correct? And right now I'm
3 understanding it takes five months to place
4 an emergency placement in a bed and not
5 necessarily an appropriate group home.
6 That's just placing them in a bed. So it
7 could be an older man going into a group home
8 with four women, isn't that true?
9 And then substantial takes nine
10 months. And if you have a current need, like
11 you're talking about somebody living with
12 their parents, that could take at least six
13 months to just determine that they have a
14 need, isn't that true?
15 OPWDD COMMISSIONER KASTNER: I can't
16 speak to any specific individual --
17 ASSEMBLYMAN ABINANTI: Commissioner,
18 you are in charge of the agency, not me. If
19 I have this information, why don't you?
20 OPWDD COMMISSIONER KASTNER: Because
21 our commitment is to provide a
22 person-centered focus in planning for the
23 residential needs --
24 ASSEMBLYMAN ABINANTI: Commissioner,

1 you were talking about -- you're talking
2 about going acuity-based. Didn't you have a
3 program like that where you had a high-needs
4 special allotment so that you could set up a
5 facility for people with higher needs, and
6 you've changed that, you've cut out that
7 special acuity-based increased allotment on a
8 rate?
9 OPWDD COMMISSIONER KASTNER: Actually,
10 we have an agreement with the federal
11 government for a high-needs payment
12 methodology. That payment methodology will
13 expire July 1st. We need to come up with a
14 new one. We think that's just another
15 opportunity for us to improve the quality of
16 our --
17 ASSEMBLYMAN ABINANTI: I understand
18 the rhetoric about wanting to improve, but
19 it's not improving on the ground. That's the
20 problem.
21 Now, you were talking about going to
22 telemodalities. How many of the people who
23 need day hab have the capability of accessing
24 a computer by themselves? Have you done a

1 survey of that?

2 OPWDD COMMISSIONER KASTNER: We've

3 provided this as an option for individuals to

4 choose --

5 ASSEMBLYMAN ABINANTI: Commissioner,

6 it's being used in place of active day hab.

7 It's not being used in addition to.

8 So how many people who want day hab

9 have to go to telemodalities because there's

10 no other option?

11 OPWDD COMMISSIONER KASTNER: Again, we

12 have tried to expand the range of

13 opportunities --

14 ASSEMBLYMAN ABINANTI: You have no

15 numbers, you're not fact-based, you're just

16 trying it on theory.

17 Let me ask you a question. If

18 somebody has the capability of accessing a

19 computer by themselves, why would they need a

20 day hab program to go on the computer?

21 OPWDD COMMISSIONER KASTNER: We --

22 again, we provide opportunities for people to

23 make decisions based on their personal

24 preferences.

1 ASSEMBLYMAN ABINANTI: Years ago day
2 hab used to provide training. It used to
3 provide job training, an entree into the job
4 market. Why does it not do that anymore?
5 Why has it become a babysitting service?
6 What are you going to do about that?
7 OPWDD COMMISSIONER KASTNER: We -- as
8 I said earlier, we've asked our day program
9 providers to look at alternatives to
10 center-based programming, to in particular
11 look at community-based alternatives, which
12 include supported employment --
13 ASSEMBLYMAN ABINANTI: All right, let
14 me just end with one final point,
15 Commissioner. You said that there was no
16 monies being cut from housing. Yet it's a
17 fact, isn't it, that there's a special $3,000
18 allotment of state monies for each person,
19 and it's called "other than personal
20 services," and it's used to pay for telephone
21 and computers and access to the internet,
22 et cetera. And yet you've cut 20 percent,
23 you've withheld $600 from $3,000. How much
24 money are you saving to cut somebody off from

1 the internet at a time when you're saying
2 they should be using telemodalities?
3 OPWDD COMMISSIONER KASTNER: Again,
4 are you referring to the local assistance
5 payments, the non-Medicaid local assistance
6 payments?
7 ASSEMBLYMAN ABINANTI: I'm talking
8 about the non-Medicaid to the individual
9 people who are in self-determination who use
10 this $3,000 to pay for the internet, to pay
11 for their cellphone. That's what it's there
12 for. But it's all state monies, and you have
13 been withholding 20 percent. So people who
14 are living on Medicaid, on Medicaid wages,
15 $2,000 a month, $12,000 a year, are expected
16 to pick up the additional charge of the $600.
17 To us, we're saving a few -- maybe a half a
18 -- $500,000 a year. But to these people,
19 $600 is a lot of money. Why are we doing
20 that?
21 CHAIRWOMAN WEINSTEIN: Thank you --
22 OPWDD COMMISSIONER KASTNER: In those
23 -- those --
24 CHAIRWOMAN WEINSTEIN: Thank you.

1 Commissioner, I think it would be
2 helpful to get some answers in writing that
3 we could circulate to all of the members.
4 OPWDD COMMISSIONER KASTNER:
5 (Inaudible.)
6 CHAIRWOMAN WEINSTEIN: And before we
7 end this portion of the hearing, I see
8 Assemblyman Byrne has raised his hand for a
9 question for three minutes, before we go back
10 to the Senate.
11 CHAIRWOMAN KRUEGER: Okay.
12 ASSEMBLYMAN BYRNE: Yes, thank you,
13 Madam Chair.
14 And Commissioner, I'm just going to
15 read off a question on behalf of one of my
16 colleagues, who's unable to ask the question.
17 And hopefully you can provide some context
18 and answer.
19 Here's the question. The, quote, IM
20 assessment and the CAS assessment, currently
21 the care coordinators are being asked to help
22 input info about a consumer into the
23 assessment. This assessment will eventually
24 help construct an individual's self-direction

1 budget.
2 The concern of many is that their care
3 coordinators don't know their loved ones well
4 enough to be given this very important
5 information about their needs, and it can
6 have a detrimental influence on their future
7 self-direction budget.
8 The family should have the final
9 input, as they know the needs best. Why is
10 this being done?
11 OPWDD COMMISSIONER KASTNER: Well,
12 you're referring to two instruments that are
13 used to conduct assessments of individuals.
14 The CAS is an assessment that we eventually
15 plan to use with all of our individuals. I
16 believe at the present time we've used it to
17 assess all individuals within our residential
18 settings.
19 The IM is a proprietary instrument
20 that was developed by Partners Health Plan.
21 There's no requirement -- I believe we waived
22 a requirement for care coordinators to use
23 that tool as a response to COVID. Now it is
24 an optional tool that can be used by care

1 coordinators if they feel a need is there to
2 perform that assessment. But it's not a
3 mandatory part of our assessment portfolio.
4 ASSEMBLYMAN BYRNE: Okay, thank you.
5 CHAIRWOMAN WEINSTEIN: Now to the
6 Senate.
7 CHAIRWOMAN KRUEGER: Thank you very
8 much.
9 Commissioner, I want to thank you for
10 being with us today. Clearly you have many
11 things to put in writing and get back to the
12 committees with.
13 And I'm going to call up next the
14 New York State Office of Alcoholism and
15 Substance Abuse Services, Commissioner Arlene
16 González-Sánchez.
17 Are you with us, Arlene?
18 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes, I
19 am.
20 CHAIRWOMAN KRUEGER: Oh, there you
21 are. Hello. Good morning --
22 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Hi,
23 how are you?
24 CHAIRWOMAN KRUEGER: Good morning.

1 We're on No. 3 for the day, and we're already
2 at 2:30, for those of you keeping score.
3 Thank you. Ten minutes on the clocks,
4 please.
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Great.
6 So good afternoon, Senator Krueger,
7 Assemblymember Weinstein, Senator Harckham,
8 Assemblymember Steck, and distinguished
9 members of the Senate and Assembly. My name
10 is Arlene González-Sánchez, and I am the
11 commissioner of the New York State Office of
12 Addiction Services and Supports, better known
13 as OASAS.
14 Thank you for providing me with the
15 opportunity to present Governor Cuomo's
16 fiscal year 2022 Executive Budget as it
17 pertains to OASAS.
18 Under Governor Cuomo's leadership,
19 OASAS has taken significant steps to improve
20 access to addiction treatment, develop new
21 and innovative models, and expand services in
22 communities throughout New York State.
23 The Executive Budget proposal allows
24 OASAS to maintain these services and our

1 entire comprehensive system of prevention,
2 treatment, and recovery programming. The
3 budget appropriates $919 million for OASAS
4 programs, which includes $147 million for
5 state operations, $90 million for capital
6 projects, and $682 million for Aid to
7 Localities. This reflects an increase of $94
8 million from fiscal year 2021, which
9 primarily reflects additional Substance Abuse
10 Prevention and Treatment block grant funds
11 that we expect to receive from the federal
12 government as part of the COVID-19 Relief
13 Act.
14 The Executive Budget includes an
15 increase in minimum wage funding for OASAS
16 providers. In addition, it supports OASAS'
17 commitment to expanding access to residential
18 addiction treatment services through capital
19 investments for community organizations. As
20 a result of these efforts, more than 160 new
21 residential treatment beds are expected to
22 open by the end of fiscal year 2022.
23 Although the times pose numerous
24 challenges for all of us, the Executive

1 Budget continues Governor Cuomo's commitment
2 to OASAS' many essential programs and
3 services. These include critical treatment
4 and recovery initiatives such as mobile
5 treatment, recovery centers, and youth
6 clubhouses; expanding access to
7 medication-assisted treatment; increasing the
8 number of Certified Peer Recovery Advocates;
9 and providing training in the use of Naloxone
10 in our ongoing effort to combat the opioid
11 crisis.
12 The pandemic required swift action
13 across the OASAS continuum of care, and our
14 providers responded immediately. They
15 rapidly expanded telepractice and mobile
16 treatment services, modified inpatient and
17 residential treatment to ensure social
18 distancing and proper infection controls, and
19 expanded take-home dosing of
20 medication-assisted treatment to protect our
21 most vulnerable population. Throughout the
22 emergency and continuing today, access to all
23 levels of treatment remain safe and
24 available.

1 Our recovery centers had over 41,000
2 contacts with individuals, and made 4,011
3 referrals, of which 95 percent resulted in
4 engagement in treatment.
5 The OASAS prevention providers will
6 continue services, despite the closure of
7 many school buildings and the inability to
8 have any community-based social gatherings.
9 These providers, like treatment and recovery
10 providers, are providing virtual services
11 wherever possible.
12 In 2022, OASAS will continue its
13 public education and social media campaigns
14 to make sure that people who need help know
15 where to access it. Our campaigns address
16 stigma, they raise community awareness about
17 addiction, they highlight particular concerns
18 related to the dangers of social isolation
19 for individuals with addiction, and they
20 ensure New Yorkers know treatment is
21 available.
22 The Executive Budget also includes
23 several legislative proposals to enhance
24 prevention, treatment, and recovery services.

1 The Governor is proposing a comprehensive
2 strategy to expand telehealth. This plan
3 will authorize additional staff in OASAS
4 programs, including peers to deliver
5 telehealth services and allow services to be
6 delivered in non-clinical settings.
7 In addition, the Governor is proposing
8 the integration of OASAS and the OMH into a
9 new Office of Addiction and Mental Health
10 Services. This new agency will better serve
11 those in need, by allowing for the delivery
12 of SUD and mental health services in a more
13 coordinated and unified system of care.
14 The budget also authorizes the
15 creation of Comprehensive Outpatient Services
16 Centers, which will be implemented by a
17 single joint regulation issued by OASAS, OMH
18 and DOH. This comprehensive license will
19 allow providers to deliver a full continuum
20 of primary care, SUD and mental health
21 services.
22 And to protect New Yorkers from
23 predatory practices, the Governor proposes a
24 bill that builds on the existing authority of

1 OASAS to credential individuals who provide
2 services to those suffering or at risk for an
3 addiction. The proposal also would allow
4 OASAS to create a publicly available list of
5 authorized addiction professionals, to help
6 individuals and families make informed
7 decisions when choosing a practitioner.
8 So as we continue to manage the system
9 of addiction treatment, recovery, and
10 prevention, our number-one priority is to
11 remain vigilant about the health and safety
12 of the vulnerable populations we serve. The
13 budget will support funding for all of the
14 critical initiatives I discussed and allow
15 OASAS to meet the needs of those we serve.
16 I look forward to working with you as
17 we continue striving to help all those who
18 have been impacted by addiction throughout
19 New York State.
20 Thank you so much.
21 CHAIRWOMAN KRUEGER: Thank you very
22 much, Commissioner.
23 To start us off, chair of the
24 Substance Abuse and Treatment Committee,

1 Pete Harckham.
2 SENATOR HARCKHAM: Thank you,
3 Madam Chair.
4 Commissioner, terrific to see you.
5 First off, I want to thank you and
6 your entire team for the heroic work that you
7 do. Many of us believe you've been
8 underfunded for years, and you and your
9 colleagues do a tremendous job.
10 I also want to thank you personally
11 for being so accessible to me and my staff as
12 we work collaboratively together. So thank
13 you.
14 I have a bunch of questions, so we'll
15 hop right into them. This budget has some
16 good things, it has some bad things. So
17 we'll start with the bad things and then
18 we'll go to the good things.
19 This was a very challenging year for
20 our providers. As we know, we had a
21 substance use disorder and opioid use
22 disorder crisis before the pandemic. We
23 asked them to make big investments in
24 technology as they shifted their model.

1 Their revenues declined; there was a
2 20 percent withholding. So they've had a
3 really tough year. In fact, a study that the
4 industry did said 80 percent of them are
5 considering layoffs or curtailing programs
6 next year.
7 And yet in the State Executive Budget
8 we're looking at a $13 million cut to the
9 bottom line, 5 percent shaved to local
10 programming -- you know important things like
11 elimination of the AIDS/HIV Early
12 Intervention program, jail-based treatment,
13 COLA.
14 What is the rationale for this, and
15 what's your plan to remediate some of the
16 pain that this is going to cause?
17 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So
18 first and foremost, the 5 percent across the
19 board does not impact OASAS. It does impact
20 OMH and OPWDD, but not OASAS. So that's good
21 news.
22 With respect to the 13.3 million in
23 cuts, that includes 3.5 million from member
24 items -- I would call them member items --

1 that the Legislature puts in every year. And
2 going into the year, we know that these are
3 only one-year items, so it's to be expected
4 that it's only for one year. And the rest is
5 the 11.5 in, you know, savings that we have
6 to come up with, just like any other state
7 agency, given the fiscal climate that we're
8 facing in the state.
9 What I do want to say is that those
10 targets, or those 11.5, none of those things
11 will impact to the extent that services will
12 be cut down. Some of those would be 50
13 percent cuts, and those cuts will be able to
14 be either absorbed by the provider through
15 billing of Medicaid or will have already been
16 implemented.
17 For example, one of the items that we
18 cut 50 percent is the day rehab. We have 36
19 day rehab providers throughout the state.
20 Only five of them get state aid. But that's
21 a Medicaid billable service, and we are only
22 cutting them by 50 percent, so the thinking
23 is that they will be able to use billing and
24 not have to use our state aid.

1 Similarly --
2 SENATOR HARCKHAM: Can I cut you off,
3 just in the sake of time, because I have a
4 lot more questions.
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'm
6 sorry.
7 SENATOR HARCKHAM: Let's talk about
8 something positive. Thanks to the advocacy
9 of a lot of folks on this Zoom, patient
10 advocates, treatment providers, we're looking
11 at, through Senator Schumer, the possibility
12 of a substantial block grant increase, which
13 you mentioned.
14 What is your specific plan to use that
15 money? Are there federal restrictions? And
16 how soon can you get that money out the door?
17 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So we
18 haven't gotten the official notification on
19 the grant. We do assume we will be getting
20 it anytime soon. I don't have the actual
21 criteria or parameters of the grant. I just
22 know they will be similar to the grants we've
23 gotten before.
24 But one thing I do want to make clear

1 is that the monies have to be used for
2 treatment, prevention or recovery and it
3 cannot be used to supplant any fundings that
4 we have currently. And so we plan --
5 SENATOR HARCKHAM: That's the key
6 phrase: Not supplant, supplement.
7 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Right.
8 Right. You can't supplant, you know,
9 existing funding with grant dollars. And so
10 I assume that that will be the same criteria
11 moving forward, and we will use this money,
12 moving forward, to address the treatment,
13 prevention and recovery needs that we have in
14 our system.
15 SENATOR HARCKHAM: All right. That's
16 good news to hear. Supplement, not supplant.
17 Let's move on to the merger, if we
18 can. I personally think the merger of OASAS
19 and OMH is a step forward -- better
20 coordination, better to deal with
21 co-occurring disorders, better to deal with
22 the dual licensing, better to deal with the
23 dual funding streams, and certainly it
24 creates a larger entity to better advocate

1 for funding and programs across the
2 behavioral health spectrum on both sides of
3 the ledger.
4 Patient advocates and providers,
5 though, are nervous about really having a
6 seat at the table and that treatment-specific
7 modalities such as CASACs, peers, things like
8 that, will not be lost in creating kind of a
9 "one size fits all" agency. Could you
10 comment on your approach to the merger?
11 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.
12 So to begin with, I agree that this is a
13 great opportunity to streamline our processes
14 to better address the needs of the population
15 that we serve, the dual population. And I
16 think this is a great opportunity to do that.
17 There's a bill that's being proposed
18 that speaks specifically to the licensure
19 piece. And in it -- it's really supporting
20 and ensuring that the CASACs and other
21 professionals licensed through the OASAS
22 system will stay in place as we move forward
23 into the merged entity. And if it's not the
24 merged entity, we're still going to move

1 forward with that to ensure that these
2 licensures and these individuals are still
3 part of our continuum.
4 SENATOR HARCKHAM: And will you have
5 some sort of an advisory group with patient
6 advocates and treatment providers at the
7 table every step of the way?
8 COMMISSIONER GONZÁLEZ-SÁNCHEZ:
9 Absolutely. Sure.
10 SENATOR HARCKHAM: Okay. Let's shift
11 over now to the ombudsman program, something
12 that we've worked collaboratively to build
13 out. We know that there's been a gap in
14 certain geographic areas for the
15 community-based providers of that program.
16 So last year we established the Parity
17 Compliance Fund dealing with insurance
18 penalties for folks not complying with
19 parity.
20 How much is in that fund, and are we
21 expanding the scope of those community-based
22 organizations this year?
23 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes,
24 we are expanding the scope.

1 And with respect to fines, nothing has
2 been levied to date. But I just want to
3 remind you that DOH and DFS recently released
4 the criterias. And we're currently right now
5 evaluating the responses from the various
6 managed-care entities to evaluate whether
7 they're in compliance or not. If they're
8 not, then those fines will be levied and it
9 will go into the fund.
10 SENATOR HARCKHAM: Okay. We have
11 about a minute and a half. Would you address
12 in more detail the plan on the Part DD
13 single-rate methodology? We know that
14 billing, billing, billing has always been a
15 challenge, especially when trying to deal
16 with someone holistically from separate
17 funding streams. So please address that.
18 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
19 don't know how much of that I could address
20 at this point other than to say that we are
21 actively looking at that, and especially now
22 as we look at this possible merger, to better
23 -- better make responses. I really couldn't
24 tell you in more details about that.

1 SENATOR HARCKHAM: All right. If we
2 can stay in touch on that, that would be
3 helpful.
4 I'm going to ask you a question now --
5 if you don't get to the answer because we run
6 out of time, I'll come back for five minutes
7 in the second round. But this is a big deal
8 in that we're midst of a surge in opioid
9 overdoses, many of them fentanyl-based. And
10 the way we know it is through national data
11 and the data of a few specific counties and
12 the anecdotal evidence of providers and first
13 responders.
14 We don't know it from state data
15 because the most recently available data on
16 the State Department of Health website -- and
17 I know that's not you -- is from 2018. Have
18 you spoken with them on the need for current
19 data -- we know we can do it with COVID -- so
20 that you can better respond to this crisis?
21 I think my time is out, but maybe in
22 my next round, in my five minutes, if you
23 could address that. Thank you.
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.

1 CHAIRWOMAN KRUEGER: Great. Thank
2 you. Assembly.
3 CHAIRWOMAN WEINSTEIN: So we go to
4 Assemblyman Steck, chair of our Alcoholism
5 and Drug Abuse Committee.
6 ASSEMBLYMAN STECK: Thank you very
7 much, Chairwoman Weinstein.
8 I also want to thank Senator Harckham
9 for his excellent job identifying some of
10 these --
11 CHAIRWOMAN WEINSTEIN: Excuse me one
12 minute, Phil.
13 This is the chair of the committee.
14 He gets 10 minutes.
15 ASSEMBLYMAN STECK: I'm not used to
16 that much time in my entire life, so thank
17 you.
18 (Laughter.)
19 ASSEMBLYMAN STECK: So I wanted to
20 talk first about one of the cuts that I just
21 am having a difficult time understanding, and
22 that is the executive proposes a 50 percent
23 reduction in funding for jail-based substance
24 use disorder treatment programs, resulting in

1 a decrease of 1.9 million.
2 We've made tremendous headway in terms
3 of trying to take advantage of the
4 opportunity to give drug treatment to people
5 who are in jail, many of whom have mental
6 health and drug-related issues.
7 What is the rationale for a 50 percent
8 cut in this program?
9 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So,
10 Assemblymember, thank you so much for that
11 comment, question.
12 You know all of the things we have put
13 forth are very difficult. You know, this is
14 a very difficult year. And for some of us,
15 given the populations we serve, it becomes
16 even more difficult. Right?
17 So with respect to the jail-based,
18 you're absolutely correct, it was a
19 50 percent reduction. Bear in mind that
20 through the different, you know, bail reforms
21 and other, you know, regulations that went
22 into place, or changes that came into place,
23 the numbers in the jails are not what it was
24 when we first initiated these dollars to go

1 into the jails.
2 We -- we didn't just decide overnight.
3 We've really evaluated the numbers that are
4 now reporting to the jails, how many people
5 are there. And we felt that once we did the
6 analysis, the dollars really have somewhat
7 rightsized, for now, the people that they are
8 serving. And we're very confident that the
9 services will still continue to be delivered
10 to these individuals.
11 I have to agree, I'm the first one
12 that supports this initiative. I mean, this
13 is what we want. And I do not anticipate
14 this is going to, you know, diminish our
15 ongoing services to the folks in the jails.
16 ASSEMBLYMAN STECK: Well, I certainly
17 appreciate your theory behind that cut, but
18 it's very difficult to imagine that it would
19 justify a 50 percent reduction.
20 In the money that is supposed to be
21 coming from the federal block grant -- first
22 of all, my understanding is that is money
23 that has not been delivered, that that is
24 money that is just in theory going to be

1 delivered, and that the actual amount of that
2 SAPT block grant that OASAS would receive has
3 not yet been determined. Is that correct?
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ:
5 Correct. You're correct.
6 ASSEMBLYMAN STECK: So do you know
7 what OASAS treatment programs that money
8 would be headed to if in fact we receive it?
9 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
10 So it's -- we haven't -- I couldn't sit here
11 and say to you we're going to allocate this
12 one, that one, because we still have to wait
13 to see what the criteria of the grant is. I
14 don't know if there are going to be
15 additional set-asides that's going to require
16 us to put monies aside for certain services,
17 like prevention versus treatment versus
18 recovery.
19 But all I could tell you that we are
20 going to -- we have already been looking at
21 where there may be some gaps in our system or
22 where there are areas that we need to, you
23 know, implement additional services. And
24 that's how we're going to do it, of course

1 always involving our constituents to get, you
2 know, advice from them and bringing them into
3 the process.
4 ASSEMBLYMAN STECK: So, for example,
5 you would not be able to tell me right now as
6 you sit here whether in fact some of that
7 money could be used to eliminate that 50
8 percent reduction in the jail-based program.
9 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
10 couldn't. It could, but I couldn't tell you
11 for sure. And --
12 ASSEMBLYMAN STECK: There's a couple
13 other cuts that I think might be appropriate
14 to reverse if that were -- money were
15 available. One is the decrease in the HIV
16 Early Intervention services.
17 Again, the funding for public health
18 has gone down tremendously in the last
19 40 years. And simply because this may not be
20 as hot a topic as COVID, if we don't put
21 money into it, it will come back. I just
22 finished reading the 620-page book on The
23 Coming Plague, and one of the things that's
24 identified and discussed is how HIV has

1 spread due to lack of public investment.
2 So do you think it might be possible
3 for some of the federal dollars to go into
4 reversing that cut?
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: And so
6 I'm going to check to be absolutely sure, but
7 I do want to let you know that my -- my
8 thinking is that the Department of Health has
9 taken oversight over the HIV Early
10 Intervention. So it's not that -- we took it
11 out of our side because DOH is embracing this
12 new program now.
13 So it's not that we're really cutting
14 it from -- it's no longer going to be under
15 our jurisdiction.
16 ASSEMBLYMAN STECK: So I'm running out
17 of time already, shockingly.
18 So there are two funds that I want to
19 talk about for the last few minutes that I
20 have. One is the opioid surcharge or tax
21 that the Governor announced to much fanfare.
22 Is that money going to treatment programs, or
23 was it -- first of all, is it going to OASAS
24 at all? That's the question.

1 COMMISSIONER GONZÁLEZ-SÁNCHEZ: You
2 know, there are so many different surcharges
3 and opioid surcharges and settlements going
4 on. I can't really speak to that right now.
5 I am not sure where the opiate surcharge is
6 going.
7 ASSEMBLYMAN STECK: So I understand
8 your answer. And in the interests of time,
9 let me interrupt. We really need to get an
10 accounting of where that's going. One of the
11 problems is that if the money -- again, the
12 Governor announced this to much fanfare. It
13 was supposed to be to treat people because
14 the opioid manufacturers have engaged in
15 skullduggery, it was supposed to be given
16 back for drug treatment. And if that's not
17 being -- happened, or it's going to opioid
18 treatment but the General Fund monies that
19 were going to opioid treatment were being
20 taken back, it's really not consistent with
21 what was represented.
22 And something in the same category
23 that I want to ask you about is, is the
24 opioid settlement money -- which is similar

1 in nature -- going to OASAS? Is it being
2 used for programs, or is it being used as a
3 device to make sure less money from the
4 General Fund goes to treatment programs?
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.
6 So with the surcharge, I know that there is
7 language that the anticipation is that some
8 of the dollars will be used for OASAS
9 prevention, treatment and recovery. I can't
10 speak to definitively how much that is or
11 where is it. I really can't.
12 With the settlement money, it's the
13 same thing. I think that's still in
14 discussion. I think that some things are
15 still in litigation. So I really can't speak
16 with any certainty about where it's going,
17 where it is. You know, I'm not trying to be
18 evasive, I just --
19 ASSEMBLYMAN STECK: Well, I mean, I do
20 think, though -- I appreciate your good
21 faith. You know, we've met and we've talked,
22 so I get that aspect of it.
23 But unfortunately, we do need an
24 answer to these questions regarding these two

1 important sources of funding. So if you
2 could subsequently supplement your testimony
3 with an accounting as to what is happening,
4 where those monies are, are they being used
5 simply to, you know, reduce the amount of
6 General Funds that go to OASAS.
7 Because our goal here, and I thought
8 the goal of those two programs, was to
9 increase the amount of money that was going
10 to deal with the opioid crisis, which is in
11 fact a crisis. So we hope you'll follow
12 through on that. And if not, our committees
13 certainly will.
14 Thank you very much, Commissioner.
15 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank
16 you. I -- okay.
17 CHAIRWOMAN WEINSTEIN: Thank you.
18 We go to the Senate now.
19 CHAIRWOMAN KRUEGER: You know, we just
20 have our chair for a second round, so let's
21 let the Assemblypeople complete theirs and
22 then we'll go to our chair again.
23 CHAIRWOMAN WEINSTEIN: Okay. So we
24 have our ranker, Assemblyman Brown, five

1 minutes.
2 ASSEMBLYMAN BROWN: Can everybody hear
3 me?
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
5 ASSEMBLYMAN BROWN: Okay, great.
6 Thank you, Commissioner
7 González-Sánchez. I really appreciate the
8 opportunity to speak with you. I was
9 appointed to the Committee on Alcoholism and
10 Substance Abuse. It's something that I have
11 a personal interest in, very much so, and I
12 look forward to working with you in the
13 future. But I just wanted to introduce
14 myself, number one, and get right into the
15 questions.
16 With regard to the integration of
17 OASAS with the new Office of Mental Health,
18 is there a cost savings that's involved with
19 that? And if so, do you know what it is?
20 COMMISSIONER GONZÁLEZ-SÁNCHEZ: No,
21 there is no cost savings. The intent of this
22 integration was for better care and delivery
23 of services. It was never meant to have a
24 cost savings at all.

1 You know, if there's savings in the
2 near future, I guess that that will be
3 addressed at that point in time. But that's
4 not what has driven this integration piece.
5 ASSEMBLYMAN BROWN: Okay. And are
6 there going to be any layoffs or terminations
7 as a result of the merger?
8 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Not
9 that I am familiar with, and not that I could
10 see from the way, you know, the legislation
11 is being drafted.
12 ASSEMBLYMAN BROWN: Okay. And how
13 about will it impact at all any federal funds
14 that OASAS receives?
15 COMMISSIONER GONZÁLEZ-SÁNCHEZ: It
16 should not, because the federal funds are
17 just that, and they have specific criteria.
18 And as we develop regulations under this new
19 entity, those are some of the things that
20 will need to be addressed within the
21 regulations that we develop for the new
22 entity.
23 So I don't anticipate that will be a
24 problem. But it is something that needs to

1 be worked out once we get there.
2 ASSEMBLYMAN BROWN: And specifically,
3 how do you envision, as commissioner, that
4 this merger will help deliver services to
5 people struggling with alcoholism and
6 substance abuse?
7 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
8 you know, too long we see that people are
9 going back and forth. There's a percentage
10 of individuals that suffer from both
11 illnesses, regardless of which one came
12 first, and they usually go in and out,
13 recidivism, you know, a vicious circle. They
14 go in for mental health, they get depressed,
15 then come back out, they start -- so the idea
16 here is to have no wrong door. You know,
17 where an individual who comes in who has both
18 of these disabilities or illnesses could be
19 addressed in one whole person, rather than to
20 be asking the individual, who's usually at
21 their most vulnerable time, to go first into
22 one system, get your mental health in place,
23 if that's possible, and then go to the
24 addiction side and get your -- you know.

1 The idea is to really be
2 patient-centered, be comprehensive, and
3 deliver both cares at the same time for the
4 individual.
5 ASSEMBLYMAN BROWN: Are there any
6 downsides that have been identified? And
7 what I'm speaking about specifically is in
8 the SAGE Commission report in 2011, did they
9 identify any downside to a potential
10 integration?
11 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
12 think back then there were other concerns in
13 place. You know, funding. You know, what
14 does that mean, is one side going to lose
15 funding, is the other one going to absorb the
16 funding. I think there were concerns along
17 those lines.
18 And is one entity, since it's bigger,
19 going to, you know, take over the other
20 entity. That is why this is not a merger,
21 this is the creation of a brand-new
22 department. It's not one department taking
23 other another, it's adapting the best of both
24 parts to create this comprehensive,

1 integrated department to better address the
2 needs of the dual population.
3 So I couldn't speak to -- I'm sure
4 some folks may find that there are, you know,
5 negatives to this. But I think people were
6 more concerned about budgets. And like I
7 said, all of those things will be addressed
8 as we move forward.
9 ASSEMBLYMAN BROWN: I'm sure you're
10 aware, though, that the budget contains the
11 prospect of legalizing cannabis in New York
12 State. Have you been consulted at all with
13 the potential impacts on mental health of the
14 residents of the state in connection with the
15 prospect of legalizing it?
16 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.
17 We've been in conversation with the
18 Department of Health and others, as well as
19 OMH. And we've been in discussion, active
20 discussions of impacts.
21 From my stance -- I don't want to
22 speak for Ann, but from my stance, you know,
23 the fact that the creation of this department
24 to monitoring, to have oversight of this

1 cannabis program, speaks to, you know, us
2 having a much more stringent approach on it.
3 And, you know, it's going -- it's better to,
4 you know, monitor it.
5 Right now we have people in our system
6 that, you know, are actively using, and no
7 one has any oversight or monitoring. So I
8 feel comfortable that with this sense of
9 oversight, that things will work out.
10 CHAIRWOMAN WEINSTEIN: Thank you --
11 ASSEMBLYMAN BROWN: specifically --
12 CHAIRWOMAN WEINSTEIN: Excuse me.
13 Excuse me. Assemblyman, your -- the time has
14 expired.
15 ASSEMBLYMAN BROWN: May I put a
16 question in writing to the commissioner?
17 CHAIRWOMAN WEINSTEIN: I was just
18 about to suggest that, that you should send a
19 question to Assemblyman Ra and we will make
20 sure that it gets to the commissioner.
21 ASSEMBLYMAN BROWN: Very well.
22 CHAIRWOMAN WEINSTEIN: So we are now
23 going to go to the Senate. I think you have
24 a -- I saw that Senator Hinchey --

1 CHAIRWOMAN KRUEGER: Thank you very
2 much.
3 Senator Michelle Hinchey.
4 SENATOR HINCHEY: Hi. Thank you very
5 much.
6 And Commissioner, thank you for being
7 here.
8 I represent Ulster and Greene
9 Counties, both of which flip-flop between
10 being the highest in opioid overdose deaths
11 each year in New York State. These are both
12 largely rural counties with limited hospitals
13 -- in fact, Greene County doesn't even have a
14 hospital -- also with limited access to
15 broadband services.
16 This has only gotten worse as the
17 COVID-19 pandemic has led to increased
18 isolation.
19 How can we work to better fight
20 substance use disorder in these more rural
21 counties? And what steps does the budget
22 take to prioritize services in our
23 hard-to-reach areas?
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So

1 that's a great question as well. I mean,
2 broadband is an issue. But I think in
3 general in the budget, you know, there's a
4 process to try to address that.
5 But during the pandemic we realized
6 that we have to use very innovative,
7 nontraditional means to be able to work with
8 people not only in rural areas, but, you
9 know, all over the state.
10 And so, you know, telehealth has been
11 very much a big issue for us to address needs
12 in some of the rural areas. And you may say,
13 Well, but if you don't have the broadband --
14 but that's where telephonics comes in. And
15 we've been very proactive and vocal about --
16 it's not only telehealth, we need to
17 envision, you know, telephonics.
18 You know, we also have these Centers
19 of Treatment Innovation -- we call them
20 COTIs -- where we have mobile capacity. And
21 the idea is to go and reach out to these more
22 rural areas to ensure that we're having --
23 we're providing access to individuals that
24 need it.

1 And so we're going to continue to look
2 at how we could do that into the future --
3 you know, continue to mobilize and be more
4 receptive to that.
5 SENATOR HINCHEY: Thank you. I
6 appreciate it. It's a really big deal for
7 our communities, and any way we can work
8 together to expand those services, I would
9 love to do so.
10 My final question is while our
11 experience with COVID over the last year has
12 shown to have the unfortunate impact of
13 exacerbating alcohol and substance abuse, it
14 has also pulled back the cover of new ways to
15 reach people seeking treatment, especially in
16 terms of the use of virtual platforms and the
17 anonymity it provides.
18 Does OASAS plan on using these virtual
19 platforms to encourage and cultivate safe,
20 non-judgmental spaces for people to seek
21 treatment going forward, even as the pandemic
22 hopefully subsides?
23 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes,
24 absolutely. You know, the pandemic has shown

1 us that there are nontraditional and more
2 progressive means of addressing addiction
3 than we've ever thought of.
4 And absolutely, we don't want to go
5 backwards. As a matter of fact, we're trying
6 to advocate for more flexibility on the
7 federal level to implement some of these
8 practices that we have seen have been more,
9 you know, productive -- telephonics,
10 telehealth, doing induction of buprenorphine,
11 you know, virtually. These are all things
12 that we want to continue.
13 I know we have waivers from the
14 federal government, but we're going to
15 continue to push for the feds to really give
16 us more flexibility, because I think that's
17 what we need.
18 SENATOR HINCHEY: Great. Thank you
19 very much.
20 CHAIRWOMAN KRUEGER: Thank you.
21 Assembly.
22 CHAIRWOMAN WEINSTEIN: So we go --
23 yes, we go to Assemblyman Byrne, then
24 Epstein, then Griffin before we go back to

1 the Senate.
2 ASSEMBLYMAN BYRNE: Can you hear me?
3 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
4 ASSEMBLYMAN BYRNE: Thank you,
5 Commissioner. This was asked by one of my
6 colleagues earlier, but I want to just
7 elaborate on it a little bit more. The
8 Jail-Based Substance Use Disorder Treatment
9 and Transition Services, which was previously
10 funded at $3.75 million, had a 50 percent
11 reduction, lowering it in the Executive's
12 budget proposal by 1.9 -- or to $1.9 million.
13 Is that correct?
14 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
15 Hold on one second. My -- my computer is
16 going off.
17 (Discussion off the record.)
18 ASSEMBLYMAN BYRNE: Chair, do you mind
19 just upping the clock?
20 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Oh,
21 I'm sorry. Okay, sorry. I'm sorry.
22 So you asked me if --
23 ASSEMBLYMAN BYRNE: The Jail-Based
24 Substance Use Disorder Treatment and

1 Transition Services Program, cut in half from
2 $3.75 million to $1.9 million. I want to
3 confirm that was correct.
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
5 ASSEMBLYMAN BYRNE: And I know you
6 mentioned earlier, you referenced some of the
7 changes in the law -- namely, bail reform --
8 for a reduced prison population in our county
9 jails as part of the cause for that.
10 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes,
11 absolutely.
12 ASSEMBLYMAN BYRNE: Is it not also
13 correct that county governments apply for
14 this funding, it's not automatic to county
15 governments, correct?
16 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'm
17 not sure what that is. I know that county
18 government advocated for this money.
19 We, together with the county and the
20 local jails, determined how the money was
21 going to be allocated, based on their needs
22 and their ability and willingness to do this
23 program --
24 ASSEMBLYMAN BYRNE: Thank you,

1 Commissioner. I apologize for interrupting,
2 but I have a limited amount of time. I just
3 want to make sure I get my point across to
4 advocate for this.
5 I do believe there's definitely still
6 need. And when we look at the prison
7 population -- and I know you're passionate
8 about this too, and I don't doubt that for a
9 second. But we can't look at these people
10 just as simply numbers, because the need for
11 the people suffering from addiction is very,
12 very real.
13 And I wanted to bring this up because
14 there is a constituent in Putnam County,
15 Nancy Bruno, who lost her son, Chris Bruno,
16 back in 2019. And when your back is against
17 the wall -- and it's a shame in our state and
18 society that this is -- in some ways, it's
19 the last opportunity to try to get someone
20 help: It was getting her son into jail to
21 get services.
22 And when he was in Putnam County Jail,
23 he actually got tremendous services, he
24 attended Bible study, AA, got services. He

1 was released from the county jail on July 8th
2 and died on July 10th.
3 And it's tragic, but we need to
4 know -- like at least acknowledge that the
5 services in that county jail were extremely
6 important and we shouldn't be cutting it
7 back, we should actually be expanding it.
8 And I wanted to make sure that I got
9 that point across that we could actually try
10 to bring that back up, bring it back to at
11 least where it was. In our body, in the
12 Assembly and the Senate, we should seriously
13 be talking about expanding it so when these
14 people leave the correctional facility,
15 they're not just put back in the same
16 situation and we give them other alternative
17 pathways to recovery and help.
18 Thank you.
19 CHAIRWOMAN WEINSTEIN: Thank you.
20 We go to Assemblyman Epstein, three
21 minutes.
22 THE MODERATOR: I don't know if he's
23 with us. I'm asking him to unmute, but --
24 (Pause.)

1 CHAIRWOMAN WEINSTEIN: So then let's
2 go to Assemblywoman Griffin for three
3 minutes.
4 ASSEMBLYWOMAN GRIFFIN: Okay, thank
5 you.
6 Good afternoon, Commissioner
7 González-Sánchez. I am -- I have two
8 questions, so I'll ask them and then I'll ask
9 if you can respond, time permitting.
10 I am deeply, deeply concerned about
11 the many proposed cuts to many essential
12 programs that OASAS sponsors. I represent
13 Southwestern Nassau County, where the opioid
14 epidemic is significant and on the rise. And
15 this is a time we should be providing more
16 services and not less services.
17 So my first question is, how will
18 OASAS compensate if these proposed cuts
19 become permanent? And then my other question
20 is if marijuana is legalized, what plan does
21 OASAS have in place to provide awareness
22 about driving under the influence, health
23 concerns, especially due to COVID -- smoking
24 marijuana can exacerbate COVID symptoms --

1 and addiction?
2 So I just wondered if you can answer
3 those two questions.
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'll
5 try to do them quickly.
6 So the cuts that have been -- or the
7 savings that have been put forth, they're
8 not -- they're not terminating altogether any
9 services. And so it's been very tough, I
10 can't sit here and say it was easy to do
11 this. It wasn't. But we've tried to
12 minimize it to the best of our ability.
13 And so as always, we will continue to
14 work with our providers. None of the
15 providers will go out of business per se, and
16 we will continue to support them to the best
17 of our ability given, you know, whatever
18 funding we get.
19 With respect to the marijuana, we are
20 already looking at, you know, best practices
21 from other states that have already legalized
22 it, and we plan to do a very aggressive
23 campaign, similar to what we did years ago
24 with underage drinking, to ensure that people

1 are aware and know more about cannabis and so
2 on and so forth.
3 ASSEMBLYWOMAN GRIFFIN: Okay, thank
4 you very much.
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sorry.
6 ASSEMBLYWOMAN GRIFFIN: That's okay.
7 CHAIRWOMAN WEINSTEIN: So I think we
8 go back now to the Senate for the second
9 round.
10 CHAIRWOMAN KRUEGER: Thank you.
11 ASSEMBLYMAN EPSTEIN: Hi, sorry about
12 that. I -- sure.
13 CHAIRWOMAN KRUEGER: Hello, am I on?
14 ASSEMBLYMAN EPSTEIN: Can you hear me?
15 CHAIRWOMAN WEINSTEIN: Yes, we can
16 hear you.
17 CHAIRWOMAN KRUEGER: Okay, thank you.
18 Back to me, or do we want to go to Harvey?
19 What do you prefer, Helene?
20 CHAIRWOMAN WEINSTEIN: Harvey, you're
21 here now?
22 ASSEMBLYMAN EPSTEIN: Yeah, I'm here.
23 CHAIRWOMAN WEINSTEIN: Okay.
24 ASSEMBLYMAN EPSTEIN: Can I go? Can I

1 go, Helene?
2 CHAIRWOMAN KRUEGER: Sure.
3 CHAIRWOMAN WEINSTEIN: Yes. Next time
4 please let me know if you're going to be
5 missing, because according to our protocol,
6 if you're not here when your name is called,
7 we don't go back. But go ahead.
8 ASSEMBLYMAN EPSTEIN: Okay, sorry.
9 Yeah, I'm sorry, I just got up for a second.
10 Yeah, I'm here.
11 So, Commissioner, I just have a
12 question about the opioid in prisons. In
13 2019, what was the prison population.
14 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
15 don't have that number off --
16 ASSEMBLYMAN EPSTEIN: Do you know in
17 2020 what the prison population was?
18 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
19 don't have those numbers off the top, I'm
20 sorry.
21 ASSEMBLYMAN EPSTEIN: Because you said
22 you reduced a program by 50 percent because
23 you said there was a substantial reduction in
24 the prison population. What was that?

1 COMMISSIONER GONZÁLEZ-SÁNCHEZ: In --
2 not prison, in the jails, New York State
3 jails.
4 ASSEMBLYMAN EPSTEIN: The jail
5 population, yeah.
6 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
7 And DCJS did some -- they're the ones that
8 actually covered this. And my understanding
9 is that recently it went down by 35 percent,
10 the jail population went down by 35 percent.
11 ASSEMBLYMAN EPSTEIN: And you know the
12 jail population's gone back up this year,
13 right?
14 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
15 couldn't speak to that. I don't have that
16 data right here.
17 ASSEMBLYMAN EPSTEIN: I'm just
18 wondering, you're proposing a 50 percent cut
19 in your program that affects people who are
20 in jails when we've seen a huge -- you know,
21 we see a huge problem in those and we see a
22 program that's really productive and
23 effective.
24 I'm just wondering, if we don't see a

1 real decline in the population and we don't
2 see a decline in people who have addiction
3 issues -- we've probably seen an increase
4 during COVID -- I'm wondering -- I just still
5 don't understand the rationale you gave to
6 Assemblyman Abinanti about cutting the
7 program. I don't understand it.
8 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
9 like I said, we took into account the
10 decrease in population in the jails and we
11 figured that cutting the funding by that
12 amount, 1.9, was still going to allow the
13 jails, the local jails, to continue doing the
14 counseling, the assessments and the referrals
15 that they're currently doing.
16 Remember, this money is going to
17 community-based organizations that are coming
18 into the jails to do the assessments and the
19 referrals for this jail population.
20 You know, I --
21 ASSEMBLYMAN EPSTEIN: Commissioner,
22 let's say your -- I only have a minute left,
23 but let's say your assumptions are wrong,
24 that we don't see a decrease, we see an

1 increase in opioid usage and we see a huge,
2 growing problem which we've seen across the
3 country during COVID. Is this then making a
4 problem worse, Commissioner?
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: We
6 haven't seen that right now. All I can tell
7 you is that we will continue to be vigilant.
8 And if what you're indicating is accurate, we
9 will try to address it as we move forward.
10 ASSEMBLYMAN EPSTEIN: I'm going to
11 encourage you to do that. Senator Harckham
12 already raised this issue earlier, that we
13 don't have good numbers for 2021 or 2020.
14 But we've seen anecdotally the increases
15 across the country, an increase in opioid
16 deaths across the country. I would hope
17 you'd reconsider this, knowing that this
18 could be lifesaving for many New Yorkers who
19 are behind bars and who really need the help
20 that they should get from New York State.
21 Thank you. My time has expired.
22 Thank you, Madam Chair, sorry I was not here
23 earlier.
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank

1 you.
2 CHAIRWOMAN WEINSTEIN: Sure.
3 Let's go to the Senate.
4 CHAIRWOMAN KRUEGER: So Pete Harckham
5 for his five minutes as ranker, second round.
6 SENATOR HARCKHAM: Thank you very
7 much, Madam Chair.
8 Commissioner, Assemblyman Epstein was
9 a great segue to where we left about the
10 Department of Health numbers being two years
11 old.
12 Have you spoken with Commissioner
13 Zucker about this? And what are they doing
14 to improve this situation?
15 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
16 really can't speak for DOH.
17 What I can tell you is that what we
18 are doing is we're looking at CDC data, which
19 is, you know, between six months to maybe a
20 year old. And that's the data that we're
21 currently using with respect to the
22 overdoses.
23 You know, I also want to interject
24 that, you know, this -- you know, overdose

1 data is very complicated to gather. It has
2 to go through various entities. Right? And
3 it takes a while to actually collect and then
4 extrapolate and then put into an actual
5 report.
6 So we're trying the best that we can,
7 you know, to work with the localities, the
8 local, you know, OMEs, the MEs, and to try to
9 get the data so that we are not looking at
10 things in a vacuum.
11 SENATOR HARCKHAM: Yeah. And again, I
12 would add that this is not your direct
13 oversight area, but other states do it on a
14 monthly basis, and we do COVID numbers on a
15 daily basis. I think the Department of
16 Health can do a lot better than two years.
17 Another issue that impacts your
18 services but again is not under your direct
19 control -- but I'd like you to comment, if
20 you're comfortable -- is the Office of
21 Medicaid Inspector General.
22 I think we would agree that we want
23 him to do audits to ferret out abuse and
24 fraud and outright waste. But we've seen

1 examples where extremely punitive fines have
2 been levied for clerical errors. And there
3 is a facility in New York City that had $400
4 worth of clerical errors; they were levied a
5 withholding of $7.5 million. They decided to
6 close their doors. We lost 1500 treatment
7 slots. The same thing is happening to a
8 provider in upstate New York.
9 So you're jumping through hoops in
10 your agency trying to create new beds and new
11 treatment slots, and we have the Office of
12 the Medicaid Inspector General with these
13 draconian audits that are causing large
14 numbers of beds to be lost.
15 Is there any coordination going on
16 there?
17 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
18 You know, I have to start off by
19 acknowledging we're very much aware and we
20 are in ongoing conversation with OMIG and our
21 providers around this issue, trying to see
22 how -- you know, explore ways that we could
23 adjust this audit, these audits, to make it
24 more in line with what OMIG has to do --

1 that's their responsibility -- but also
2 ensuring that our OTPs are not destabilized
3 and will still remain in operation. We're in
4 active discussion along those lines.
5 But to the one provider who did close
6 shop, I just want to make sure that they
7 didn't close all their services. And
8 everyone who was left without that particular
9 clinic that they closed down, we found a new
10 provider. So nobody was dropped, and nobody
11 was left without services.
12 But I do understand --
13 SENATOR HARCKHAM: That does upset the
14 demand for other people, though.
15 COMMISSIONER GONZÁLEZ-SÁNCHEZ: We
16 currently have enough capacity, but I do
17 understand it's not an issue of capacity,
18 it's the time, the period and how these
19 audits are going. But we are actively
20 talking with OMIG to see how we could come to
21 some middle grounds.
22 SENATOR HARCKHAM: All right, thank
23 you.
24 In the last 30 seconds could you just

1 speak to how successful, or not, the
2 scholarship program was that we established
3 two years ago, and the demand for that?
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Oh,
5 great, thank you so much. I first have to
6 start off by thanking you for that. It's
7 been very successful. I think it was
8 $350,000. We've used like 275,000. Which
9 shows you that it has been very successful,
10 not only for individuals but for getting
11 people into the field to work with our
12 population. So it's been very successful.
13 SENATOR HARCKHAM: Terrific. Thank
14 you very much, Commissioner.
15 CHAIRWOMAN KRUEGER: Thank you.
16 CHAIRWOMAN WEINSTEIN: Thank you. We
17 have an Assemblymember who wants to ask a
18 question. So Assemblyman Braunstein.
19 ASSEMBLYMAN BRAUNSTEIN: Thank you,
20 Chair Weinstein. Can you hear me?
21 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
22 ASSEMBLYMAN BRAUNSTEIN: Thank you,
23 Commissioner.
24 My question is -- it's unfortunate

1 that we don't have data on overdose deaths
2 for the most recent two years. By all
3 indications -- go ahead, you were about to
4 say something?
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah,
6 I was going to say with respect to the latest
7 CDC, which is up to June of 2020, we do have
8 data. And the data indicates that there was
9 like 3,500 deaths in that period of time.
10 ASSEMBLYMAN BRAUNSTEIN: Is that an
11 increase over previous years?
12 COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's a
13 slight increase, yes.
14 ASSEMBLYMAN BRAUNSTEIN: So because of
15 the increase, it's becoming more and more
16 common for states -- nine states, most
17 recently New Jersey, have started requiring
18 doctors to coprescribe an opioid antagonist
19 when -- well, like Naloxone, Naloxone, when
20 prescribing a certain level of opioids. Have
21 you considered this as part of your policy
22 moving forward.
23 COMMISSIONER GONZÁLEZ-SÁNCHEZ: This
24 is something that we're currently actively

1 talking about. Yes, we're in the process of
2 looking at this. I'm not sure we have come
3 to any conclusion, but yes, we are aware and
4 we're looking at this.
5 ASSEMBLYMAN BRAUNSTEIN: Okay.
6 because it's something, you know, we're also
7 looking at on the Assembly side. And we're
8 exploring -- and obviously it would have some
9 financial impact through the Medicaid system,
10 but we're looking at it.
11 In the past, the Executive --
12 representatives for the Executive had said,
13 Well, it's just enough that we encourage
14 doctors to coprescribe, and we don't want to
15 mandate.
16 And I'm just looking at a letter that
17 my colleague John McDonald recently wrote to
18 the newspaper -- he's been helping us on
19 this. And according to his data, of the
20 800,000 people in New York State who meet the
21 definition of at-risk for opioid overdose by
22 the CDC, only 10,000, or about 1.5 percent,
23 are also coprescribed Naloxone.
24 So, you know, the argument that, well,

1 we encourage doctors to coprescribe, and we
2 think that's enough -- based on this data
3 that only 1.5 percent of those at high risk
4 are getting coprescribed, I think it's time
5 to reassess that argument and consider
6 mandating that they coprescribe.
7 Okay, thank you for the time. And I
8 hope we could talk moving forward -- you
9 know, get an idea of the financial impact.
10 Obviously that's something to consider as
11 well. Thank you.
12 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay,
13 thank you.
14 CHAIRWOMAN WEINSTEIN: Thank you.
15 We go back to the Senate, to close.
16 CHAIRWOMAN KRUEGER: Thank you.
17 A couple of the other questions now
18 drag me into asking you a couple of
19 questions. So marijuana, while we're
20 discussing legalizing it, even within this
21 budget, possibly, it's the most used drug in
22 the State of New York in the illegal
23 category.
24 So how many of your slots are filled

1 with people who have a marijuana addiction?
2 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
3 we've been looking at that. I don't have the
4 exact number. But it's very clear that folks
5 that are on marijuana should not be filling
6 those critical inpatient programs. This is
7 something that could be treated in the
8 community, and those beds should really be
9 held for those that are more on opioids,
10 synthetics, much stronger drugs per se.
11 CHAIRWOMAN KRUEGER: Thank you. How
12 many marijuana deaths do you see each year?
13 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
14 don't -- I don't have that information. I
15 will try to look for it. I don't have it.
16 CHAIRWOMAN KRUEGER: So the CDC and
17 the National Institute on Drug Abuse say
18 none, because you don't actually die or cause
19 any long-term physical illnesses from
20 marijuana use above the age of 21.
21 So happily, I think you would find
22 none, because we probably are consistent with
23 the rest of the world that way.
24 And then I also heard -- but I don't

1 know if it was a fair question of you, since
2 I don't think you're a medical doctor --
3 someone asked you about the dangers of
4 marijuana and COVID. But when I looked, I
5 could find no research showing cannabis has
6 anything to do with putting you at higher
7 risk of COVID or illness with COVID -- in
8 fact, just the opposite.
9 Have you heard anything about that?
10 COMMISSIONER GONZÁLEZ-SÁNCHEZ: No, I
11 haven't.
12 CHAIRWOMAN KRUEGER: But again, that's
13 not really your field anyway, fair enough?
14 COMMISSIONER GONZÁLEZ-SÁNCHEZ:
15 That's fair enough.
16 CHAIRWOMAN KRUEGER: Thank you very
17 much. Thank you.
18 I think -- well, if there's no more
19 Assembly, then I'm going to actually excuse
20 you and thank you for your time with us
21 today.
22 And now we're going to move to the
23 New York State Justice Center for the
24 Protection of People With Special Needs,

1 Denise Miranda, executive director.
2 And because of the dual
3 responsibilities of this agency, both
4 Senator Brouk and Senator Mannion and
5 Assemblymember Gunther and Assemblymember
6 Abinanti are all considered as chairs of the
7 relevant committees, and each of them will
8 get 10 minutes if they need it. They don't
9 have to use it.
10 So I'll first turn it over to Denise
11 for her 10 minutes of testimony.
12 Good afternoon.
13 EXECUTIVE DIRECTOR MIRANDA: Good
14 afternoon. Good afternoon, Chairs Krueger,
15 Weinstein, Mannion and Gunther, as well as
16 other distinguished members of the Senate and
17 Assembly. My name is Denise Miranda, and I'm
18 the executive director of the New York State
19 Justice Center for the Protection of People
20 With Special Needs.
21 I would like to thank you for the
22 opportunity to testify regarding Governor
23 Cuomo's Executive Budget proposal.
24 Today I come before you on behalf of

1 the more than 1 million New Yorkers in care
2 with special needs. The Justice Center's
3 work is directed by our steadfast commitment
4 to protecting vulnerable people.
5 While it's no surprise that our agency
6 has been impacted by the COVID-19 health
7 crisis, I want to assure you that our
8 commitment has not wavered. When I appeared
9 before the Legislature last year, I spoke
10 about how I see the relatively young age of
11 the Justice Center as an advantage. It
12 allows us to pivot quickly when circumstances
13 necessitate change. This has only been more
14 evident during this global health crisis.
15 We're continually evaluating our processes
16 and exploring ways to operate more
17 efficiently, while also collaborating with
18 stakeholders at all levels.
19 The role we play in keeping vulnerable
20 populations safe from abuse and neglect
21 cannot change, even in the face of COVID-19.
22 Throughout the pandemic, our call center has
23 continued taking reports around the clock.
24 Our team of highly trained investigators has

1 worked tirelessly to hold the quality of
2 investigations to the highest standard while
3 ensuring the safety of everyone involved.
4 Our investigators have used telephone and
5 video interviewing techniques, when
6 appropriate, and followed all health
7 guidelines when visiting provider facilities
8 to do in-person work.
9 Our advocates have continued victim
10 advocacy and family support work with
11 necessary modifications. Some family members
12 and individuals receiving services no longer
13 felt comfortable appearing in person for
14 interviews. Our advocates adjusted quickly,
15 using technology to support these individuals
16 remotely.
17 The Justice Center understands that
18 protecting people from abuse and neglect goes
19 beyond investigations. We work towards the
20 goal of preventing these incidents from
21 happening. It is imperative that the global
22 health crisis not slow this work down.
23 In 2020 the agency created two new
24 abuse prevention toolkits for use by

1 providers, staff and individuals receiving
2 services. These toolkits are created through
3 the analysis of trends in Justice Center
4 cases. One recently released toolkit focuses
5 on proper wheelchair securement during
6 transport. The other highlights the benefits
7 of global positioning systems in agency
8 vehicles.
9 GPS allows providers to monitor
10 vehicles transporting individuals receiving
11 services and address issues like speeding or
12 unauthorized stops.
13 We have also modified processes, where
14 appropriate, to support providers and the
15 dedicated workforce. We all recognize that
16 the COVID-19 pandemic has brought
17 unprecedented challenges such as staffing
18 shortages. To respond to this challenge, and
19 under authority granted by an executive
20 order, we created an expedited background
21 check process for workers that are not new to
22 the system of care that is overseen by the
23 Justice Center. This allowed providers to
24 hire staff quickly to fill the gaps without

1 compromising the integrity of the service
2 delivery system or the quality of our
3 background checks.
4 The Justice Center also evaluated and
5 improved several internal processes during
6 2020. Staff from several units were combined
7 to create a more efficient approach to our
8 litigation work. This promotes continuity
9 from the launch of an investigation through
10 appeal, ensuring due process for all parties.
11 Additionally, we continue to expand
12 our three-business-day intake model. The
13 goal is to more accurately clarify
14 allegations when they are made, which can
15 have the added benefit of reducing cycle time
16 and enhancing the quality of investigations.
17 While we all recognize the
18 difficulties experienced this past year, we
19 have also found that some of our new
20 processes will be useful when this health
21 crisis is over. For example, we implemented
22 virtual appeal hearings and have found this
23 to be an efficient way to carry on this work
24 when in-person appearances are not feasible.

1 Further, the remote environment allows
2 us to do several different types of
3 interviews without the burden of travel.
4 These efficiencies will be carried forward as
5 mutually beneficial to investigators and
6 interviewees alike.
7 Finally, we all know the impact of the
8 COVID-19 pandemic extended far beyond the
9 Justice Center's work. New Yorkers needed
10 help from state government in ways never seen
11 before. Justice Center staff recognized the
12 depth of the crisis and stepped up, assisting
13 with things like unemployment claims, COVID
14 testing scheduling, and paid family leave
15 calls.
16 Last year I closed my remarks by
17 saying the safety and well-being of the
18 individuals under our jurisdiction remains
19 the foundation of everything we do. That has
20 certainly taken on new meaning. The COVID-19
21 health crisis has challenged the work of
22 government at all levels, and the
23 Justice Center is no exception. But I can
24 attest that the agency has risen to meet this

1 challenge.
2 The Justice Center's ability to adapt
3 quickly and adjust business practices has
4 allowed us to carry on our critical mission.
5 We will take the lessons we have learned and
6 continue to improve our work so we can serve
7 New Yorkers with special needs to the very
8 best of our ability.
9 Again, thank you for this opportunity
10 to report on important work, and I welcome
11 any questions you may have.
12 CHAIRWOMAN KRUEGER: Thank you very
13 much.
14 I think our first questioner will be
15 Senator John Mannion.
16 SENATOR MANNION: Thank you,
17 Commissioner --
18 CHAIRWOMAN KRUEGER: If you're ready.
19 If not, it's okay. I could also call on
20 Samra Brouk if you'd prefer.
21 SENATOR MANNION: No, I'm here. I'm
22 here. I was just unmuting, so I apologize
23 and appreciate the patience. So thank you.
24 Thank you, Commissioner -- or Director

1 Miranda, I'm sorry -- for being here today.
2 And I think we all agree that the state must
3 take all allegations of abuse very seriously
4 and investigate each one. And I appreciate
5 all the work that the Justice Center does.
6 Two quick questions. Number one, in
7 Part EE of the Executive Budget it proposes
8 getting rid of the adult home advocacy and
9 adult home resident council programs. And as
10 you know, these programs provide residents
11 with education and awareness of their rights.
12 Who is going to educate these
13 residents once the program is eliminated?
14 EXECUTIVE DIRECTOR MIRANDA: Sure. So
15 thank you for that question.
16 Difficult times call for difficult
17 choices. And I don't think it is lost on any
18 of us that we are in the midst of not only a
19 health crisis but an economic and fiscal
20 crisis.
21 So the Justice Center was tasked with
22 evaluating all of our functions. And in
23 looking at our core functions, preventing
24 abuse and neglect remains a core function.

1 This program is a legacy program that we
2 absorbed from C2C. And originally, when it
3 was enacted, it came with appropriations.
4 When it arrived at the Justice Center upon
5 that transfer, it did not bring those funds.
6 So unfortunately, despite the
7 incredible work that I know is done by the
8 individuals in the nonprofit world, and the
9 advocates, we had to make a choice. And I
10 will say the work that they are doing is
11 extremely important. I myself come from the
12 advocacy world, spent countless years in the
13 nonprofit world, and I certainly appreciate
14 the importance of knowing-your-rights
15 trainings.
16 But we had to make a decision with
17 respect to our core functions for abuse and
18 neglect and ensure that we were not shaving
19 off staff through layoffs or any other areas
20 that would compromise our core mandate and
21 mission.
22 SENATOR MANNION: Got it. But
23 obviously this is important information, so
24 how are they actually going to receive this

1 information without that part of the program
2 being in place?
3 EXECUTIVE DIRECTOR MIRANDA: Well,
4 certainly I expect that the nonprofits will
5 have to evaluate their priorities and
6 determine whether this is something they can
7 absorb within their budgets. I can only
8 speak to the fact that the Justice Center is
9 not in a position to move forward with a
10 contract at this point.
11 SENATOR MANNION: I understand. Okay,
12 thank you.
13 The Justice Center also has a lawsuit
14 coming before the Court of Appeals
15 challenging the legal authority of the
16 Justice Center. So should that lawsuit be
17 decided against the Justice Center, how do
18 you see that decision affecting operations
19 and the ability for them to investigate --
20 for you to investigate, excuse me. Thank
21 you.
22 EXECUTIVE DIRECTOR MIRANDA: Sure. So
23 I think you're referring to the
24 constitutional challenge which will be argued

1 before the Court of Appeals, as you correctly
2 noted, next week.
3 We're very confident that we will
4 prevail. The issue there is the
5 constitutional authority, and the Legislature
6 has granted this power to the Justice Center.
7 There is nothing in the legislation -- I'm
8 sorry, there is nothing in the Constitution
9 that prevents the Legislature from actually
10 granting prosecutorial authority to an
11 executive agency. In fact, county DAs derive
12 their power from the legislation as well.
13 That said, the work that we do as it
14 relates to the criminal work is very
15 important work. But thankfully there's a low
16 number of criminal incidents that actually
17 occur. The majority of the work undertaken
18 by this agency really flows throughout our
19 administrative work, where we're able to
20 substantiate individuals who may be
21 committing egregious acts of abuse and
22 neglect, depending on the category level.
23 So I do not foresee, even in the
24 worst-case scenario, that we do not prevail

1 in this argument, it having the great impact
2 perhaps that people are concerned about.
3 I also want to add that we have an
4 incredibly cooperative and collaborative
5 relationship with all 62 county DAs, and we
6 work very well. And it's our expectation
7 that irrespective of the outcome next week,
8 that we will continue to work with them.
9 Our priority is ensuring that bad
10 actors are removed from -- the ability from
11 having the opportunity, quite frankly, to
12 abuse individuals who are receiving services.
13 And so we take that obligation very
14 seriously, and we will work with them hand in
15 hand irrespective of the outcome.
16 SENATOR MANNION: Thank you for that.
17 I appreciate it.
18 If I can go back to the original
19 question, you know, as I was a little
20 thoughtful about it. You spoke about how the
21 nonprofit providers would hopefully pick up
22 that part of the information transmitting to
23 individuals or their families.
24 Are they aware that this is a service

1 that's being pulled back?
2 EXECUTIVE DIRECTOR MIRANDA: Our
3 agency has had those discussions.
4 SENATOR MANNION: Okay. Thank you
5 very much. I appreciate it.
6 EXECUTIVE DIRECTOR MIRANDA: Thank
7 you.
8 CHAIRWOMAN KRUEGER: Thank you.
9 Assembly.
10 CHAIRWOMAN WEINSTEIN: So we'll go to
11 our chair, then, of People with Disabilities,
12 Assemblyman Abinanti.
13 ASSEMBLYMAN ABINANTI: Thank you. I'm
14 not sure what's the proper title. Director,
15 is that what I call you, or -- I'm not sure.
16 EXECUTIVE DIRECTOR MIRANDA: Director.
17 ASSEMBLYMAN ABINANTI: Director.
18 Hello, Director, nice to see you again. It's
19 been a long time since we've had a chance to
20 --
21 EXECUTIVE DIRECTOR MIRANDA: It has
22 been. Good to see you as well.
23 ASSEMBLYMAN ABINANTI: Same here.
24 Okay, I'm a little puzzled about your

1 workload. I don't see anywhere a chart
2 indicating the number of cases that you
3 handled last year and the year before and the
4 year before that. Can you provide us with
5 that information?
6 EXECUTIVE DIRECTOR MIRANDA: Sure.
7 I'll be more than happy to provide you with
8 that information.
9 I think it's also worth pointing out
10 that our website posts and lists information,
11 data that we collect on a monthly basis. I'm
12 also happy to send to you a copy of our
13 annual report from last year.
14 ASSEMBLYMAN ABINANTI: I would like to
15 see that if I could. I'm looking at the
16 website, I'm not finding that information.
17 That's why I asked.
18 But at any rate I would like to see
19 whatever -- you know, how many cases you had,
20 how many you brought to completion. Do you
21 have any information on how long it takes
22 to -- turnaround on -- let's say there's a
23 complaint against an employee in a private --
24 in a voluntary agency. They have to suspend

1 that person, they have to set them aside,
2 they continue to pay them. It used to take a
3 really long time to get a decision back from
4 your agency.
5 Can you give me any indication as to
6 how long it now takes to do that?
7 EXECUTIVE DIRECTOR MIRANDA: Sure.
8 So you're correct, the decision with
9 respect to discipline and leave falls within
10 the purview of the provider, the employer.
11 The Justice Center does not play any role in
12 that decision.
13 And cycle time has significantly
14 improved over the course of years. As you're
15 aware, this is a relatively new agency.
16 We're going into our eighth year.
17 ASSEMBLYMAN ABINANTI: Right.
18 EXECUTIVE DIRECTOR MIRANDA: That
19 said, our cycle time right now is at 79 days.
20 And that represents an increase of
21 approximately nine days, which is directly
22 attributable to the impact of COVID this
23 year.
24 It remains my expectation as we move

1 into 2021 that we are going to be able to
2 move forward with a lot of the technology
3 that we implemented, and we will see a
4 decrease in that cycle time.
5 We appreciate the importance of cycle
6 time in concluding with an efficient and
7 thorough investigation, with the impact that
8 it has on providers.
9 ASSEMBLYMAN ABINANTI: All right.
10 Now, I'm interested -- I'm noticing that you
11 say you don't have the resources to continue
12 with that program for adults, and yet it
13 seems that your agency was pretty much
14 co-opted by the Health Department. I mean,
15 you referred to it yourself, you set up COVID
16 testing appointments, you answered COVID
17 questions, triaging calls for OPWDD and
18 COVID-specific hotline, helping the Labor
19 Department with unemployment-related calls.
20 It seems like you were doing everything
21 except your core mission, as you referred to
22 it.
23 And I'm trying to figure out why you
24 don't have the ability to continue that other

1 function or why we're maintaining your agency
2 at the same level. I notice there's a slight
3 cut, but not much.
4 EXECUTIVE DIRECTOR MIRANDA: So, happy
5 to answer that question.
6 The Justice Center remained fully
7 operational throughout the entire pandemic.
8 In fact, we received 90,000 calls. We
9 categorized approximately 11,000 cases last
10 year as abuse and neglect. We also closed
11 9,000 cases.
12 So I just want to make sure that we're
13 abundantly clear that the assertion that the
14 Justice Center is not doing work during the
15 pandemic is certainly far from true.
16 With respect to some of the other
17 initiatives that I did speak about in my
18 testimony, I am extremely proud of the folks
19 at my agency who stepped up and volunteered
20 their time after completing their work
21 assignments -- on weekends and on evenings
22 and holidays, to do a lot of this work.
23 Because essentially --
24 ASSEMBLYMAN ABINANTI: You mean they

1 were not paid for this? There was no
2 employees on state time were moved over to
3 other departments to pick up the slack in
4 these other areas?
5 EXECUTIVE DIRECTOR MIRANDA: What I
6 can tell you is that the overwhelming number
7 of individuals who contributed to those
8 initiatives did so on their own accord and
9 volunteered their time. And I'm extremely --
10 I'm sorry, I'm extremely proud of our
11 workforce, their ability to maintain the core
12 functions at the agency as well as step up on
13 behalf of New York.
14 ASSEMBLYMAN ABINANTI: I would like to
15 see some -- a chart as to how much -- how
16 many hours, FTEs, whatever you want to say,
17 that they devoted to these other departments.
18 EXECUTIVE DIRECTOR MIRANDA: More than
19 happy to provide that to you, yes.
20 ASSEMBLYMAN ABINANTI: All right, very
21 good. Thank you.
22 Now, on the issue of the Legislature
23 granting prosecution powers to the
24 Justice Center, I would tend to agree with

1 the challengers in that lawsuit. I do not
2 believe we gave you the power to prosecute.
3 I thought the agency was intended to be a
4 backup for local district attorneys and that
5 you were going to be providing expertise to
6 the district attorneys, who were going to
7 prosecute those matters.
8 And if you wouldn't mind highlighting
9 in the statute and sending to me -- unless
10 you have it right handy -- where the statute
11 gives you that power. Unless you're talking
12 about implied power, and I don't think that
13 that was a statute that had any implied
14 powers in it. I'd love to see that
15 information.
16 EXECUTIVE DIRECTOR MIRANDA: So more
17 than happy to send you a relevant copy and
18 section of the statute that specifically
19 delineates that we will have concurrent
20 authority.
21 I also think it's worth pointing out
22 that this legislation passed unanimously
23 through the Legislature. And so I don't
24 think there's any ambiguity in the statute

1 with respect to the authority that was
2 granted or the fact that it was concurrent.
3 ASSEMBLYMAN ABINANTI: The fact that
4 it passed unanimously has nothing to do with
5 the meaning of the statute, because people
6 had different interpretations of it.
7 In fact, as you probably are aware, I
8 wrote a several-page critique of the
9 legislation --
10 EXECUTIVE DIRECTOR MIRANDA: Yes.
11 ASSEMBLYMAN ABINANTI: -- at the time
12 but had no choice but to vote for it because
13 of the way it was presented. I don't
14 remember if it was part of the budget or if
15 it was a separate legislation, but I had
16 serious critiques about the way it was
17 drafted and the way it was sold to us.
18 And I think your agency has wisely
19 chosen to do certain activities and not
20 others that we were told you were going to
21 do. Because the way it was presented, I saw
22 a conflict of interest of doing some of the
23 things. But I think your agency has gone off
24 in the proper direction --

1 EXECUTIVE DIRECTOR MIRANDA: Thank
2 you.
3 ASSEMBLYMAN ABINANTI: -- with respect
4 to those conflicts.
5 I wanted to understand, during COVID,
6 have you had on-site visits? How do you
7 interview victims who have disabilities,
8 et cetera? I mean, parents are not allowed
9 into a facility, or were not allowed in. And
10 so how was it you were going into a facility
11 and interviewing someone without a parent or
12 a guardian present?
13 EXECUTIVE DIRECTOR MIRANDA: Sure. So
14 with respect to visitation schedules and
15 access, the Justice Center does not play any
16 role, as I'm sure you're aware. Those
17 protocols are set forth by the provider and
18 the state oversight agency.
19 With respect to our functions during
20 the COVID pandemic, as soon as New York PAUSE
21 was instituted, we took the opportunity to do
22 a full assessment of all of our in-person
23 interactions. We recognize that going into a
24 facility in person bears a certain degree of

1 risk, and we wanted to be extremely mindful
2 that our investigators were not going in and
3 possibly increasing the opportunity for COVID
4 to be brought into a facility.
5 That said, we were able to implement
6 video as well as phone technology and do some
7 of the interviews over the phone and as well
8 as video. We were assessing every single
9 case based on the circumstances to decide
10 whether an in-person interaction was truly
11 necessary. And those decisions were
12 conferenced with supervisors, again, because
13 the priority was ensuring the welfare and
14 well-being of the individuals who were in the
15 facilities receiving care.
16 We did have boots on the ground, and
17 we went out to facilities when the
18 circumstances were warranted.
19 ASSEMBLYMAN ABINANTI: Okay. I'm just
20 a little concerned about that. You know,
21 I've been critical of you for being a little
22 bit overly aggressive. But on the other
23 hand, I do want to make sure that you get the
24 right information. And a lot of the people

1 in particularly OPWDD facilities are not
2 capable of communicating or have difficulty
3 communicating in the first place and clearly
4 are not capable of communicating over Zoom or
5 something like that.
6 Let me ask you about possible
7 additional technology. There have been
8 suggestions that technology could be helpful.
9 For example, putting cameras into group homes
10 in various locations -- clearly not in
11 somebody's bedroom, but perhaps in a common
12 area or by the doorways to see who goes in
13 and out and whatever. And perhaps other
14 types of information like that.
15 Do you have any opinion on those types
16 of technologies?
17 EXECUTIVE DIRECTOR MIRANDA: So
18 certainly we have cases that we've
19 investigated where video has proven to be
20 extremely helpful in trying to ascertain
21 exactly what happened and what transpired.
22 And so certainly video can be useful. But I
23 think there also needs to be a balance with
24 respect to the interests of privacy, as you

1 mentioned. Right?
2 So that falls within the authority and
3 the purview of the state oversight agency. I
4 can attest to the value of having video, but
5 I also recognize that there are other
6 considerations that really need to be
7 contemplated as well.
8 ASSEMBLYMAN ABINANTI: All right, I'm
9 going to stop at this point. Thank you very
10 much.
11 EXECUTIVE DIRECTOR MIRANDA: Thank
12 you.
13 CHAIRWOMAN KRUEGER: Thank you very
14 much.
15 The next questioner, just three
16 minutes, Senator Pete Harckham.
17 SENATOR HARCKHAM: Hello there, Madam
18 Director. Good to see you again.
19 EXECUTIVE DIRECTOR MIRANDA: Good to
20 see you.
21 SENATOR HARCKHAM: We've had this
22 conversation before, but I think it's worth
23 revisiting on an annual basis.
24 First, I want to say the work you do

1 is vitally important. We want to get folks
2 who are either predators or don't have the
3 temperament to be in the business out of the
4 business.
5 But I have a number of facilities in
6 my district, both small and large, and
7 especially the ones that deal with
8 adolescents, a more volatile population, I
9 can say uniformly the employees of those
10 facilities are terrified of you. And it
11 makes it harder to retain qualified staff.
12 Senator O'Mara referred earlier to one
13 of the other organizations. You know, when
14 folks are barely making minimum wage, they
15 can work at McDonald's and not have the
16 liability risk, the risk of prosecution.
17 So, so much of your mission is also
18 about education and prevention. And how are
19 you continuing to transition with that work
20 so the people can feel less afraid of you and
21 more secure in the knowledge that you've
22 given them?
23 EXECUTIVE DIRECTOR MIRANDA: Thank you
24 for the question.

1 So certainly the priority for the
2 Justice Center is to investigate abuse and
3 neglect, but also to prevent it, as you
4 pointed out. Right? And so we take very
5 seriously the obligation we have to be
6 accessible to answer questions, to dispel
7 myths, and to be transparent about the work
8 we do.
9 You know, you may be familiar, there
10 are a lot of misconceptions about the work we
11 do and about the purview of our authority.
12 For example, we do not make discipline
13 decisions, we do not set standards for care
14 within facilities.
15 How do we deal with that as an agency?
16 We deal with that through outreach. Right?
17 And so last year, despite the fact that COVID
18 was here and certainly placed limitations
19 with respect to our ability to go and do
20 these in-person trainings, we still conducted
21 44 outreach events. And I certainly have
22 spoken to various unions and employees and
23 provider associations, making sure that we
24 are always readily available to answer

1 questions.
2 I believe education and outreach is
3 key to ensuring that people are aware that we
4 are here to make sure that people are safe.
5 And what we've found is that I have never met
6 a provider who's ever said that they want to
7 have abuse and neglect within their
8 environment. And we meet countless workers
9 who are glad that there is someone to call if
10 a colleague is perhaps committing abuse and
11 neglect.
12 That said, I recognize that the
13 overwhelming majority of individuals,
14 especially in the settings that you mentioned
15 earlier, are hardworking individuals who are
16 committed to this work. And certainly we do
17 not want to be an impediment, nor an
18 additional stressor.
19 I'm more than happy to set up a time
20 where perhaps we could speak with some of
21 these associations and share our insight and
22 answer questions.
23 SENATOR HARCKHAM: Terrific. Thank
24 you very much.

1 EXECUTIVE DIRECTOR MIRANDA: Thank
2 you.
3 CHAIRWOMAN KRUEGER: Thank you.
4 And now I believe we're going to
5 Assemblymember Gunther.
6 CHAIRWOMAN WEINSTEIN: Yes, for -- I'm
7 back.
8 CHAIRWOMAN KRUEGER: Great.
9 CHAIRWOMAN WEINSTEIN: Yes, for
10 10 minutes to Assemblywoman Gunther.
11 ASSEMBLYWOMAN GUNTHER: Okay, thank
12 you very much. I won't be 10 minutes. But I
13 do want -- my comment is I want to thank you
14 because you have come to our communities, you
15 have really explained the Justice Center,
16 you've improved the quality of care. And I
17 just actually wanted to thank you because it
18 used to be like the boogeyman, but now they
19 really welcome your visits to the facilities
20 because you do do teaching and it's very
21 important and you're protecting a vulnerable
22 population.
23 So I just wanted to say thank you,
24 Denise.

1 EXECUTIVE DIRECTOR MIRANDA: Thank
2 you.
3 CHAIRWOMAN WEINSTEIN: Okay, back to
4 the Senate if you have --
5 CHAIRWOMAN KRUEGER: Thank you. That
6 was fast. Thank you.
7 Well, also, Denise I also want to say
8 thank you, because I know that the whole
9 history of this center, the Justice Center,
10 has, you know, been a back and forth between
11 people not understanding what you were set up
12 to do, and perhaps not having the best
13 protocols in previous years, but in really
14 working with very large numbers of people
15 throughout multiple communities to get if
16 right.
17 So, first question. We're removing
18 your authority over adult homes in this
19 budget?
20 EXECUTIVE DIRECTOR MIRANDA: No. Our
21 authority, as delineated within the statute,
22 to have jurisdiction over abuse and neglect
23 and adult homes, remains intact.
24 CHAIRWOMAN KRUEGER: It does.

1 EXECUTIVE DIRECTOR MIRANDA: The
2 reference to adult homes is a contract of
3 approximately, I believe, $230,000 where we
4 fund services, advocacy services for adult
5 homes.
6 But we will still have the same
7 jurisdiction that's delineated in the
8 statute. That will not be impacted in any
9 shape or form.
10 CHAIRWOMAN KRUEGER: Good. I'm very
11 happy about that.
12 And second -- and yes, obviously there
13 are people who whistle-blow on their own
14 agencies, and that's important so that you
15 can get information.
16 During this time of COVID-19 have
17 there been experiences where you learn people
18 who probably really should have been sent to
19 a hospital were not sent to a hospital, even
20 when workers were saying, you know, This
21 person's sick, I think we need to do
22 something about this?
23 EXECUTIVE DIRECTOR MIRANDA: So our
24 jurisdiction is very narrowly defined.

1 Right? And our jurisdiction allows for us to
2 investigate abuse and neglect. And the
3 threshold issue there is that there be an
4 allegation that a custodian committed abuse
5 and neglect to an actual individual who's
6 receiving services.
7 So no, those circumstances were not
8 something that we encountered on a regular
9 basis here at the Justice Center.
10 But if a call were to come into the
11 agency with some sort of allegation, even if
12 it falls with -- outside of our jurisdiction,
13 we take our obligation very seriously. And
14 we will take that information and we will
15 make sure that it is relayed to the
16 appropriate state oversight agency.
17 We also have a mechanism internally
18 whereby, you know, allegations that perhaps
19 are very egregious but, again, fall outside
20 of our jurisdiction, executive staff within
21 the agency is immediately notified and we
22 will reach out to the state oversight agency
23 to make sure that there is complete awareness
24 of the situation.

1 CHAIRWOMAN KRUEGER: Okay, so I am a
2 little confused. So we know that immediate
3 family members are not being allowed to go
4 visit, for legitimate reasons. But then they
5 might have reached out to say, I think my
6 family member is sick and needs a doctor or
7 hospital care. Or it could have been another
8 worker inside the agency.
9 You wouldn't define refusing medical
10 care as an abuse or neglect situation?
11 EXECUTIVE DIRECTOR MIRANDA: No, and I
12 apologize if that was your understanding. I
13 wouldn't say that it's not abuse or neglect.
14 What I would say is that we would have
15 to take the report, we would do a complete
16 assessment of the circumstances surrounding
17 the allegation. More than likely, it would
18 move over to our three-business-day review,
19 which would give us an opportunity to get
20 medical records, to get the policies and
21 protocols from the provider for us to have an
22 opportunity to make an appropriate
23 evaluation, because it's critical to make
24 sure that (a) we're within the statutory

1 framework, but also that we are evaluating
2 these cases on the totality of the
3 circumstances.
4 So certainly within the history of the
5 Justice Center we have had instances of abuse
6 and neglect where there has been a failure to
7 seek medical care for an individual. We
8 would make an assessment, we would look into
9 all the circumstances and then make a
10 determination as to whether it falls within
11 our jurisdiction.
12 CHAIRWOMAN KRUEGER: And does your
13 agency have the ability to track the rate of
14 death by agency that you oversee?
15 EXECUTIVE DIRECTOR MIRANDA: Sure. So
16 there's a statutory obligation. All
17 residential facilities licensed, operated or
18 certified by OMH, OCFS, OPWDD and OASAS, are
19 mandated by law to make a report of any death
20 that occurs within those facilities.
21 In fact, that requirement also extends
22 to 30 days post-discharge. We receive those
23 reports and then we review them to see if
24 there are any quality-of-care issues or to

1 see if there's any indicia or evidence of
2 abuse or neglect.
3 Medically complicated cases, we also
4 have a wonderful resource here at the Justice
5 Center, and that's our medical review board,
6 where we will actually consult with them on
7 the more medically complicated cases.
8 But I will point out that the
9 majority, the overwhelming number of reports
10 that we get are deaths related to natural
11 causes. Right? There are aged populations
12 within these settings, and there are also
13 individuals with multiple vulnerabilities and
14 compromised health situations.
15 So we will do the report, a report
16 will be issued. If there are any findings,
17 we will make sure that those go to the state
18 oversight agency as well as the provider.
19 CHAIRWOMAN KRUEGER: So we can request
20 that data from you?
21 EXECUTIVE DIRECTOR MIRANDA:
22 Absolutely.
23 CHAIRWOMAN KRUEGER: For, say, the
24 last 12 months, or the last time you did an

1 annualized report, and then for the year or
2 two previous as well?
3 EXECUTIVE DIRECTOR MIRANDA:
4 Absolutely.
5 CHAIRWOMAN KRUEGER: I mean, you know,
6 we're learning more and more about what's
7 happening for people who are in group
8 settings with COVID. So I think it would be
9 worth us taking a look and seeing, you know,
10 how we're doing in the context of the
11 agencies you oversee.
12 EXECUTIVE DIRECTOR MIRANDA:
13 Absolutely. We'd be more than happy to
14 provide that to your office.
15 CHAIRWOMAN KRUEGER: Great. Thank you
16 very much.
17 Assembly.
18 CHAIRWOMAN WEINSTEIN: We go to the
19 ranker on People with Disabilities,
20 Assemblywoman Miller.
21 ASSEMBLYWOMAN MILLER: Hi. Good
22 afternoon. How are you?
23 EXECUTIVE DIRECTOR MIRANDA: Good, how
24 are you?

1 ASSEMBLYWOMAN MILLER: Good, thank
2 you.
3 So on the same idea as Senator Krueger
4 was just talking about, I want to ask
5 specifically about our senior population,
6 many of whom have special needs. Just, you
7 know, they're in skilled facilities or --
8 because of their special needs.
9 Do you routinely look into that
10 population? And if so, of the -- you said,
11 about 90,000 calls that you received during
12 the pandemic, were any or many of those calls
13 from families of these seniors with special
14 needs that were stuck in nursing homes, cut
15 off from visitation, neglected, suffering
16 from neglect or even abuse, and fearing for
17 their well-being?
18 I know my office, we were getting tons
19 and tons of calls and emails from worried
20 family members. Many times we directed them
21 to an ombudsman or tried to help them connect
22 with the ombudsman to look into it. But is
23 that something that your agency was doing?
24 EXECUTIVE DIRECTOR MIRANDA: So we do

1 receive a significant number of calls that
2 fall outside of the jurisdiction that I
3 mentioned before, right, which is abuse and
4 neglect committed by custodians against
5 individuals receiving services. So we do get
6 calls at times that don't fall within our
7 purview, and we will make the appropriate
8 referral to the state oversight agency.
9 With respect to the aged population, I
10 can certainly provide information to your
11 office as it relates to the state oversight
12 agency, a breakdown -- OASAS versus OPWDD,
13 OMH. I'm not sure that we are able to
14 provide data with respect to age groups or
15 that demographic information, but I'm more
16 than happy to check with our folks, our data
17 folks.
18 ASSEMBLYWOMAN MILLER: I guess the
19 definition would be what's in question here.
20 So if you are here to advocate or look after
21 the best interests of all people with special
22 needs, wouldn't somebody, just because
23 they're a senior citizen also in a home if
24 they have special needs -- if somebody has

1 Alzheimer's, if somebody has, you know, a
2 stroke and then they have special needs as a
3 result of that, they don't fall into that
4 jurisdiction.
5 EXECUTIVE DIRECTOR MIRANDA: Our
6 jurisdiction is limited, and it's individuals
7 who are within residential -- I'm sorry,
8 individuals who are within licensed, operated
9 and certified settings under the state
10 oversight agencies.
11 So according to that jurisdiction,
12 unless they are in one of those settings, we
13 would not have jurisdiction. It's very
14 narrowly defined within the statute, and
15 we're constrained by the parameters set forth
16 in the statute.
17 ASSEMBLYWOMAN MILLER: Okay. I will
18 welcome that information, though, if you can
19 email that to my office.
20 EXECUTIVE DIRECTOR MIRANDA: Sure.
21 ASSEMBLYWOMAN MILLER: Thank you.
22 CHAIRWOMAN WEINSTEIN: Back to the
23 Senate.
24 CHAIRWOMAN KRUEGER: All right, I see

1 John Mannion. But I'm curious, do you -- oh,
2 your hand just went down. You had your
3 questions, right? Or do you need another
4 question?
5 SENATOR MANNION: No, I was just going
6 to compliment the executive director on her
7 clear, concise, detailed and informed
8 answers.
9 EXECUTIVE DIRECTOR MIRANDA: Thank
10 you.
11 CHAIRWOMAN KRUEGER: Beautiful. A
12 beautiful thing. Thank you.
13 Assembly. Helene, you're on mute.
14 Who would you like? Assembly --
15 CHAIRWOMAN WEINSTEIN: Somehow the --
16 somehow they were muting -- they weren't
17 letting me unmute.
18 CHAIRWOMAN KRUEGER: They're tired of
19 us. They're telling us something.
20 (Laughter.)
21 CHAIRWOMAN WEINSTEIN: So Assemblyman
22 Anderson for three minutes.
23 ASSEMBLYMAN ANDERSON: Okay. Can I be
24 heard?

1 EXECUTIVE DIRECTOR MIRANDA: Yes.
2 ASSEMBLYMAN ANDERSON: Thank you,
3 Chairwoman.
4 And thank you, Executive Director --
5 or Director -- for being here this afternoon
6 to answer questions. Really commend the
7 work. As I'm learning about the different
8 agencies, as a new Assemblymember, you know,
9 I commend the work that you all do at the
10 Justice Center.
11 But I do have just one or two quick
12 questions.
13 EXECUTIVE DIRECTOR MIRANDA: Sure.
14 ASSEMBLYMAN ANDERSON: In terms of the
15 -- there's an Article VII to move your
16 agency's ability to administer the Adult
17 Advocacy Home Care Program. Can you just
18 explain what that does for the agency and
19 where does that actual programmatic -- very
20 important programmatic piece of agency go?
21 EXECUTIVE DIRECTOR MIRANDA: So we
22 don't perform that programmatic piece. We
23 actually will fund that piece for outside
24 providers, non-for-profits. So we do not

1 have any programmatic resources or staff that
2 are tied to that particular funding.
3 ASSEMBLYMAN ANDERSON: But you
4 contract out for it. So now that it's
5 leaving the agency, what happens to that
6 program?
7 EXECUTIVE DIRECTOR MIRANDA: So that
8 program, a determination will have to be made
9 by the various nonprofits as to whether they
10 continue to prioritize that program and offer
11 those services.
12 I understand -- the program is an
13 important program, and it does good work.
14 And certainly our decision to advance this as
15 a cut does not reflect the importance of the
16 work. But we are dealing with an extremely
17 difficult and challenging fiscal crisis, and
18 so we have to make --
19 ASSEMBLYMAN ANDERSON: But Madam
20 Director -- Madam Director, sorry to cut you
21 off, but my time is limited.
22 EXECUTIVE DIRECTOR MIRANDA: Sure.
23 ASSEMBLYMAN ANDERSON: But Madam
24 Director, so I'm sure you've read the

1 Attorney General's report regarding nursing
2 homes and adult homes. Isn't this a
3 critically important program to protect that
4 very same population of individuals who may
5 be put in harm's way? Albeit via government
6 policy, albeit via the leadership of the
7 adult home or agency. Don't you think this
8 is a very vitally important program that
9 would prevent much of what we saw?
10 EXECUTIVE DIRECTOR MIRANDA: So I
11 think there's an important distinction here
12 that I want to make clear. We will retain
13 our jurisdiction over the adult homes that
14 are delineated specifically within the
15 statute. That is not changing.
16 With respect to this contract, this
17 contract does not fund investigations of
18 abuse and neglect. This contract funds
19 know-your-rights trainings. Which are
20 important and certainly play a role with
21 respect to people knowing their rights, which
22 one could argue long term, right, prevents
23 abuse and neglect.
24 But the function of the contract is

1 not to investigate abuse and neglect. And so
2 I just want to make sure that that is clear.
3 ASSEMBLYMAN ANDERSON: Got it.
4 Madam Director, let me ask you, if I
5 have a constituent who comes in and wants to
6 say, hey, I'm being -- or wants to share
7 that, hey, this is happening to me at this
8 date and treatment facility in my district or
9 at this adult home in my district or this
10 adult day care in my district, your agency is
11 where I would direct them, correct?
12 EXECUTIVE DIRECTOR MIRANDA: We would
13 take that call and we would make a
14 determination as to whether it falls within
15 the statutorily delineated jurisdiction of
16 the agency. And if it does, we will classify
17 it appropriately. And if it doesn't and it
18 falls outside, we would refer that matter
19 over to the appropriate entity. Whether it's
20 DOH or SED, we would make that referral.
21 We do not ignore those calls. I just
22 want to make sure that we're clear. We don't
23 ignore those calls. We take our commitment
24 to individuals who are receiving --

1 ASSEMBLYMAN ANDERSON: No, no, and I
2 wouldn't expect that you would. But I just
3 want to understand that now we're losing this
4 funding, what happens to that population of
5 older folk who need that advocacy, who need
6 that bridge, who need that --
7 (Zoom interruption.)
8 CHAIRWOMAN KRUEGER: Roxanne, go on
9 mute. Sorry.
10 CHAIRWOMAN WEINSTEIN: If you could
11 just quickly respond, since the Assemblyman's
12 time has expired.
13 EXECUTIVE DIRECTOR MIRANDA: I
14 certainly appreciate the importance of the
15 work and the work that was being fulfilled by
16 this contract.
17 CHAIRWOMAN WEINSTEIN: Thank you.
18 So now we'll go to the Senate.
19 ASSEMBLYMAN ANDERSON: Thank you,
20 Director.
21 CHAIRWOMAN KRUEGER: We don't have any
22 more in the Senate, so I think it goes back
23 to the Assembly.
24 CHAIRWOMAN WEINSTEIN: Okay. So we

1 have Harvey Epstein for three minutes and
2 then I believe Assemblyman Abinanti would
3 like a second round.
4 So first to Assemblyman Epstein.
5 ASSEMBLYMAN EPSTEIN: Hi, Executive
6 Director Miranda. How are you doing?
7 EXECUTIVE DIRECTOR MIRANDA: I'm doing
8 well, Assemblymember. How are you?
9 ASSEMBLYMAN EPSTEIN: I'm well, thank
10 you. It's good seeing you again.
11 EXECUTIVE DIRECTOR MIRANDA: Likewise.
12 ASSEMBLYMAN EPSTEIN: So you and I, we
13 worked at a nonprofit together, and so we
14 know how important those contracts are for
15 staffing and for continuity. If you had
16 additional funds, if there was additional
17 revenue, state revenue, would you make a
18 decision to be able to allocate some of the
19 funding to these nonprofits if there was
20 funding available?
21 EXECUTIVE DIRECTOR MIRANDA: The only
22 reason why this program was cut was because
23 of the lack of funding. Right? And so
24 certainly, as you pointed out, yes, this is

1 important work and advocacy work is critical
2 for vulnerable populations.
3 So certainly, if we were not in a
4 fiscal crisis, this would not even be a topic
5 today.
6 ASSEMBLYMAN EPSTEIN: Great. Well,
7 thank you. And I encourage you, along with
8 us -- we're trying to get additional revenue.
9 You're in a different position than we are,
10 of course. But we want more revenue because
11 we don't want our vulnerable populations to
12 not get the services they need.
13 I do appreciate all the work you do
14 and have done. But I would encourage you to,
15 you know, from your side, help as much as we
16 can as we get more revenue to assist this
17 population that really needs it.
18 Thank you very much.
19 EXECUTIVE DIRECTOR MIRANDA: Take
20 care.
21 ASSEMBLYMAN EPSTEIN: You too.
22 Bye, Madam Chair. Thank you.
23 CHAIRWOMAN WEINSTEIN: Thank you.
24 So now we go to Assemblyman Abinanti

1 for five minutes.
2 ASSEMBLYMAN ABINANTI: Thank you,
3 Madam Chair.
4 Madam Director, I'm interested in this
5 issue of possible abuse or neglect with
6 respect to COVID. The numbers that I got
7 from OPWDD indicate that as of December 16th
8 in 2020, they had 4,175 individuals who
9 resided in certified residential programs who
10 tested positive. And a total of 497 --
11 that's 10.5 percent, if these numbers are
12 right -- passed away.
13 Now, they're telling me this reflects
14 all of those who had been or were in a
15 residence. I've been pressing to see if this
16 includes those who went to the hospital or
17 died in the facility or whatever. But that's
18 a high number even there, 10 percent.
19 And at the same time a total of
20 7100 -- 7,156 staff were reported as
21 confirmed COVID-positive. That's a very high
22 number.
23 And yet, you know, the DOH gave a
24 guidance that if you needed to have your

1 employees come in even after they were
2 exposed to COVID, they could return to work.
3 That's totally contrary to every other
4 industry, business, the rest of the world,
5 where if you've been exposed you should go
6 quarantine for two weeks. Now they've
7 reduced it to 10 days.
8 So as a result, my son has been out of
9 school for three or four different sessions
10 because different teachers keep getting
11 COVID, and now the entire class is exposed so
12 the entire class goes home.
13 On the other hand, if my son were in a
14 facility, it wouldn't matter that his person
15 was exposed to COVID, he would continue to be
16 exposed to the -- so if a person's partner is
17 home with COVID and the person working at the
18 group home, let's say, is needed, then you
19 would continue to get exposed time after time
20 after time.
21 It seems to me there's something wrong
22 with that, that there's an obligation on the
23 person, entity running the facility or the
24 group home to find other staff. And I was

1 just wondering if any complaints were made
2 along this line and whether your agency
3 actually did some investigations to see
4 whether the agencies improperly exposed their
5 residents to COVID-19.
6 You know, in this case -- I mean, if
7 they had other employees they could have
8 brought in, or just go out and hire different
9 -- do whatever you can to protect them.
10 Because when I'm looking at these numbers,
11 these are very high numbers.
12 And so, you know, I would like -- I'm
13 waiting to -- I really want to see the
14 numbers that Senator Krueger asked for. I'd
15 like to see how many complaints were made and
16 what investigations you made. Particularly
17 in light of the fact that your employees were
18 doing all of these other things with respect
19 to COVID, you know, that you said you were
20 proud of.
21 Okay, well, did you do any
22 investigations to see whether all of these
23 agencies and all these residences were in
24 fact following the proper protocols with

1 respect to COVID? That's something that I
2 would have liked to have seen you do.
3 EXECUTIVE DIRECTOR MIRANDA: Sure. So
4 as I mentioned before when we spoke last, we
5 opened up over 11,000 abuse and neglect cases
6 last year during COVID. So certainly we are
7 taking our obligation to ensure that people
8 are safe very seriously. And we look at all
9 of those calls, and they're fully
10 investigated.
11 A couple of things I think that I'd
12 like to respond to with your question. First
13 and foremost, the DOH guidance you
14 referenced, that is guidance set forth by
15 DOH. The Justice Center does not have any
16 role in determining guidance for staffing.
17 That is outside of our purview.
18 OPWDD, I believe you made some
19 reference to some statistics. I would not be
20 in a position to comment on the statistics
21 provided by OPWDD. I will, however, make
22 sure that our office provides the information
23 with respect to the number of deaths and
24 reports that were made to the agency last

1 year, as discussed with Senator Krueger.
2 And last but not least, I think it's
3 also important to clarify that we do not set
4 forth the definition of a COVID death or
5 COVID-related incidents. That's not our
6 jurisdiction, that is not our purview. That
7 is done certainly within the state oversight
8 agencies.
9 So I certainly appreciate the
10 importance of your question, but
11 unfortunately our limitations are clearly --
12 (Overtalk.)
13 EXECUTIVE DIRECTOR MIRANDA: -- are
14 clearly defined. I'm sorry?
15 ASSEMBLYMAN ABINANTI: I'd like to
16 know if you got any complaints from family
17 members on this very issue, that they were
18 concerned that perhaps their family members
19 were being exposed unnecessarily.
20 EXECUTIVE DIRECTOR MIRANDA: So
21 certainly --
22 ASSEMBLYMAN ABINANTI: Or not given
23 healthcare properly, or were not sent to the
24 hospital properly. I'd like to see the

1 COVID-related complaints.
2 EXECUTIVE DIRECTOR MIRANDA: So as I
3 mentioned, we take in -- we classified 11,000
4 abuse and neglect cases. So certainly any
5 call that comes into us, we evaluate on the
6 totality of the circumstances, we would get
7 information to make sure that we're making an
8 appropriate classification. And if it falls
9 within our statutorily defined jurisdiction,
10 we would take that case and we would
11 certainly investigate it.
12 Eleven thousand cases were opened last
13 year. I can't speak to the specifics, but
14 certainly we can follow up with your office
15 at another time if you'd like.
16 ASSEMBLYMAN ABINANTI: Yes. Thank
17 you.
18 EXECUTIVE DIRECTOR MIRANDA: Sure.
19 CHAIRWOMAN WEINSTEIN: Thank you.
20 So, Senator Krueger, the Assembly is
21 done. So I think we're --
22 CHAIRWOMAN KRUEGER: Thank you very
23 much, Assemblywoman.
24 So you also are done, Madam Executive

1 Director.
2 EXECUTIVE DIRECTOR MIRANDA: Thank
3 you.
4 CHAIRWOMAN KRUEGER: So thank you very
5 much for being here with us today. And we're
6 looking forward to the materials that you
7 have promised us.
8 EXECUTIVE DIRECTOR MIRANDA:
9 Absolutely. Thank you and good afternoon,
10 everyone.
11 CHAIRWOMAN KRUEGER: Good afternoon.
12 So now we start the portion of the
13 hearing where people are not representatives
14 of the government but have asked to testify.
15 And we call them up in panels. And
16 the rules of the road are once the full panel
17 has testified, then you can raise your hand
18 for a three-minute question that's in for
19 totality for any of the people on the panel,
20 including their answers. So we move into the
21 speed-dating round of budget hearings.
22 And our first panel is the Children's
23 Defense Fund, Melissa Genadri; the New York
24 State Coalition for Children's Behavioral

1 Health, Andrea Smyth; and the Family and
2 Children's Association, Jeffrey Reynolds.
3 Are you here with us, Melissa?
4 MS. GENADRI: Yes, hi. Can you hear
5 me?
6 CHAIRWOMAN KRUEGER: Yes, we can. I'm
7 sorry, they also have three minutes each.
8 Yes, go right ahead, Melissa.
9 MS. GENADRI: Thank you so much,
10 Senator. And good afternoon. On behalf of
11 the Children's Defense Fund of New York, I
12 would just like to thank the Legislature for
13 this opportunity to center the needs and the
14 voices of vulnerable children and youth at
15 today's hearing, particularly children of
16 color and low-income children whose mental
17 health has suffered so greatly at the hands
18 of this pandemic.
19 These children have suffered
20 unprecedented and disproportionate parental
21 and caregiver death, have been forced into
22 poverty and food insecurity, and have also
23 been spending increased amounts of time in
24 isolation and in home environments that may

1 be unsafe or even abusive.
2 And on top of all of this, they have
3 been weathering the toxic stress of systemic
4 racism and police violence, most recently
5 manifested in the horrific events which took
6 place last week in Rochester.
7 These children have very real and very
8 urgent mental health needs. And as New York
9 looks to expand its telehealth program, it is
10 incumbent upon our state to ensure access,
11 equity and quality of behavioral health
12 services that are being delivered via
13 telehealth.
14 At CDF we work directly with
15 vulnerable and impacted adolescents who
16 either do not have the technology and access
17 in their homes to access teletherapy services
18 or whose home environments are unsafe,
19 unstable, lack privacy, or are even abusive,
20 and connecting with a therapist at home is
21 just not an option. So we need more
22 investment in community-based supports for
23 these at-risk youth, and also community safe
24 spaces, where they can access telehealth

1 services outside of their homes.
2 There is also a great need for an
3 independent evaluation of the quality of
4 telehealth services that are being provided,
5 particularly with regards to teletherapy for
6 adolescents and children.
7 And I will also say we have great
8 concern with the steep rise in youth suicide
9 and in psychiatric emergencies among young
10 people in our state over the past year. We
11 applaud the state for the suicide prevention
12 work it's been doing, and we feel that as we
13 progress in our pandemic response efforts,
14 youth suicide prevention needs to be
15 ingrained into that pandemic response,
16 particularly the very high risk populations
17 of Latina adolescents, Black youth and LGBTQ
18 youth, who may not be receiving the mental
19 health services they need right now and are
20 even at an elevated risk of suicide.
21 So I thank you very much for your time
22 today, and we at CDF look forward to
23 continuing these conversations with you in
24 the future.

1 CHAIRWOMAN KRUEGER: Thank you.
2 And I should have also said we have
3 your full testimony, every member of the
4 committees, and it's up online for all the
5 Legislature. So we urge you to do exactly
6 what our first panelist did: Summarize your
7 key points in three minutes.
8 So next, Andrea Smyth.
9 Good afternoon, Andrea.
10 MS. SMYTH: Hello. Thank you for the
11 opportunity to comment on the Office of
12 Mental Health budget.
13 There are a number of important issues
14 -- the 5 percent cut to local assistance,
15 state-operated bed closures without community
16 reinvestment, minimum wage funds without
17 addressing the rest of the workforce through
18 the human services COLA, maintaining a
19 moratorium on cuts to children's Medicaid
20 mental health services, the lack of
21 investment in children's services and the
22 supply versus demand crisis, the June
23 prohibition of any newly graduated licensed
24 mental health practitioner from fully

1 practicing in New York State, the inclusion
2 of OMH-certified family peers and telehealth
3 reform, and the need for tools to
4 successfully restructure the Office of Mental
5 Health with the Office of Alcoholism and
6 Substance Abuse Services.
7 At 5:30 this morning the
8 Vice President of the United States cast the
9 deciding vote on the Rescue Plan, which adds
10 $4 billion for the Community Mental Health
11 Services Block Grant and the Substance Use
12 Prevention and Treatment Block Grant. This
13 funding is on top of 1.6 billion for each
14 block grant that was added to the December
15 COVID project.
16 Fifty percent of these funds must go
17 directly to providers to respond to COVID.
18 Please work with us to get the necessary
19 services to children and families.
20 Previously, the share to children and
21 families from these block grants has been
22 less than equal.
23 There are not enough children's mental
24 health services. RTF beds have closed and

1 dropped from 517 to just 390. There are 887
2 school-based mental health clinics, but 4400
3 buildings, school buildings. There are 6,000
4 children enrolled in Home and Community Based
5 Waiver, and only a thousand are receiving
6 services. And the 400,000 children enrolled
7 in the Child Health Plus program can only
8 access whichever behavioral health services
9 the Commissioner of Health identifies. The
10 system is under capacity, underresourced, and
11 risks our future.
12 Since 2002 when the Education Law
13 licensed mental health practitioners, they
14 have been safely practicing up to their full
15 scope of training and education. If we
16 sought a single word that captures the
17 meaning of "the use of assessment instruments
18 and mental health counseling and
19 psychotherapy to identify, environmental and
20 treat dysfunctions and disorders," the word
21 would be "diagnose." We need to keep the
22 pipeline of newly mastered, prepared,
23 clinically trained, licensed mental health
24 counselors, family therapists, and

1 psychoanalysts fully able to do what they're
2 trained to do.
3 And lastly, when we merge, if we merge
4 the Office of Mental Health with OASAS, they
5 need all the tools to make it a successful
6 reconstruction. And one of the things that's
7 been missing is that the authority over
8 medical assistance or Medicaid has been moved
9 from the "O" agencies to the Department of
10 Health. It is a barrier to successful
11 program development for the disabled, when
12 the funding decisions and the rate-making
13 decisions are in a separate agency. And to
14 fully support this transformation, we urge
15 that that be changed.
16 CHAIRWOMAN KRUEGER: Thank you.
17 Jeffrey Reynolds.
18 DR. REYNOLDS: Good afternoon. Thanks
19 for having me. Just wave if you can hear me
20 so that I know I'm not talking into an abyss.
21 Okay, I see my friend Assemblyman Ra waving.
22 Good to see you, Ed.
23 My name's Dr. Jeffrey Reynolds. I
24 have the privilege of running Family and

1 Children's Association. We're based on Long
2 Island and, in any given year, serve about
3 30,000 Long Islanders.
4 Most germane to this conversation is
5 the fact that we run a pretty large
6 children's mental health program as well as a
7 mental health program for seniors. We run
8 two OASAS-licensed chemical dependency
9 treatment centers, and then we run Long
10 Island's only two recovery centers, one in
11 Nassau and one in Suffolk County.
12 I heard a number of you throughout the
13 course of the day use the term "mental health
14 crisis," and that's exactly spot-on. I've
15 been in the field for a long time and have
16 never seen anything as bad as this. And I
17 can tell you that the implications for our
18 young people, particularly those from Black
19 and Brown communities, are going to span
20 generations. Long after everyone's been
21 vaccinated, long after COVID is but a
22 footnote in our history, the mental health
23 implications are going to continue on.
24 I will say, first and foremost, the

1 cuts to local assistance termed as
2 "withholds" have been devastating for my
3 organization. It's meant immediate staff
4 freezes, it's meant staff layoffs, and it's
5 meant much longer waiting lists for kids who
6 are looking to access services. It's had a
7 huge impact on us.
8 And although we're thankful that this
9 state has modified regulations to allow for
10 telehealth, none of us had the equipment to
11 do it. Our staff turned on a dime to make it
12 happen. We're working really hard to serve
13 kids that have a very, very high level of
14 acuity.
15 At the same time we're trying to
16 battle off budget cuts. There's no elected
17 official in this state who would not stand up
18 and fight for PPE. These services are our
19 PPE and our families' PPE against suicides,
20 against fatal overdoses and against ED visits
21 that are unnecessary and expensive.
22 In the last minute I have, I do want
23 to talk a little bit about revenues. And I
24 think it's very important that as we talk

1 about the opioid settlement dollars, that
2 those be segregated and tagged directly to
3 prevention, harm reduction, treatment and
4 recovery services, not dumped into the
5 General Fund.
6 I feel similarly about the expansion
7 of gambling opportunities here in New York
8 State, and I know that there's a lot of
9 traction behind sports betting. There hasn't
10 been a significant increase in the number of
11 problem gambling programs in many, many
12 years. And in fact the Comptroller's done
13 two reports about the fact that we don't have
14 a good handle as to how many problem gamblers
15 there are.
16 We ought to make sure that we're
17 setting aside a portion of that money now to
18 do a problem gambling campaign aimed at young
19 men who are likely to be the targets for
20 sports betting advertising.
21 And then, finally, I'm aware that the
22 issue of adult-use marijuana is once again a
23 subject of discussion. I would argue
24 strenuously that that not be a part of the

1 budget bill and that a significant portion --
2 more than is allocated now -- is set up to
3 deal with prevention, treatment and recovery
4 implications associated with legalization and
5 that a public health campaign be rolled out
6 right now to get ahead of this issue.
7 So thank you very much for your
8 attention here all day. Thank you for your
9 hard work. And I look forward to
10 participating in the rest of the budget
11 process.
12 CHAIRWOMAN KRUEGER: Okay. I don't
13 see the hand of any Senator -- oh, wait.
14 Yes, Senator Samra Brouk, our Mental Health
15 chair.
16 SENATOR BROUK: Thank you so much.
17 Hello, everyone. Thank you for this
18 speed round of testimony.
19 I just -- I wanted to dig in just
20 quickly, Andrea, with some of what you talked
21 about around the school-based mental health.
22 Can you speak if you have any other
23 information on where those inequities lie,
24 and on the fact that we don't have adequate

1 investment today and now we're looking at
2 cuts?
3 MS. SMYTH: School-based mental health
4 clinics are run by Article 31 mental health
5 clinics, so it's their option of whether or
6 not, after working with the school, whether
7 they can open a clinic in the school.
8 There are a number of limitations to
9 Article 31 school-based clinics. One is
10 space limitations at the school. Two is the
11 fact that the programs don't have any base
12 funding, so they have to bill insurance.
13 So my providers bill as many as
14 10 different insurance providers to make sure
15 that any child in any particular building can
16 come to the school-based mental health
17 clinic. It's a very heavy burden on the
18 provider to operate the school-based mental
19 health clinics. And so there's no kind of
20 grant funding, seed funding to start up or do
21 anything like that. And I believe that
22 that's one of the reasons why the number's so
23 low.
24 I'm involved with a campaign, we'd

1 like to see a 10 percent growth in the number
2 of school-based mental health clinics every
3 year, until there's access in every school
4 building.
5 SENATOR BROUK: Thank you.
6 And very quickly, I think it was
7 Melissa, you had talked about suicide rates
8 and prevention. Can you just fill in some of
9 the details on that, of what you've seen and
10 what you think you need to see to better
11 assess where these trends might be going? I
12 think that was you who talked about that.
13 MS. GENADRI: Yes, absolutely. Thank
14 you so much for the question.
15 We have definitely seen increases in
16 psychiatric emergencies among young people
17 statewide. The Suicide Prevention Task Force
18 of New York State that put out a great report
19 last year particularly highlighted elevated
20 rates among Latina adolescents as a
21 population of high risk and concern. And
22 we've seen nationally, in the past year, a
23 lot of data around elevated risks for Black
24 youth.

1 These are two populations that we are
2 very concerned about, particularly given the
3 sort of digital divide right now, and that
4 these are precisely the populations of kids
5 who aren't able to access therapy services
6 right now because so many of them have
7 transitioned to teletherapy. And the
8 students that we work with from these
9 backgrounds just aren't accessing those
10 services right now.
11 So we fear that this problem, you
12 know, it's sort of the tip of the iceberg and
13 maybe it's not going to be until later down
14 the road that we see, you know, the true
15 spikes in youth suicide in these populations.
16 But it's of a lot of concern to us. And it's
17 something we desperately want to see more --
18 more work done around.
19 SENATOR BROUK: Thank you so much.
20 CHAIRWOMAN KRUEGER: Thank you.
21 Assembly.
22 CHAIRWOMAN WEINSTEIN: Yes, we go
23 to -- actually, we go to Assemblyman
24 Abinanti, the chair of People with

1 Disabilities.
2 ASSEMBLYMAN ABINANTI: Thank you.
3 I have two questions. One -- Andrea,
4 hello again. Nice to see you. It's been a
5 long time since I've seen you.
6 I am intrigued by your concern that
7 Department of Health is making decisions for
8 all of the other departments in the guise of
9 regulating the amount of Medicaid spending
10 that's being done by the state. Could you
11 elaborate on that? And any suggestions on
12 how we can resolve that issue? I have a
13 similar concern, just not sure how to deal
14 with it.
15 MS. SMYTH: Thank you, Assemblyman.
16 I can just speak to the experience
17 that I've had with some of my programs. So
18 I'll speak to the residential treatment
19 facilities. This is a high-cost service
20 delivery, and the Department of Health has
21 taken over the rate-setting from the Office
22 of Mental Health.
23 That would be fine, but the Office of
24 Mental Health is still submitting policy

1 changes. So the policy changes are
2 happening, but the rate-making isn't
3 changing, or we're not being informed in a
4 timely way of the reimbursement
5 methodologies. So in this way, it is
6 contributing to the closing of residential
7 treatment beds. Which at this time is such a
8 valuable resource, and especially at a time
9 when the state is also proposing to close
10 children's beds.
11 So we just feel that the programmatic
12 ties to the reimbursement are being -- the
13 gap is too wide for there to be good
14 coordination, and we really think that the
15 rate-making and the oversight of the spending
16 should revert back to the "O" agencies.
17 ASSEMBLYMAN ABINANTI: Okay.
18 Secondly, I guess to everyone, there's this
19 proposal for a crisis center, and I'd just
20 like a quick comment from each of you, what
21 do you think -- if you're familiar with the
22 proposal, what do you think of it? And how
23 do we make sure it actually works? Is there
24 anything we as a legislature can do, in the

1 language of the legislation or something?
2 Because it's a good idea. But how do we make
3 sure it works? At least I think it's a good
4 idea. I'd like to hear what you guys think.
5 Thank you.
6 DR. REYNOLDS: Assemblyman, I think
7 it's -- if I'm correct, it's basically the
8 DASH program that's been created out here on
9 Long Island.
10 And if that's the model, I will tell
11 you it's been hugely successful. It's been a
12 great resource for families that would
13 otherwise wind up in emergency rooms and kind
14 of do that dance where the kid goes in, gets
15 discharged, and they do it again and again.
16 I don't know their latest numbers, but
17 it's been a phenomenal resource for Nassau
18 and Suffolk County, particularly during this
19 time, and it has served its purpose very
20 well.
21 ASSEMBLYMAN ABINANTI: Who did it out
22 there?
23 DR. REYNOLDS: Family Service League,
24 in conjunction with the local field Office of

1 Mental Health.
2 But I will say they've been very good.
3 And unlike some other projects, very good
4 about bringing in community partners. And so
5 it's something that all the agencies have
6 access to and use on a regular basis.
7 CHAIRWOMAN KRUEGER: Thank you.
8 I don't see another Senator, so
9 Assembly, go ahead.
10 CHAIRWOMAN WEINSTEIN: I'll go to
11 Assemblyman Ed Ra, then. Three minutes.
12 ASSEMBLYMAN RA: Thank you,
13 Chairwoman. Thank you all for being here
14 today and the work of your organizations
15 during a very difficult time.
16 Jeff, you talked a lot about -- in
17 your written testimony about the withholding.
18 And I'm just wondering if you could further
19 elaborate on it. Because one of the things
20 -- number one, we see obviously there was the
21 uncertainty that was created by the
22 withholding throughout the last fiscal year.
23 And now there's a partial restoration. But
24 (A) have you gotten any indication of when

1 you would get that back? I know it's
2 supposed to be reconciled in this last
3 quarter of this fiscal year.
4 And then (B) what the long-term
5 implications of that 5 percent reduction
6 nevertheless becoming, you know, a new
7 baseline and becoming a permanent funding
8 cut.
9 DR. REYNOLDS: Yeah, I'll be really
10 direct. The withholds have had a huge impact
11 on us. We have not got any notification that
12 that's been changed. In fact, I got our
13 letter from Nassau County pulling another
14 $150,000 out of the system just yesterday.
15 And this is a system that was already
16 threadbare to begin with. We were barely
17 holding on, like every other provider, with
18 rates that are insufficient and a demand for
19 services, and complicated cases that far
20 exceed our ability to do that.
21 And so whereas 5 percent doesn't sound
22 like a lot, when you look at how we were
23 barely holding on, it's almost like the death
24 blow for us.

1 And so our hope would be that
2 providers get back all the money they were
3 supposed to have in 2020, there be no cuts
4 going forward -- and I hesitate to say this,
5 but when I go back and look at my staff and
6 our clients, I'm no longer that hesitant.
7 The reality is that there should have been a
8 whole bunch of money in this proposal to deal
9 with the mental health crisis that we have on
10 our hands.
11 There shouldn't have been: Go talk to
12 the feds and maybe at the end of the day
13 you'll only have a 5 percent cut. It should
14 have been exactly the opposite of that. It
15 should have been: We recognize this is
16 important, as COVID, and we're going to take
17 it seriously, and there should have been a
18 chunk of money in the budget to support these
19 services. There wasn't.
20 Instead, it was -- honestly, I can't
21 throw a party that we're only going to have a
22 5 percent cut. It still decimates services.
23 CHAIRWOMAN WEINSTEIN: Thank you.
24 ASSEMBLYMAN RA: Well, thank you.

1 Thank you again to all of you for your
2 organizations' work. I don't know if anybody
3 else had any thoughts or anything to add on
4 that.
5 MS. SMYTH: Assemblyman Ra, I think
6 that the most chilling part of the 5 percent
7 withholds is that that is local assistance
8 funding generated through community
9 reinvestment of years past.
10 Not only are we taking the money that
11 is the legacy of the community mental health
12 system and cutting it with paper cuts at 5
13 percent, 15 percent, 20 percent, but we're
14 not reinvesting in more community mental
15 health services. This is devastating to the
16 providers. They have about three months of
17 cash on hand for operating expenses for their
18 non-Medicaid services. It's a crisis.
19 CHAIRWOMAN KRUEGER: Thank you.
20 CHAIRWOMAN WEINSTEIN: Thank you.
21 We go to Assemblywoman Miller, three
22 minutes.
23 ASSEMBLYWOMAN MILLER: Hi. Can you
24 hear me?

1 CHAIRWOMAN WEINSTEIN: Yes.
2 ASSEMBLYWOMAN MILLER: I just -- you
3 know, I'm very moved by all of your
4 testimonies. And I just want to (A) thank
5 you all for what you're doing and (B) tell
6 you how much I agree with you. I cannot
7 understand how, in light of what we've all
8 gone through, we've all experienced, but
9 people with -- you know, at most risk:
10 people with mental health issues, people --
11 you know, these young children without the
12 in-person nurturing and contact that they
13 need. We're failing on so many levels not to
14 have this be increased in the budget and more
15 funded.
16 And so I couldn't agree with you more.
17 And whatever -- you know, certainly I -- I
18 can't speak for anybody else, but whatever I
19 can do to help, please, I'm there. It's just
20 devastating to me that I agree with you, we
21 are looking at a potential big, big crisis of
22 mental health, and they're turning their
23 heads the other way.
24 So thank you for what you're doing.

1 CHAIRWOMAN WEINSTEIN: Thank you.
2 We go to Assemblyman Bronson.
3 ASSEMBLYMAN BRONSON: Good afternoon,
4 everyone. Thank you for your testimony.
5 I'm going to direct my questions to
6 Andrea. And it's going to be a three-part
7 question. But in the context of what so many
8 of my colleagues and what you all have just
9 testified to, and that is the mental health
10 crisis we're facing.
11 You know, we had a crisis before
12 COVID-19, and it's only gotten worse. And
13 our families deserve better than what the
14 state's providing in this area.
15 But particularly, Andrea, I'm going to
16 talk to you about the Article 163 mental and
17 behavioral health professionals. As you know
18 -- and you've worked with me on a number of
19 bills in connection with reimbursement from
20 Medicaid and direct reimbursement from
21 commercial carriers -- this is really about
22 access.
23 So my first question is if you could
24 explain a little bit why it's so vitally

1 important that we have that reimbursement
2 structure in place. The Governor vetoed the
3 bills and said we should talk about them in
4 the budget. So what better way than have you
5 testify to that today.
6 Second is the exemption that I've
7 asked a couple of commissioners to talk about
8 that expires at the end of June, and what
9 that means in the field in the state
10 facilities if that exemption is not extended
11 and hopefully made permanent.
12 And then lastly if you could talk
13 about expanding the diagnosis, the scope of
14 practice, for the Article 163 professionals.
15 MS. SMYTH: Sure. Thank you,
16 Assemblyman. I'll take the nexus between the
17 exemption sunset and the diagnostic
18 authority.
19 We would prefer that the budget
20 address the scope of practice of the 163s so
21 that their full training and clinical
22 capacity is acknowledged and they're allowed
23 to diagnose. Then we don't need to do the
24 exemption again. We did the exemption in

1 2002, in 2010, in 2013, in 2016 and 2018.
2 You have helped us write a bill that
3 solves the problem permanently, that's the
4 diagnosis authority. They've been doing it,
5 they're trained, the bill standardizes their
6 training and their clinical practice, and
7 that's what we'd like to see have happen.
8 Regarding the medical assistants'
9 eligibility, this is just an issue of people
10 who are doing this work, if they work for an
11 agency, but they're not allowed to enroll in
12 Medicaid and take clients from the community.
13 We think that's wrong. We need more people
14 practicing, we need access to more mental
15 health services, and this is the workforce
16 that we have, the licensed practitioners.
17 We have the social workers, we do have
18 the mental health counselors, we have the
19 family therapists, we have the creative arts
20 therapists, we have the psychoanalysts. We
21 want to use every single one of them, up to
22 as much as they're willing to do in the field
23 to address the crisis.
24 ASSEMBLYMAN BRONSON: Well, and I'll

1 just say this. The situation as it exists
2 today, if you're a wealthy person in
3 Manhattan, you have access to mental health.
4 If you're a person living in poverty in
5 Rochester, New York, you don't have access to
6 mental health.
7 That's wrong. We need to correct it.
8 Thank you.
9 CHAIRWOMAN KRUEGER: Thank you.
10 Are there any other members?
11 CHAIRWOMAN WEINSTEIN: We are done in
12 the Assembly.
13 CHAIRWOMAN KRUEGER: Thank you.
14 Only to edit Harry's last comment,
15 Assemblymember Bronson. If you're poor
16 anywhere, you're not really getting mental
17 health. So I don't disagree with your point
18 about people with money and private
19 insurance, but I don't know that that's
20 actually radically different in various
21 cities of the state.
22 Thank you.
23 We're going to go on to our next
24 panel, and we will have Leslie Feinberg,

1 director, Supporting Our Youth & Adults
2 Network, followed by the CUNY Coalition for
3 Students with Disabilities, Luis Alvarez.
4 Are we both here? Leslie?
5 MS. FEINBERG: Yes. Yes, I'm here.
6 CHAIRWOMAN KRUEGER: Okay.
7 MS. FEINBERG: Can you hear me?
8 CHAIRWOMAN KRUEGER: Yes, I can.
9 MR. ALVAREZ: I am also here.
10 CHAIRWOMAN KRUEGER: Hi. Great.
11 Go right ahead, Leslie.
12 MS. FEINBERG: Sure.
13 Greetings, Chairs Krueger, Weinstein,
14 and members of the committees. SOYAN is an
15 organization of family members and
16 self-advocates dedicated to preserving
17 dignity and self-determination for people
18 with I/DD, safeguarding the progress gained
19 for them, and protecting and enhancing their
20 quality of life in a community.
21 Thank you, Senator Mannion -- I hope
22 you're listening -- for providing questions
23 in advance to Dr. Kastner.
24 And Assemblyman Ra, thanks. You have

1 given us comfort, knowing that OPWDD has
2 affirmed that rental subsidies are carved out
3 from the withholds.
4 New York State has long prided itself
5 on providing quality services for people with
6 I/DD. We heard that OPWDD enrollment is
7 growing. With fewer dollars, OPWDD will be
8 forced into cutting critical services to
9 people, eligibility changes or creating
10 waiting lists. New York State's image will
11 be tarnished.
12 We heard New York State has already
13 received additional enhanced Medicaid dollars
14 from the federal government. Please ensure
15 that OPWDD receives its share of these funds
16 and applies it to service delivery.
17 We applaud OPWDD's continued support
18 of community integration. We are concerned
19 that lessons learned during the '80s have
20 been forgotten. The failure to provide
21 sufficient community-based supports led to
22 the well-documented high costs to safety and
23 dignity. Please do not replicate these types
24 of devastating insults now to our most

1 vulnerable citizens.
2 We applaud OPWDD for including
3 initiatives for long-term housing. The
4 process for determining an individual's
5 rental subsidy for self-direction in a
6 community, and the subsidy amount itself,
7 have not been recalibrated and reviewed for
8 years, causing many people in high-rent
9 counties to choose between healthy food,
10 necessary out-of-pocket expenses, or the rent
11 payment that they must pay their landlords
12 above the subsidy amount. This is not
13 sustainable.
14 We heard Dr. Kastner mention
15 wraparound services without providing
16 details, and family care, which is similar to
17 a foster care scenario, that relies upon host
18 families. Integrated community living is
19 best achieved by working with landlords who
20 already have rental properties. SOYAN has a
21 no cost to the state housing support
22 initiative and would welcome the opportunity
23 to discuss it in greater detail at another
24 time.

1 We applaud OPWDD's recall of the
2 20 percent withhold against reimbursements
3 for non-Medicaid local assistance. However,
4 that 5 percent cut that goes towards paying
5 for essential services such as utilities,
6 phones and internet for adults living on
7 their own, is going to be contrary to our
8 concerns about safety and isolation. Please
9 recall these proposed cuts.
10 In our society, adults feel empowered
11 receiving a paycheck for a job well done, and
12 have a sense of community by having a job.
13 We look forward to increased solutions for
14 meaningful employment.
15 Thank you for permitting SOYAN to
16 share the thoughts that run through our minds
17 and keep us awake at night. We need OPWDD's
18 mission to be actualized. Please do not cut
19 OPWDD funding; investments are needed. We
20 look forward to participating in the budget
21 process. Thank you.
22 CHAIRWOMAN KRUEGER: Thank you.
23 And next, Luis.
24 MR. ALVAREZ: Good afternoon,

1 distinguished members of the state. My name
2 is Luis "Junior" Alvarez, and I'm a proud
3 student with a disability at Bronx Community
4 College, majoring in education, where I serve
5 as the president of the CUNY Coalition of
6 Students with Disabilities -- CCSD-BCC
7 Chapter. I'm also honored to be the chair of
8 the university-wide CCSD that represents more
9 than 11,000 students with disabilities.
10 According to CUNY, more than 1800
11 students with disabilities are enrolled in
12 our degree programs in my borough of the
13 Bronx. Go Bronx, yeah! I and so many others
14 rely on reasonable accommodations from our
15 college to have an equal opportunity to
16 succeed, especially in distance learning made
17 necessary by COVID-19.
18 The enrollment of students with
19 disabilities at CUNY is at an all-time high,
20 with more than 11,000 of us enrolled at our
21 university. At CUNY our disabled student
22 enrollment has grown by more than 50 percent
23 over the last few decades, and yet our state
24 funding for personal accommodation and

1 support services has remained the same for
2 the last 27 years.
3 CCSD supports the New York State
4 Education Department's $7 million budget
5 request to enhance support services for
6 students with disabilities all around the
7 state, statewide. This new source of funding
8 will supplement, not replace, existing
9 college and university support for students
10 with disabilities.
11 The CUNY Coalition for Students with
12 Disabilities enthusiastically supports the
13 State Education Department's budget request
14 for students with disabilities that would be
15 the first of its kind in the nation. Come
16 on, New York, let's lead the way for the rest
17 of the country.
18 I also want to say thank you to
19 Abinitez {ph} and Elio {ph} for attending our
20 CCSD virtual ceremony, and a big happy
21 birthday to Epstein. Thank you.
22 CHAIRWOMAN KRUEGER: Thank you both
23 very much.
24 Okay. I'm going to go on to the next

1 panel. We have Ruth Lowenkron, New York
2 Lawyers for the Public Interest, and Harvey
3 Rosenthal, New York Association of
4 Psychiatric Rehabilitation Services.
5 Hello, Ruth and Harvey, assuming
6 you're here somewhere.
7 THE MODERATOR: They're coming in.
8 CHAIRWOMAN KRUEGER: There we go. I
9 see Ruth. Hi.
10 MS. LOWENKRON: Okay, hi. Shall I get
11 started?
12 CHAIRWOMAN KRUEGER: Please.
13 MS. LOWENKRON: Thank you, Senator.
14 And hello to all the other Senators. Ruth
15 Lowenkron, I'm the director at -- Senators,
16 is that not a horrible way to begin. Hello
17 to all the elected officials, no slight
18 intended. I'm just on a roll to get there
19 quickly.
20 CHAIRWOMAN KRUEGER: Doing great.
21 MS. LOWENKRON: So I'm Ruth Lowenkron.
22 I'm the director of the Disability Justice
23 Program at New York Lawyers for the Public
24 Interest.

1 And I wanted to start with a searing
2 quote because I think to me this crystallized
3 everything when I came upon it. From C.S.
4 Lewis: "Of all tyrannies, a tyranny
5 sincerely exercised for the good of its
6 victims may be the most oppressive, and those
7 who torment us for our own good will torment
8 us without end, for they do so with the
9 approval of their own conscience."
10 And I bring that up because clearly
11 this is not a suggestion by me or by any
12 advocates that anyone has any ill motives
13 here. We are all here to ensure that people
14 with disabilities are best taken care of.
15 But we disagree fundamentally on how to take
16 care of people with disabilities.
17 And I'm going to limit my comments to
18 the area that I am most concerned about, and
19 that is about the amendments, potential
20 amendments to the hospital commitment section
21 and extending the Kendra's Law, the AOT,
22 assisted outpatient treatment.
23 Those are forced treatment modalities.
24 And forced treatment is not treatment. My

1 colleague Harvey Rosenthal is going to talk
2 much more about it. He's in the trenches,
3 he'll tell you about the programs that work.
4 But there are programs out there that work.
5 Voluntary programs. And that's where -- the
6 direction that we have to see ourselves in.
7 And we've had other speakers talking about
8 that as well.
9 So in particular, I just want to
10 mention the self-directed care program I
11 don't believe anyone has mentioned today.
12 That has been on the chopping block
13 altogether, notwithstanding the fact that it
14 is a brilliant program that provides people
15 with psychiatric disabilities the opportunity
16 to make their own plans for their treatment,
17 so you know there's a fighting chance for
18 them to get involved.
19 So these options, they would not only
20 help fulfill the Olmstead integration mandate
21 but also they're humane, they're less costly,
22 and they're legal.
23 So quickly, on the psychiatric
24 hospital commitments. Unlike what the

1 commissioner said, it is not written
2 narrowly. It is not a mere clarification.
3 It would involve potentially thousands of
4 people.
5 And there is absolutely no need, as
6 Senator Krueger said, to have this amended
7 language because the current language would
8 take care of it just by virtue of the fact
9 that if somebody has any problem, whether
10 it's problems with living or problems with
11 clothing or anything of that sort, if that
12 means that they are in imminent danger -- or
13 danger, of course, but imminent danger, then
14 they will be helped. But otherwise, they
15 cannot be forced into treatment.
16 And similarly -- I see my time is up,
17 so I'm hurry-hurrying -- with Kendra's Law
18 it's a similar situation. All of a sudden we
19 are going to suggest somebody's Kendra's Law,
20 which is a reduction in liberties -- we're
21 going to say that it's appropriate to do that
22 without a physician coming to testify? That
23 is not due process. It just simply is not.
24 And similarly, the ability to have

1 someone come after six months and have their
2 period extended with much reduced procedural
3 safeguards is just inappropriate.
4 So in closing, there are less costly,
5 proven community-based peer-led alternatives.
6 No more forced treatment. And to circle back
7 to C.S. Lewis, what he might have said is "No
8 more tyrannies."
9 CHAIRWOMAN KRUEGER: Thank you.
10 MS. LOWENKRON: Thank you.
11 CHAIRWOMAN KRUEGER: Harvey?
12 MR. ROSENTHAL: Hi, I'm Harvey
13 Rosenthal. I'm CEO of the New York State
14 Association of Psych Rehab Services. We're a
15 coalition of people with mental illnesses and
16 providers across the state. We fight for
17 rehab, recovery rights, community inclusion,
18 criminal justice reform. And I'm here today
19 to talk about a number of issues, so I'm
20 going to have to talk fast.
21 A number of the issues -- some of the
22 issues I'm concerned about, my colleagues
23 will talk about in terms of the pandemic and
24 the cuts and reinvestment and housing. So

1 I'll be talking more about a variety of
2 rights issues.
3 Number one, the adult home residents
4 have a cut of $170,000. It's a little bit of
5 money for a lot of advocacy for people who
6 really need it.
7 I too am very tied up with
8 self-directed care. Strategic purchases that
9 really move people's outcomes -- whether it's
10 housing, employment, transportation,
11 education, stable housing -- improve
12 self-care. It's an extraordinary program
13 with great success.
14 Criminal justice reform, I want to
15 thank Senator Brouk for introducing Daniel's
16 Law. It's really the way to go. It's about
17 mental health alternatives to the police. We
18 know the police shouldn't be first
19 responders. We've seen the tragedies in
20 Rochester and throughout.
21 Mental health responders. And I would
22 say to the Senator, if we can include some
23 peer counselors, that would be really
24 critical.

1 Halt the torture of solitary
2 confinement. It's abysmal. It's outmoded.
3 It's torture. The United Nations says it's
4 torture. We have people in jail and prisons,
5 a lot of people of color, a lot of people
6 with mental illnesses, a lot of people who
7 commit suicide. Because this is not about
8 rehabilitation, it's about punishment.
9 The law would ban solitary confinement
10 for people with mental illnesses. It would
11 extend -- it would stop the extension of time
12 in solitary confinement. It would build some
13 rehab units. The Governor says it's too
14 expensive, the study says it's not.
15 Back to what Ruth has said, I'm very
16 concerned about the expansion of outpatient
17 commitment. It will let the state go out and
18 take all kinds of people and cart them off to
19 hospitals, whether that's appropriate or not.
20 We know how to serve people in that
21 level of need. We have crisis respite
22 programs, we have peer bridgers, we have
23 halfway home programs, peer crisis
24 stabilization. We know how. And there's a

1 program in Westchester we helped design,
2 80 percent engagement rate with people who
3 are not supposed to be engagable. We know
4 how to do that. And we need to do that.
5 It's not about the law, it's about mental
6 health help. That's why we're here.
7 And folks in need, need housing, not a
8 hospital. They need compassion, not
9 coercion, containment and control. The
10 affected population is going to be much
11 larger than the commissioner said. It'll be
12 hundreds and eventually thousands of people
13 using hospital beds along the way.
14 It's racial inequity. We already know
15 forced treatment on Kendra's Law is --
16 two-thirds is people of color. There's no
17 reason to think otherwise.
18 Also, the commissioner has to monitor
19 whether there's abuses in overcommitment.
20 She can't possibly do that. They're not
21 doing it with Kendra's Law, making sure it's
22 a last resort. It's too much.
23 The Legislature has rejected an
24 extension of Kendra's Law for 20 years. They

1 know it's a controversial program, it
2 violates people's rights, and it -- and you
3 have understood that. And instead, you have
4 focused on these alternative voluntary
5 approaches. It cannot be increased. We've
6 asked for your help, you've done it for
7 20 years in a row.
8 Finally, in crisis stabilization
9 centers, especially the peer ones, like we
10 have in New York State, up in Poughkeepsie,
11 for example -- we're in strong support of
12 them, as long as no voluntary transport. And
13 they should be run by nonprofits, not
14 hospitals.
15 Thank you.
16 CHAIRWOMAN KRUEGER: Thank you both
17 very much. Seeing no hands, moving along,
18 thank you.
19 Christine Khaikan, Legal Action
20 Center, and Briana Gilmore, community
21 advocate.
22 MS. KHAIKAN: I think I am starting.
23 Hi. Thank you, chairs, members of the
24 committee.

1 My name is Christine Khaikan. I am a
2 health policy attorney at the Legal Action
3 Center. And we have a long history of
4 working to remove barriers to health
5 insurance coverage and care for people with
6 substance use disorders and mental health
7 needs. And we thank everyone for the
8 opportunity to provide input today.
9 I don't have to tell all of you this
10 is a horribly tough time, obviously the
11 pandemic and of course these extra things
12 caused by the pandemic -- increases in
13 overdose, suicide, depression, isolation. So
14 a really strong and functioning mental health
15 and substance use disorder system right now
16 has never been more critical.
17 And it's never been more critical to
18 not waver from a focus of equitable access to
19 quality care, ensuring the whole full scope
20 of treatment, prevention, recovery, harm
21 reduction services. So I want to address a
22 few items in the budget.
23 The first is the merger of OASAS and
24 OMH and creating a new agency. We just want

1 to ensure that there's a laser focus on the
2 populations served by these agencies,
3 ensuring that the expertise they possess is
4 preserved. You know, there needs to continue
5 to be equitable access -- in fact, expanded
6 access to services. And the same goes for
7 moving towards integrated licenses and the
8 integrated centers.
9 We -- this is a long time coming.
10 Whole-person care is so important. And
11 again, it just needs to be hyperfocused on
12 serving the people in need, and equitable
13 access.
14 Also, telehealth. You know, we're
15 really happy to see lifting certain
16 regulatory barriers and expansion of those
17 services. But they can't become a
18 replacement for needed in-person services.
19 And patient choice needs to be preserved, and
20 there needs to be access, when people want
21 them, to broadband and the appropriate
22 technology.
23 And also, we wanted to address crisis
24 stabilization services. You know, this is a

1 great thing and we laud the goal of making
2 sure people in crisis, mental health crisis,
3 substance use crisis, are not entering the
4 carceral system. But we just want to make
5 sure, again, a strong focus on health and
6 social service needs.
7 You know, there are funding
8 opportunities coming through the federal
9 block grants, but also the opioid litigation
10 making its way through the courts. And we
11 heard yesterday New York will be getting 32
12 million from one settlement. More will be
13 coming. But we just want to ensure this
14 money needs to be dedicated exclusively to
15 this population for treatment, prevention,
16 recovery supports, harm reduction services.
17 It cannot supplant existing funding.
18 And we're really concerned about the
19 50 percent cut in funding for jail-based
20 transition services for substance use
21 disorder care. This is a really important
22 touch point in reducing overdose services,
23 and we really would like to see that
24 restored.

1 And in my remaining seconds, I just
2 want to say, you know, we continue to focus
3 on mental health and substance use parity
4 enforcement, removing prior authorization for
5 Medicaid. And we want to also really thank
6 members of the committee for their support of
7 CHAMP, the ombuds program in New York that
8 has served as a critical lifeline for people
9 struggling to access their mental health and
10 substance use disorder services and health
11 insurance coverage.
12 So thank you so much.
13 CHAIRWOMAN KRUEGER: Thank you. And I
14 think no questions either -- oh, excuse me.
15 Can we have the second person on this panel,
16 please.
17 MS. GILMORE: Thank you. Good
18 afternoon, chairpersons and members of
19 committee. Thank you for hearing my
20 testimony today.
21 I want to offer particular gratitude
22 to Senator Brouk for grounding us this
23 morning in honoring our collective grief at
24 watching a 9-year-old child being brutally

1 attacked by Rochester police last week, and
2 for grounding us in the memory of the life
3 and murder of Daniel Prude in Rochester last
4 year.
5 Every day in my advocacy work I also
6 honor the legacy of Dontay Ivy, a black man
7 in Albany, New York, who was murdered by
8 Albany police in 2015. His crime was
9 committing -- his crime was performing his
10 mental health in public outside of his house.
11 We know that Black and Brown young men
12 across New York State are disproportionately
13 likely to be murdered by police, victims of
14 violence, incarcerated in jails and prisons.
15 And if they escape that fate, they're
16 disproportionately likely to be incarcerated
17 by the Office of Mental Health.
18 It is time to end our collective
19 delusionment that AOT and involuntary
20 commitment are mental health programs. These
21 are extensions of mass incarceration,
22 extensions of our police system. They're not
23 mental health care. The research from across
24 the country indicates that as soon as a

1 person is involved involuntarily in the
2 mental health system, they immediately
3 disregard any respect for that system and no
4 longer trust involvement in that system.
5 We see, you know, decreased
6 involvement in meaningful work and education,
7 a decrease in community tenure, a decrease in
8 stable housing, increase in rates of
9 incarceration and future systems involvement.
10 We need to roll back the extension of AOT and
11 involuntary commitment in this year's
12 Executive Budget.
13 I want to switch gears rapidly and
14 offer you something to smile about. The
15 easiest way for you to really hold on to a
16 program that's offering recovery-based
17 community services in New York this year is
18 the self-directed care pilot, which was
19 eliminated from the OMH budget. This is a
20 tiny, tiny project; you're probably already
21 wondering why so many advocates are talking
22 about it. And that's because self-direction,
23 more than any other program, holds the
24 promise of recovery.

1 When OMH implemented this pilot in
2 2015, they stated their intention to expand
3 it statewide and to research ways to really
4 offer it through Medicaid managed care or as
5 a value-based-payment initiative. And
6 despite overwhelming successes in this
7 program, funding has been cut for it.
8 Early success in the program indicates
9 an increase in recovery goals, both for
10 mental health and physical health, an
11 increase in wellness supports, increase in
12 educational and employment attainment,
13 increase in housing stability, decreased use
14 of hospitalization, and even a savings -- a
15 systemwide savings -- because of
16 self-directed care.
17 I assure you, each member of this
18 committee has constituents in their county
19 who have been advocating for a decade for
20 self-directed care. A decade. And I implore
21 you to work with me in the coming weeks and
22 months, and providers at Community Access in
23 New York City and Independent Living Center
24 in Newburgh, so we can demonstrate to you the

1 transformative impact of self-directed care
2 in your communities.
3 Thank you for your time. I look
4 forward to working with you this session.
5 CHAIRWOMAN KRUEGER: Thank you both
6 very much.
7 Seeing no hands, we're going to keep
8 moving. Panel E, the New York Association of
9 Alcoholism and Substance Abuse, John Coppola;
10 the Coalition of Medication- Assisted
11 Treatment Providers and Advocates, Allegra
12 Schorr; and Friends of Recovery, Dr. Angelia
13 Smith-Wilson.
14 We'll start with John Coppola.
15 MR. COPPOLA: Senator Krueger and
16 Assemblywoman Weinstein, I just want to thank
17 you for your perseverance here and for the
18 work that you do every year.
19 If you were to go back and look at the
20 testimony that has been provided by our
21 association over the course of the last
22 decade, you'd see almost every year a plea
23 for additional resources and a warning that
24 there's a significant uptick in addiction --

1 and in more recent years, driven by a real
2 concern about opioid overdose deaths and
3 addiction.
4 And every year we were talking about a
5 little bit of disbelief that from one year to
6 the next there was really no remedy, there
7 was no additional resources that were being
8 brought to bear on this, as we looked at the
9 upward trajectory. And we have right now
10 this juxtaposition with COVID, and we see
11 what we're capable of doing and marshaling
12 our resources for a serious, you know,
13 pandemic.
14 I want to really just talk a little
15 bit first about how during COVID, with a lack
16 of protective equipment, et cetera, and an
17 escalating rate of addiction and overdose,
18 addiction service providers did not receive
19 the additional funds that they had requested
20 last year. And not only that, but they were
21 cut. And how do you apply a cut to a field
22 that's dealing with the kind of crisis that
23 we were dealing with?
24 I want to suggest to you -- I was

1 thinking a lot about Senator Brouk's remarks,
2 and I really appreciate the way that she
3 started this hearing by calling our attention
4 to the failures of our system, particularly
5 when it's inadequately funded and
6 inadequately financed, and the important role
7 that we play. And I want to be also mindful
8 and ask this question: Where is the
9 structural racism in our budget? And is it
10 possible that it's structural racism and
11 sexism because we largely have a women's
12 workforce, that's the reason why we're not
13 getting the resources we need.
14 You have at your disposal this year
15 resources, resources from increased block
16 grants and the federal grant. We have
17 settlement funds that you could put toward
18 this. There's the opioid surcharge. There's
19 possible revenue from gambling, there's
20 possible revenue from marijuana. So this is
21 not about creating new resources. A simple
22 question: We have an opportunity to correct
23 what have been serious wrongs over the course
24 of decades. The resources are on the table.

1 They can be allocated to help us or not. If
2 we come back next year and say we did not
3 receive the additional resources, it's going
4 to be -- we'll be hard-pressed to explain why
5 that is, because there are resources there.
6 We need you, Assemblywoman and
7 Senator, we need you to watch those resources
8 and make sure that they don't disappear off
9 our table. Thank you.
10 CHAIRWOMAN KRUEGER: Thank you.
11 Our next testifier, Allegra Schorr.
12 MS. SCHORR: Thank you. Good
13 afternoon, chairs, committee members. I'm
14 Allegra Schorr, president of COMPA. COMPA
15 represents New York State's opiate treatment
16 programs and the medication- assisted
17 treatment providers. And thank you for the
18 opportunity to testify today.
19 In 2016, the Surgeon General,
20 Dr. Vivek Murthy, appeared on television to
21 introduce the landmark 400-page report
22 "Facing Addiction in America." And
23 Dr. Murthy was asked to share just one point
24 with the audience in 30 seconds. And

1 Dr. Murthy said "Methadone." The critical
2 takeaway from the Surgeon General's report on
3 addiction was methadone. Why? The Surgeon
4 General wasn't saying that methadone was
5 magic, and he certainly wasn't saying that
6 it's the answer for everybody. But he was
7 making a fundamental point. Scientific
8 evidence clearly supports the effectiveness
9 of methadone and medication-assisted
10 treatment for opiate use disorder. But it is
11 underutilized, and it is stigmatized. So the
12 Surgeon general was highlighting that
13 ignorance is beating science.
14 So we're in the midst of a worsening
15 crisis, and the COVID-19 pandemic is
16 colliding with an opioid epidemic, and we're
17 seeing record overdoses. At this point all
18 of our treatment resources and all of our
19 funding should be prioritized and should
20 incentivize science, and that means
21 medication-assisted treatment.
22 Unfortunately, COMPA's main and most urgent
23 concern right now is to prevent closures of
24 opiate treatment programs, and that's because

1 of OMIG audits.
2 This issue threatens to destabilize
3 the entire opiate treatment system, and this
4 could have a cascading impact on the public
5 health of New Yorkers because of the whole
6 pandemic.
7 And as you heard earlier today, an OPT
8 recently had to close a program site, and
9 that disrupted treatment for 1500 patients,
10 after OMIG had an extrapolation of 12
11 clerical errors, which had a total value of
12 $400, but it resulted in a $7.7 million
13 disallowance. And right now a similar
14 situation is being played out in Western
15 New York, and there's several more audits in
16 the pipeline.
17 So compliance audits of OTPs, which
18 are conducted by OMIG, are resulting in
19 vastly disproportional disallowances, and
20 those have and they will continue to result
21 in the loss of treatment slots.
22 So what we're asking for is a
23 reevaluation of this OMIG's process. And
24 we're asking for some statutory protection

1 that's going to prevent the OMIG from their
2 actions that are going to lead to a reduction
3 in access to service. And this is when
4 there's no fraud and no abuse whatsoever.
5 So I thank you for your concern and
6 for hearing this, and I ask you to please
7 prioritize science. We need that now. Thank
8 you very much for your concern.
9 CHAIRWOMAN KRUEGER: Thank you.
10 So we do have a few questions for this
11 panel. First, the chair of Alcoholism and
12 Substance Abuse, Senator Pete Harckham.
13 SENATOR HARCKHAM: I think you have
14 one more speaker, Madam Chair.
15 CHAIRWOMAN KRUEGER: Oh, I apologize.
16 I was so excited about people wanting to ask
17 questions. Excuse me.
18 Let's go back and let Dr. Angelia
19 Smith-Wilson testify first.
20 DR. SMITH-WILSON: Thank you. Thank
21 you. Good afternoon. I am Dr. Angelia
22 Smith-Wilson, executive director, Friends of
23 Recovery, and a family member and an ally to
24 the recovery movement.

1 I'm grateful to be invited by the
2 Senate Finance chair, Liz Krueger, and
3 Assembly Ways and Means chair, Helene
4 Weinstein, to examine the fiscal year
5 2021-2022 budget. I'm equally honored to
6 share with you the collective voice of the
7 New York State recovery community, which
8 represents over 260,000 individuals.
9 We are proud to bring the voice of the
10 recovery community to discuss the potential
11 impact of this year's budget. And I say
12 potential impact because there's still time
13 to mitigate some of the reductions which, if
14 left unmitigated, would result in a reduction
15 of community-based recovery services, further
16 causing harm in this time of COVID ravages
17 and the opioid epidemic, as well as racial
18 unrest.
19 Recovery is not just an individual or
20 family issue, it's a community issue. It is
21 and should be addressed as such by the people
22 who were diligently elected to represent the
23 people. FOR-New York has worked since 2008
24 to build an infrastructure around the state

1 through local recovery community
2 organizations, a network that saw over 44,000
3 visits to the recovery community
4 organizations last year alone.
5 We know that recovery works. It wraps
6 itself around treatment, and it should be
7 treated on par as treatment. And so we know
8 that the federal money has been strategically
9 funneled through OASAS to the state-targeted
10 response to the opiate crisis grants. But we
11 know that that is not enough.
12 We hope that any and all funding
13 streams, whether increased federal dollars --
14 which you've heard about today -- the opiate
15 litigation funds, which could potentially
16 bring millions of dollars, or through other
17 tax revenue streams related to addictive
18 substances or behaviors, be allocated
19 specifically to prevention, treatment,
20 recovery, as well harm reduction services.
21 These funding streams could be exactly
22 the ticket to filling the health gap for our
23 vulnerable population, or they could become
24 another Band-Aid for our state budget. It is

1 our hope that they help to fill the gap. We
2 ask the Legislature and the executive branch
3 to put this funding where it belongs, back
4 into addiction services and supports where it
5 is needed.
6 Thank you.
7 CHAIRWOMAN KRUEGER: Thank you.
8 Now let's try Pete Harckham.
9 SENATOR HARCKHAM: Thank you,
10 Madam Chair.
11 And thank you to all three of you for
12 your testimony today and your partnership and
13 your collaboration on these important issues.
14 Since time is short, I'll ask my
15 questions first to Allegra. We -- in
16 legislation last year, we ended prior
17 authorization of MAT for Medicaid. I
18 understand that has not worked out as we had
19 planned, and there's some issues, if you
20 could address that.
21 And then to both John and Angelia,
22 what I'm hearing in the community is that
23 it's hard to retain staff right now. Morale
24 is low. We in the state have not kept up

1 with the reimbursements for staff. You
2 alluded to the lack of COVID funding. So if
3 the two of you could also address the state
4 of the industry and where morale is at.
5 So we'll go to Allegra first. It
6 looks like about a minute for each of you.
7 MS. SCHORR: Sure. Thank you so much.
8 And thank you, Senator, because we did -- I
9 think we had a really great piece of
10 legislation, and certainly the intention was
11 to get rid of that prior authorization, which
12 is a real barrier to treatment.
13 And I would say it was very successful
14 in the -- for commercial insurance, and that
15 had been a real barrier. Unfortunately, on
16 the Medicaid side, as you said, it didn't
17 work out. And now what we have is I think
18 even greater disparity between people with
19 commercial insurance and people with
20 Medicaid.
21 And the difference here is that the
22 state is planning a single formulary for our
23 Medicaid population, and they are -- instead
24 of having real open access to any kind of

1 medication-assisted treatment, for
2 buprenorphine product, depending on what you
3 have, unfortunately they've limited it to
4 certain -- ironically, to a brand. So
5 normally you would think, well, a generic,
6 that's pretty common. But in this case
7 they're saying a brand.
8 And there are several patients that
9 are with addiction medicine very used to and
10 familiar with their particular formula, and
11 they're now going to be moved to a different
12 product if you're Medicaid. That will not
13 happen if you're commercial -- if you have
14 commercial insurance. So that's -- that's --
15 we're definitely concerned about --
16 SENATOR HARCKHAM: All right, so let's
17 keep in touch on that one and we can do some
18 more work on that.
19 MS. SCHORR: Great. Thank you.
20 MR. COPPOLA: Senator, on your point
21 about the state of the field, you know,
22 morale is very, very low. I mean, during PPE
23 people were considered to be first responders
24 and essential staff, but they didn't get the

1 equipment.
2 And also, you know, in a world where
3 our workers are paid $5,000 to $7,000 less
4 than comparable workers in other fields, it's
5 a significant uphill battle for folks. It's
6 amazing that they stay in our programs.
7 SENATOR HARCKHAM: Thank you.
8 Angelia?
9 DR. SMITH-WILSON: Yes, to speak to
10 John's point, I think that, you know, there's
11 an incredible amount of resiliency within our
12 field. But because of the work that folks do
13 in helping people to transform their lives,
14 that can be a lot and that can be heavy.
15 And it's not like work in light of
16 reductions and hold-backs. Obviously that is
17 going to bring a sense of, you know, folks
18 not being able to have the resources that
19 they need as they continue to work with
20 people to transform their lives. I mean,
21 it's just been -- it has taken away from the
22 amount of energy that folks have to give.
23 But I will always say that recovery
24 offers resiliency. We have seen it. Peers

1 in the workforce have stepped up and done --
2 and in between. But I'm not sure how much
3 longer that can continue with the cuts that
4 they are seeing.
5 CHAIRWOMAN KRUEGER: Thank you. I'm
6 sorry, but you ran a minute over so I had to
7 cut you off. I'm sorry.
8 Assembly.
9 CHAIRWOMAN WEINSTEIN: Yes, we go to
10 Assemblyman Steck, chair of our Alcoholism
11 and Drug Abuse Committee.
12 ASSEMBLYMAN STECK: Thank you very
13 much.
14 I wanted to ask Ms. Schorr what
15 statutory changes she felt were needed to
16 OMIG's enabling legislation to make sure that
17 it doesn't become an abusive process.
18 MS. SCHORR: Well, one thing I want to
19 be clear, we have an understanding that
20 compliance is important. And we're not
21 saying in any way, shape or form don't audit,
22 because we're highly regulated. We're
23 frankly audited all the time by any number of
24 federal as well as state and frankly local

1 agencies. So there's no argument from us on
2 the importance, frankly, and belief in
3 audits. And in compliance.
4 What we're saying here is frankly, I
5 think, excessive and overreach and, in
6 particular, a sense that this is
7 disproportional and the -- what can you say,
8 the punishment doesn't match the so-called
9 crime. There's actually no crime, so it's
10 probably not an adept analogy. But in this
11 case what we're looking --
12 ASSEMBLYMAN STECK: Can you get to
13 examples of what you mean?
14 MS. SCHORR: Yes. So we're looking at
15 situations where there may be a misstated
16 visit or a treatment plan that they didn't
17 find, and so they're going back in time. As
18 we pointed out, $400 in total claims when
19 you're look at this universe -- and it's
20 essentially because OTPs are -- every single
21 visit, including medication visits, are
22 billed separately, claimed separately.
23 You're seeing a really huge universe that you
24 wouldn't see in another type of modality.

1 MR. COPPOLA: Sometimes it's as simple
2 as a caseworker did not initial a case
3 record. Or did not put the date in the date
4 column. There's all kinds of other
5 documentation that the service was provided
6 on a certain time and date, but there's a
7 technical error in the case record, and you
8 get a disallowance.
9 MS. SCHORR: No question that these
10 are services that were provided. There's no
11 question about the quality of service.
12 There's no -- these are simply documentation,
13 small documentation errors that are resulting
14 in -- in this case, that resulted in a
15 program closure.
16 So that's where the difference that
17 we're -- the disputes that we're having.
18 It's clearly excessive.
19 ASSEMBLYMAN STECK: One question.
20 Have you been impacted by these so-called
21 algorithmic audits, and how so? And what
22 might be done to address that problem?
23 MS. SCHORR: Well, one thing we might
24 I think consider is, because there's no fraud

1 and no abuse, the use of this kind of
2 extrapolation I think is not warranted,
3 frankly. And so I would suggest that
4 legislation that limits this kind of huge
5 extrapolation to a penalty where there maybe
6 is a real intent, where clearly someone was
7 out to game the system in some way. That
8 seems certainly reasonable, no question.
9 But in this case that's -- none of
10 this is -- goes to that. And frankly,
11 there's -- I think providers at this moment
12 in time are subject to a number of audits.
13 This is -- this is -- our system is under one
14 kind of siege at the moment. There's a
15 number of OPRA audits that have come up, and
16 that affects many, many more providers. And
17 these are hundreds of thousands of dollars --
18 ASSEMBLYMAN STECK: What kind of an
19 audit is that?
20 MS. SCHORR: This is an Ordering
21 Provider Referral Audit. And so these are
22 audits that --
23 ASSEMBLYMAN STECK: Is that an OMIG
24 audit?

1 MS. SCHORR: This is another OMIG
2 audit. And this is another technical audit
3 that's caused by -- frankly, really could
4 have been stopped by a simple edit in the
5 eMedNY system, claiming system, and did not
6 have --
7 (Overtalk.)
8 CHAIRWOMAN WEINSTEIN: Thank you.
9 We're going to go back to the Senate now.
10 CHAIRWOMAN KRUEGER: Thank you.
11 Senator Diane Savino.
12 SENATOR SAVINO: Thank you, Senator
13 Krueger.
14 I actually have a question for John
15 Coppola. Good to see you. And thank you to
16 everyone on the panel.
17 John, I want to ask your opinion about
18 the proposed merger of OASAS into OMH. I've
19 spoken to some of the providers here on
20 Staten Island, and they're a little skeptical
21 and a little concerned that OASAS, which has
22 kind of always been a little -- gotten a
23 little short shrift from the government, even
24 in the midst of probably the worst opioid

1 crisis in history and drug crisis since the
2 crack epidemic -- might get lost in the
3 bigger agency.
4 Do you share that concern or -- what
5 do you think about this proposed merger?
6 MR. COPPOLA: Thank you for the
7 question, Senator.
8 What I would say is the field is very
9 divided. There are a lot of people in the
10 field that think the new agency would be a
11 good idea for some of the reasons that I
12 think Senator Harckham mentioned when he
13 offered remarks to the commissioner a little
14 bit earlier.
15 But the more you talk about the
16 concerns that people have -- so for instance,
17 you know, will the peer professionals in the
18 addiction field, the certified addiction
19 counselors, will they retain their ability to
20 continue to provide services or will there be
21 sort of new additional academic standards put
22 in, basically putting them out of jobs? To
23 what extent will the treatment models be
24 different, et cetera? To what extent will

1 people with criminal records, who are a vital
2 part of our workforce and frequently are
3 discriminated against in the mental health
4 system -- to what extent will they be able to
5 retain their jobs and to retain their
6 important, you know, part in our workforce?
7 The culture of the fields are a little bit
8 different.
9 So when people start feeling, you
10 know, like what's at risk, what -- how can we
11 potentially lose our identity, then people
12 start getting nervous, and then the numbers
13 of people saying, Well, I'm not so sure it's
14 a good idea.
15 So I think the process of how the
16 agency gets designed is going to be vital.
17 And there has to be some respect for
18 differences. Just a simple thing like the
19 use of the word "prevention." Just because
20 it is applied differently in the two systems
21 doesn't mean one definition is correct and
22 the other one is incorrect.
23 So the process of creating new
24 departments and new service programs, it's

1 going to have to be really important that the
2 language and the culture of both systems is
3 respected so that the people who are
4 ultimately getting services are getting the
5 best possible services.
6 SENATOR SAVINO: Thank you. I guess
7 that will help inform us as we move forward
8 on this. Because I think Senator Harckham
9 made some very good points. For too long we
10 did not look at addiction as anything other
11 than a character defect. We now know so much
12 more about it.
13 But I do think you're right, we've
14 built out a system where we brought in people
15 who have been affected by the criminal
16 justice system because we have criminalized
17 addiction for so many years, and we would not
18 want to see those people who built careers
19 post the criminal justice system shut out of
20 an opportunity.
21 So thank you for your answer.
22 MR. COPPOLA: You're welcome.
23 SENATOR SAVINO: Thank you for your
24 work, everyone.

1 MR. COPPOLA: You're welcome.
2 CHAIRWOMAN KRUEGER: Thank you. Yes,
3 thank you for your work, everyone.
4 On to the next panel, all right? The
5 Mental Health Association of New York State,
6 Glenn Liebman; the New York State Conference
7 of Local Mental Hygiene Directors,
8 Kelly Hansen; the National Alliance on
9 Mental Illness, Wendy Burch; and the
10 Coalition for Behavioral Health, Amy Dorin,
11 in that order.
12 MR. LIEBMAN: Thank you. Thank you
13 very much, Senator. I appreciate it very
14 much. Thank you to both the chairs. And I
15 just want to also acknowledge and thank our
16 Mental Hygiene chairs, Assemblymember Gunther
17 and we welcome Senator Brouk as well to our
18 community.
19 So my name is Glenn Liebman. I've
20 been the director of the Mental Health
21 Association for the last 17 years. We're
22 comprised of 26 affiliates in 52 counties.
23 And most of our members provide
24 community-based mental health services, the

1 kind of services that Commissioner Sullivan
2 was talking a lot about this morning.
3 But we're also involved a lot in
4 advocacy training and education. We've
5 certainly been very involved in the recent
6 initiative around the Trauma-Informed Care
7 Advisory Council set up by and initially
8 introduced into legislation by Assemblymember
9 Gunther.
10 We're also very involved with mental
11 health instruction in schools. That's a
12 mandate that New York has -- we're very proud
13 of that -- since 2018. We're the only state
14 in the country that has that. We're very
15 proud of that.
16 So we're here today to talk about --
17 really, it's about two pandemics. We all
18 know the one pandemic, we're all very
19 familiar with the over 450,000 people who
20 died, the racial injustice, the lost jobs,
21 everything that that's about. But I'm here
22 to talk about the second pandemic. And we
23 talked about it a little bit this morning.
24 I've heard several legislators talking about

1 it, and Governor Cuomo's referenced it many
2 times as well.
3 Kaiser Permanente did a study early on
4 around COVID and said that 42 percent of
5 adult Americans are suffering from a mental
6 health issue. That's up from the usual
7 20 percent. That's 90 million Americans.
8 Those between the ages of 18 to 24, 25
9 percent of them have seriously considered
10 suicide. Think about that: 25 percent of
11 18-to-24-year-olds. And we certainly know,
12 we're very familiar, we're all familiar with
13 the school-age children and everything going
14 on with isolation, anxiety and depression
15 around that.
16 We are facing the worst mental health
17 crisis of our lifetimes. Now, we
18 appreciate -- the state is responding in some
19 really strong ways. We're appreciating what
20 they're doing around restructuring of
21 telehealth, the emotional support line, the
22 crisis counseling, crisis stabilization
23 centers. That's all really good stuff.
24 But the reality is the budget is very

1 painful. People have talked about this. A 5
2 percent across the board funding cut to our
3 already deeply underfunded system. We were
4 here last year talking to you about 3 for 5
5 and the need for more funding for our
6 community. And now we're facing a 5 percent
7 budget cut.
8 We are losing $22 million in
9 reinvestment this year. We talked about it,
10 you asked a lot of great questions this
11 morning about it. Those are community
12 services that are lauded by the Office of
13 Mental Health and by our community. It's not
14 about reinvestment, it's investing. You
15 invest this funding in the community, and
16 you're keeping people out of hospitals, out
17 of emergency rooms, out of the criminal
18 justice system. So it's really an
19 investment.
20 And the cut that really bothers me the
21 most is the 1 percent across-the-board COLA
22 cut of $50 million. That's the worst cut of
23 all, because that is the heroes -- we're
24 impacting the heroes who have gone in during

1 COVID, our mental health community heroes.
2 We've been talking about the larger group of
3 healthcare heroes? These are our mental
4 health heroes. They're going in, and
5 unfortunately they're not even getting a 1
6 percent increase in terms of the COLA.
7 And not to mention, obviously, the
8 Dwyer, CIT, mental health first aid, the
9 funding cuts to -- and Harvey talked about
10 this too, the adult homes and non-protection.
11 I could go on and on, but I know my time is
12 up.
13 But really, this -- to sum it up, this
14 is such a painful budget for many of us, for
15 all of us. And it's coming at the worst
16 possible time in terms of the pandemic.
17 Thank you very much.
18 CHAIRWOMAN KRUEGER: Thank you.
19 Second?
20 MS. HANSEN: Good afternoon. Can you
21 hear me?
22 CHAIRWOMAN KRUEGER: Yes.
23 MS. HANSEN: Okay. Good afternoon.
24 Thank you to the committee chairs and the

1 members who are joining us today.
2 My name is Kelly Hansen. I'm the
3 executive director of the New York State
4 Conference of Local Mental Hygiene Directors.
5 And who we represent are the county mental
6 health commissioners, who are responsible on
7 the local level, the community level, for
8 integrated services and developing
9 priorities, programs, funding, oversight for
10 individuals -- adults and children --
11 affected by mental illness, substance use
12 disorder, and developmental disabilities. So
13 from the local standpoint, these are all --
14 they're merged already. They've always
15 worked in an integrated way.
16 I'd like to use my time today to touch
17 quickly on two pieces and then talk much
18 longer on the jail-based SUD funding.
19 So to echo my colleague Glenn and
20 others, the 20 percent withholds are
21 devastating. Devastating. This is state aid
22 money that goes to the counties and the
23 counties contract with providers based on the
24 needs in their communities and their counties

1 to be able to provide services.
2 So at the same time this funding was
3 withheld for 20 percent for three quarters,
4 the need in the community has significantly
5 increased due to COVID. Our members work
6 very closely -- they're responsible for
7 crisis services in the community. And the
8 calls to the crisis lines and mobile crisis
9 are going up significantly. The requests for
10 individuals who are seeking treatment, what
11 the county commissioners would tell you is
12 we're seeing people crossing -- coming in
13 through our doors and seeking treatment who
14 we have never seen before.
15 So the impact of COVID will be
16 lasting, too. We will have -- this doesn't
17 just get, you know, fixed when a vaccine is
18 available and everyone feels safe and
19 comfortable. And the cuts to state aid and
20 local assistance -- and of course now the
21 $22 million proposed redirect out of
22 reinvestment into the General Fund is
23 important as well.
24 The 50 percent cut to the funding that

1 goes to counties for SUD treatment and
2 transition services in jails, this was an
3 initiative of the conference from the county
4 commissioners, who kept seeing individuals,
5 those same folks coming in and out of jail,
6 in and out of jail, and they had no funding
7 to be able to provide services for them.
8 So we, together with the State
9 Sheriffs Association and the New York State
10 Association of Counties, came together and
11 advocated for -- our budget ask at that time
12 was $12 million. We received $3.75 million.
13 And then in this budget, we -- it's cut to
14 1.8, theoretically because bail reform has
15 reduced the number of individuals in our
16 jails.
17 Well, we needed 12 million to begin
18 with. And so with the 3.75, there are a
19 number of counties that got $60,000 to be
20 able to provide group therapy, transition
21 services, to be able to give someone a glide
22 path as they're being discharged and part of
23 reentry. Peer services, which are so
24 critically important -- the peer is always

1 the most important person in the room, and
2 they -- those are at risk of being cut as
3 well.
4 So we ask that you restore that
5 funding fully. And I'm happy to answer any
6 questions. And I apologize for going
7 40 seconds over, but happy to answer any
8 questions you may have.
9 Thank you.
10 CHAIRWOMAN KRUEGER: Thank you.
11 Our next speaker?
12 MS. BURCH: Good afternoon, Senator
13 Krueger, Assemblywoman Weinstein, chairs and
14 members of the committee. Thank you for the
15 opportunity to provide testimony today.
16 We are seeing a significant surge in
17 the need for behavioral health services which
18 cannot be met without substantial efforts
19 from our behavioral health providers, yet
20 they have been met with crippling withholds
21 and are now facing permanent cuts. To avert
22 program closures, access barriers and
23 reductions in service availability, the state
24 must immediately provide full funding for

1 mental health services and restore the 5
2 percent across-the-board cut the budget is
3 imposing on providers.
4 To maximize every dollar that is
5 supporting the system, we must ensure
6 reinvestment of any savings into behavioral
7 health community-based services. And vitally
8 needed federal funds received cannot be used
9 to supplant existing state funds.
10 We ask that new funds be used first to
11 support our workforce and strengthen existing
12 services, and then for new initiatives. Our
13 provider agencies are in fiscal distress,
14 experiencing a staffing crisis, and we have
15 been severely impacted by COVID.
16 The creation of an adult-use cannabis
17 program, if enacted in the final budget, must
18 ensure that substantial revenues are
19 dedicated to prevention, harm reduction,
20 treatment and recovery programs. If the
21 Senate and Assembly approve marijuana for
22 adult use, we ask that you include a
23 significant commitment to this funding.
24 The need for robust community-based

1 behavioral health services is also heightened
2 as we see psychiatric and detox inpatient
3 beds being disproportionately reduced by
4 private hospitals in order to meet state
5 overhead mandates. The loss of these beds is
6 disturbing, both because of the increased
7 burden it places on the underfunded
8 community-based system as well as the human
9 toll this is taking on those in need.
10 Along with restoring the funds to
11 community providers, and ensuring that those
12 most in need of care receive it, there are
13 also funding measures that need to be put in
14 place to ensure appropriate access to mental
15 health services.
16 We also ask the Senate and Assembly to
17 strengthen the Governor's proposed expansion
18 of telehealth services by adding telehealth
19 rate parity so that rates for audio-video
20 services are the same as in-person rates,
21 helping cover the full cost of services, and
22 that all OMH and OASAS peers be included in
23 telehealth reimbursement.
24 Now more than ever it is critical that

1 an individual receives the psychiatric
2 medicine their doctor believes would best
3 advance their recovery. This is why we are
4 advocating for prescriber prevails language
5 for Medicaid services to be included in the
6 final budget.
7 NAMI-New York State is calling for
8 investments in services necessary for
9 adequate community care, like mental health
10 housing, ACT teams, mobile intervention
11 teams, respite centers, crisis stabilization
12 centers, CCBHCs, telehealth, first-episode
13 psychosis programs, and school-based mental
14 health clinics.
15 We also ask for continued funding for
16 New York's Institute for Police, Mental
17 Health and Community Collaboration, which has
18 been so successful at addressing crisis
19 response.
20 With the upcoming implementation of
21 the 988 crisis number, New York has the
22 opportunity to transform our crisis response
23 system. We will be recommending measures
24 that adhere to NAMI's model bill for core

1 state behavioral health crisis service
2 systems.
3 Thank you.
4 CHAIRWOMAN KRUEGER: Thank you.
5 And the last on this panel, Amy Dorin.
6 MS. DORIN: Thank you. Good
7 afternoon. Thank you for the opportunity to
8 testify this afternoon.
9 I'm Amy Dorin, president and CEO of
10 the Coalition for Behavioral Health. The
11 coalition represents over 100 community-based
12 behavioral health providers who offer the
13 full array of outpatient, mental health and
14 substance use services to over 600,000
15 New Yorkers annually.
16 With COVID and a racial reckoning
17 affecting historically underserved
18 communities, demand for behavioral health
19 services is skyrocketing. And yet
20 one-quarter of providers can barely make
21 payroll, showing the behavioral health system
22 is at a breaking point.
23 Rather than cutting programs, the
24 Legislature should look at the various

1 opportunities to raise revenue and invest in
2 behavioral health at this critical moment.
3 We are deeply concerned by the
4 proposed 5 percent cuts to local aid funding.
5 These cuts will devastate already struggling
6 organizations and communities and threaten
7 critical services. We also oppose the
8 proposal to suspend community reinvestment
9 for one year. It is critical that the
10 closure of inpatient psychiatric beds is
11 followed with a reinvestment into
12 community-based services. These services are
13 essential to keep individuals from needing to
14 be hospitalized.
15 Instead of these cuts, the Legislature
16 has an opportunity this year to truly invest
17 in behavioral health and ensure ongoing
18 critical support to individuals with mental
19 health and substance use disorders.
20 The virus may be under control soon,
21 happily, but the behavioral health fallout
22 will last for decades to come if we do not
23 ensure services now. As the state looks to
24 legalize marijuana, we encourage revenue to

1 be dedicated into prevention, treatment and
2 harm reduction, as included in the
3 Legislature's proposals.
4 Additionally, the opioid settlement
5 funds provide an opportunity to infuse new
6 dollars into treatment for substance use and
7 co-occurring disorders, and to turn the tide
8 on the deadly overdose epidemic. Overdose
9 deaths have increased in the past year to
10 new, ever more tragic heights. We must
11 invest these funds now to prevent cuts.
12 Opioid settlement dollars must be kept out of
13 the General Fund, and we encourage the
14 Legislature to include language to this
15 effect in the budget.
16 COVID showed a clear need to reform
17 our telehealth laws, and the proposal in the
18 budget makes several important changes,
19 including allowing individuals to receive
20 care wherever they are located. However, the
21 proposal falls short in two key ways.
22 Telehealth must be covered at the same rate
23 as in-person services. However, rates are
24 not mentioned in the budget.

1 Telehealth requires a significant
2 investment from providers, including the
3 purchase of devices and program licenses, as
4 well as training staff in this modality.
5 This must be compensated at the same rate as
6 in-person care.
7 The proposal also fails to include all
8 peers. Peers, who are individuals with lived
9 experience with mental health or substance
10 use disorders, provide critical services.
11 They're a proven part of treatment and
12 recovery and should not be treated
13 differently from other professionals. All
14 peers who are eligible to be reimbursed for
15 in-person services must be eligible for
16 telehealth reimbursement.
17 Thank you again for the opportunity to
18 testify today.
19 CHAIRWOMAN KRUEGER: Thank you all
20 very much for your testimony this afternoon.
21 Appreciate it.
22 Our next panel -- Panel G, for those
23 of you following along -- the New York
24 Alliance for Developmental Disabilities,

1 Russell Snaith; the Association for Community
2 Living, Sebrina Barrett; the New York
3 Self-Determination Coalition, Susan Platkin;
4 and the New York Disability Advocates, Susan
5 Constantino.
6 We'll go in that order. Russell.
7 MR. SNAITH: Great, thank you.
8 Good afternoon, committee chairs,
9 distinguished members of the Assembly and
10 Senate, and Committee on Mental Hygiene. My
11 name is Russell Snaith, and I'm the founding
12 member of the New York Alliance for
13 Developmental Disabilities, also known as
14 NYADD. With over 5,500 members across New
15 York State, we advocate for and represent
16 families and essentially the consumers of
17 services.
18 I come before you today to speak very
19 plainly and frankly. When it comes to
20 funding for the disabled and those with
21 special needs, this is not a discussion about
22 money. It's a referendum on morality and
23 priorities in New York State. So what I'm
24 really here to do is to kind of reframe and

1 rebrand the context and the tone and the
2 tenor of this discussion away from money and
3 more about priorities, obligations,
4 responsibility and morality, as people who
5 are learned and in high positions, to take
6 care of the most vulnerable in our state.
7 There's never going to be enough
8 money. We all recognize there's never going
9 to be enough money. So we need to change the
10 key here away from money and put it more
11 toward priorities. Basically, money is a red
12 herring, but priorities are real. And I'd
13 just like to say that one more time, that
14 money in the budgeting process is really a
15 red herring because there's never enough of
16 it and at the end of the day, there are
17 decisions that are made to allocate money
18 that are not always the most efficient or
19 wise or effective decisions.
20 So -- but priorities are real. While
21 we are always hopeful for federal aid, we
22 must first manage the revenues that New York
23 State does have. We have to manage our own
24 books and the revenues that we generate.

1 Service providers have become much
2 more efficient and effective in the use of
3 their budgets over time, but has New York
4 State? Has New York State looked at the
5 money that it has and the efficiency of the
6 state and the decisions that it makes to run
7 the projects that it does run? We must take
8 a look at and rationalize all of the waste,
9 the inefficiency and noncritical
10 discretionary projects New York takes up at
11 the expense of greater needs for greater
12 people, and disabled and special needs.
13 Let's put the emphasis of special
14 interests on those with special needs. NYADD
15 is a loud, clear voice for over 5,000 members
16 who vote in New York State, and there's a
17 real accounting in terms of the way people
18 vote to allocate funding for those with
19 special needs.
20 The state has done a reasonable job in
21 assessing the demand for services. And I
22 would like to acknowledge and thank the
23 partnership with OPWDD. I do think that they
24 listen and they're doing their darndest to

1 work with what they have. Yet the demand
2 continues to rise, and funding continues to
3 be cut.
4 Service providers are being squeezed
5 to the brink of extinction and unhealthy
6 consolidation. Incessant cuts to the
7 disabled are forcing policy decisions that
8 put service providers in precarious
9 situations -- policies that occur in
10 isolation, warehousing and separation from
11 the community and families.
12 We must pay direct support
13 professionals a living wage. They provide
14 care to our most vulnerable citizens. The
15 skill set is unique and deep and is not
16 comparable to a fast-food worker. High staff
17 turnover reduces care and creates risk. It
18 costs more money to operate like this than to
19 pay staff properly in the first place.
20 So I would just like to close by
21 saying that we're not living up to the credo
22 of Governor Mario Cuomo. What happened?
23 Thank you for your time.
24 CHAIRWOMAN WEINSTEIN: Thank you.

1 Sebrina Barrett?
2 MS. BARRETT: My name is Sebrina
3 Barrett, and I am the executive director for
4 the Association for Community Living.
5 Thank you to Senator Krueger,
6 Assemblywoman Weinstein and the chairs and
7 members of the Senate and Assembly Mental
8 Health Committees for this opportunity to
9 testify.
10 ACL's members provide a home and a
11 path to recovery for about 40,000 New Yorkers
12 with severe and persistent mental illness.
13 Before the pandemic -- before the pandemic,
14 mental health housing faced a $180 million
15 shortfall. This is because the funding
16 model, which was developed 30 to 40 years
17 ago, has not kept pace with inflation and the
18 changing demands of our community.
19 For example, employee health insurance
20 premiums have risen 740 percent since 1984.
21 Our providers cannot afford health insurance
22 for staff at current reimbursement rates.
23 More than 30 years ago, our staff made $6 to
24 $7 an hour, double the then-minimum wage.

1 Today they make just at minimum wage, leaving
2 them unable to afford childcare. Many have
3 to work more than one job. We are losing
4 staff to fast-food restaurants and retail,
5 which can pay them more.
6 Plus, over time, these jobs have
7 become harder, as residents' mental and
8 physical needs have grown.
9 Today staff manage more than a dozen
10 medications for residents, rather than one or
11 two when these programs first started. We
12 are facing a staffing crisis. We have a 25
13 to 30 percent staff unavailability rate,
14 vacancies that cannot be filled due to low
15 pay, staff who must stay home to care for
16 children, staff who themselves are ill or
17 have had to quarantine.
18 No one is applying for our jobs. Even
19 when unemployment was at its highest levels,
20 people needed jobs, but no one wanted our
21 jobs.
22 This impacts recovery. This week I
23 spoke to a former resident whose recovery
24 time was more than doubled because of staff

1 turnover. She had more than 10 different
2 staff members over the course of her
3 treatment. Just when she would begin to
4 trust a staff member and progress in her
5 recovery, that employee would leave and she
6 would have to start over at square one.
7 Also, staff are on the front lines of
8 COVID. Because residents have co-occurring
9 medical conditions, of those who became ill
10 with COVID, more than 45 percent required
11 hospitalization, and more than 15 percent
12 died.
13 New York's 2021 enacted budget
14 included $20 million for mental health
15 housing, but due to the fiscal crisis those
16 dollars were never allocated. We are pleased
17 to see these dollars are in the '21-'22
18 budget, and we urge that they be allocated as
19 soon as possible. We know New York has a
20 difficult budget year, but the $180 million
21 gap remains.
22 We also hope that continued investment
23 in existing mental health housing will be
24 made. In addition, we are pleased that the

1 proposed budget includes 250 million for the
2 development of new supportive housing. This
3 funding is crucial for New York State to be
4 able to live up to its obligation to promote
5 strong mental health housing programs.
6 Finally, mental health housing is not
7 only the right thing to do, it's fiscally
8 smart. It is much less expensive than
9 hospitals, prisons, and homeless shelters.
10 We save lives, and we save money.
11 Thank you.
12 CHAIRWOMAN KRUEGER: Thank you.
13 Next?
14 (Overtalk.)
15 MS. PLATKIN: Can you hear me?
16 CHAIRWOMAN KRUEGER: There you are.
17 MS. PLATKIN: Good afternoon. My name
18 is Susan Platkin. Thanks for the opportunity
19 to comment on the budget. I'm here
20 representing the New York Self- Determination
21 Coalition, a volunteer group which advocates
22 for self-directed services through OPWDD. We
23 also mentor families going through the
24 process.

1 Self-directed services represent the
2 most authentic expression of the ADA, the
3 Olmstead decision, and the HCBS home and
4 community settings rule.
5 Essentially, self-direction allows
6 people with disabilities to live, volunteer,
7 work and play while getting the supports they
8 need, not just in their communities but as
9 part of their communities, using an
10 individualized budget based on their level of
11 need.
12 I bring to this table the perspective
13 of many families, but most importantly that
14 of a mom to my 34-year-old daughter Ruth.
15 Ruth loves parties, board games, and sports.
16 She also has intellectual disabilities and
17 bipolar disorder, and functions pretty much
18 as a second-grader. Because of her poor
19 judgment, she needs continuous supervision.
20 Using self-directed services, she
21 rents a house with a roommate who also gets
22 services. Ruth shops, cooks, cleans, does
23 her laundry, takes out the trash --
24 reluctantly -- with a lot of assistance from

1 staff. Despite all of her challenges, Ruth
2 is living a good life with friends, a
3 part-time job, and volunteering in the
4 community where she grew up and went to
5 school.
6 We appreciate that there's a small
7 increase in OPWDD's budget. However, it is
8 inadequate. Children with I/DD are being
9 born every day and living longer. Serving
10 more people with a minimal budget increase
11 has the potential to significantly degrade
12 OPWDD services for everyone.
13 It's not like people have a choice.
14 They don't say, My kid is great, family's
15 fine, let's try and get some services from
16 OPWDD to make us happy. People need these
17 services to live their lives.
18 And this doesn't just affect the
19 person with I/DD, it affects the entire
20 family -- for example, a mom who can't work
21 because she has to care for her 40-year-old
22 son.
23 At the same time, we understand the
24 need to balance the state's budget. We urge

1 you to use COVID as an opportunity and
2 New York's financial pressures as an
3 imperative to right-size the system away from
4 an institutional model of care.
5 Self-directed services give people
6 choice in their lives and support them to be
7 productive citizens. In this new age of
8 pandemics, we know they're safer than
9 congregate programs. Relevant here, they are
10 cost-effective. In programs, everyone gets
11 the same services. People who self-direct
12 get only the services they need, without
13 wasted money for overhead.
14 One other imperative. Decisions need
15 to be based on data and consideration of both
16 their short- and long-term consequences.
17 OPWDD should be required to make public all
18 the data they use for decision-making before
19 making significant changes to how services
20 and supports are delivered.
21 We're happy to work with you on these
22 issues. Thank you.
23 CHAIRWOMAN KRUEGER: Thank you.
24 There was one more --

1 MS. CONSTANTINO: I think I'm number
2 four.
3 CHAIRWOMAN KRUEGER: Ah, thank you.
4 Susan, yes.
5 MS. CONSTANTINO: Good afternoon. I'm
6 Susan Constantino, representing NYDA. And
7 NYDA is the New York Disability Advocates.
8 NYDA is comprised of seven statewide
9 organizations: The Arc New York, which many
10 of you know the name; the Alliance of Long
11 Island Agencies; Cerebral Palsy Associations
12 of New York State; Developmental Disabilities
13 Alliance of Western New York; Inter-Agency
14 Council of Developmental Disabilities; the
15 New York Alliance for Inclusion and
16 Innovation; and the New York Association of
17 Emerging and Multicultural Providers.
18 I give you all those names because all
19 of these groups together represent about
20 130,000 individuals with disabilities and
21 their families.
22 Before COVID, about one in three of
23 our providers was experiencing financial
24 hardships. You've heard us, we've been

1 before you before when we've talked about the
2 need for a COLA, the need for some kind of
3 increase, and you have always been
4 responsive, as we've looked at our direct
5 support staff, in providing some additional
6 dollars. But we are desperately in need of
7 dollars now because of COVID.
8 From the start of the pandemic, there
9 had been no reimbursement for any of our
10 additional expenses. The PPE, which when it
11 was finally available, was exceedingly
12 expensive -- and we worked for so many weeks
13 without having enough of it. We were also
14 having to pay our staff. In my written
15 notes, as I look at them, I say we had to pay
16 our heroes, because our heroes were there
17 every day and they needed to be paid combat
18 pay -- again, with no reimbursement, and
19 again despite the fact that there was an
20 increased FMAP from the federal government to
21 the state.
22 I would like to first just clarify
23 something that Commissioner Kastner had said
24 earlier today, and that was that the retainer

1 program, which was implemented to offset the
2 losses for the providers since the day
3 programs were closed, only reimbursed
4 providers not at 100 percent, but at 80
5 percent. And this only lasted for four
6 months. And generally the providers had kept
7 all their staff employed, so their expenses
8 were the same. Even -- and there was no
9 double billing. Even with COM HAB R, there
10 was absolutely no -- no -- OPWDD was not
11 paying twice.
12 We also know that statewide providers
13 had incurred reduced revenue of about $330
14 million, and we are concerned that OPWDD has
15 not identified any of those savings due to
16 the reduced disbursement to providers.
17 We're also very concerned about the
18 cuts that were scheduled for 10/1 and now are
19 5/1. These are true cuts to programs. When
20 there are vacancies, it takes months to fill
21 those vacancies, and OPWDD controls that. So
22 there are no dollars to the providers. And a
23 vacant bed still costs money. We still need
24 to have people -- our staff there, and we

1 still need to pay the rent. So it does cost
2 money.
3 The proposed 1 percent rate reduction
4 that's in the Executive Budget, combined with
5 the lack of a COLA, again, for 11 years, is
6 going to be devastating to our providers,
7 absolutely devastating.
8 We do want to say how much we
9 appreciate the opportunity to continue on
10 telehealth, and we are asking the Legislature
11 to just put in a special specific amendment
12 which is called distance site, to make sure
13 that the providers can be -- of those
14 services can be in another site besides a
15 clinic.
16 And our workforce, as everyone has
17 said, it's getting more dire. Our
18 percentages are very large. We are asking
19 the state, with the money that they get for
20 COVID relief from the federal government, to
21 create a $25 million fund for recruitment,
22 training and retention, but using that fund.
23 Thank you so much for allowing me to
24 be here.

1 CHAIRWOMAN KRUEGER: Thank you.
2 And just -- so sorry. Okay. Oh, I
3 see several hands up. So I will pass it to
4 the Assembly.
5 CHAIRWOMAN WEINSTEIN: Okay. So first
6 we have Assemblyman Abinanti.
7 (Pause.)
8 CHAIRWOMAN KRUEGER: Perhaps not. Oh,
9 there you are.
10 CHAIRWOMAN WEINSTEIN: Yeah, there he
11 is.
12 ASSEMBLYMAN ABINANTI: No, I'm trying
13 to click in. I've got all these things
14 they're telling me I have to click here and
15 there and --
16 CHAIRWOMAN WEINSTEIN: Okay.
17 ASSEMBLYMAN ABINANTI: Let me start --
18 first of all, I want to thank all of you for
19 joining us.
20 Either Susan -- or either Susan, there
21 we go. One of the things that I started to
22 talk to the commissioner about this morning
23 and really ran out of time was how long it
24 takes to get into the system. Now, I'd like

1 -- I mean, my understanding of the way this
2 works -- and I went through it myself, and
3 I'm still going through it, actually -- is
4 first you have to go to OPWDD to get somebody
5 to qualify you as having a disability,
6 correct?
7 MS. CONSTANTINO: Correct.
8 ASSEMBLYMAN ABINANTI: And then the
9 next step -- I'm trying to remember what it
10 was. You have to go to local social services
11 to --
12 MS. CONSTANTINO: Somebody has to help
13 you where you go to social services, right,
14 absolutely.
15 ASSEMBLYMAN ABINANTI: And then you go
16 back to OPWDD, right. And then you go back
17 to social services again to -- and get --
18 then you get a care coordinator.
19 MS. CONSTANTINO: Correct.
20 ASSEMBLYMAN ABINANTI: Now, the care
21 coordinator helps you set up a whole outline
22 of what your needs are and how you tie the
23 needs into the services that are available,
24 maybe apply for Medicaid --

1 MS. CONSTANTINO: Medicaid, yup.
2 ASSEMBLYMAN ABINANTI: -- or maybe
3 food stamps or all of the other programs that
4 are available, right?
5 Then from the care coordinator -- now,
6 there's only like 3,000 of them in the state,
7 right?
8 MS. CONSTANTINO: Right.
9 ASSEMBLYMAN ABINANTI: It's a limited
10 number. And they're doing all of this work,
11 and there's waiting lists for some of the
12 care coordinators, right?
13 MS. CONSTANTINO: That's my
14 understanding.
15 ASSEMBLYMAN ABINANTI: Right, okay.
16 And then the next step after care coordinator
17 is we go to -- we go where? Where do we go
18 from there, for -- after care coordinator we
19 go to fiscal intermediary?
20 MS. CONSTANTINO: I think you -- well,
21 if it were self-direction -- and I would let
22 Susan speak of that -- it might be a fiscal
23 intermediary. If it's not self-direction,
24 you would be going to the Front Door of

1 OPWDD.
2 ASSEMBLYMAN ABINANTI: Okay. Now,
3 they've just announced that because they've
4 put in a new assessment system, CAS, they can
5 insert somebody else in there. Right? A CAS
6 coordinator.
7 So if it's self-direction, you have to
8 go to a fiscal intermediary and then a
9 support broker and then a CAS director. Then
10 you get to OPWDD.
11 Otherwise, you go -- okay. Now, this
12 whole process takes how long? I figure about
13 two years?
14 MS. CONSTANTINO: Well, I'm not sure
15 if it takes that long. Susan, you talk,
16 because you know what happens with
17 self-direction.
18 MS. PLATKIN: Yeah, with
19 self-direction -- I was just actually
20 speaking to somebody this morning who had two
21 children that she was trying to get into it.
22 And I think she was like -- she was on her
23 like sixth care manager and had just tried to
24 find a -- found a broker but wasn't sure what

1 she was doing next and had to switch brokers
2 because that's a whole other conversation.
3 ASSEMBLYMAN ABINANTI: And the fiscal
4 intermediaries in the Mid-Hudson area, or the
5 Lower Hudson area, have a waiting list
6 because there's not enough of them.
7 MS. PLATKIN: Right. And you know,
8 part of the problem with the system is that
9 it's just at a whole lot of levels, things
10 are getting slow-walked because of lack of
11 resources within the system, I think. And
12 although that doesn't look like a budget
13 change -- or a policy change, I mean, it
14 really is a policy change because it's taking
15 so long. You can't really have a waiting
16 list because you can't do that on the waiver.
17 But things are just taking a very long time.
18 ASSEMBLYMAN ABINANTI: Thank you.
19 CHAIRWOMAN WEINSTEIN: Thank you.
20 Now we -- I don't believe there's any
21 Senate.
22 CHAIRWOMAN KRUEGER: No Senators. Do
23 you have other --
24 CHAIRWOMAN WEINSTEIN: Let me go to

1 our People with Disabilities ranker, Missy
2 Miller.
3 ASSEMBLYWOMAN MILLER: Hi. Can you
4 hear me?
5 CHAIRWOMAN KRUEGER: Yes.
6 ASSEMBLYWOMAN MILLER: Okay. Thank
7 you, everybody. This is probably one of the
8 panels that I can relate most to.
9 Just to pick up right where Tom left
10 off there, that slow-walk that you're
11 referring to, like after this ridiculous
12 crazy process, equals people home with no
13 services, people not even getting into the
14 system that's available to help them, they're
15 just sitting there at home languishing.
16 It used to be that these services were
17 provided -- or the intake was done through
18 the Medicaid service coordination agency,
19 there were waitlists for that. We were
20 guaranteed that the CCOs were alleviating
21 that. That whole nightmare was going to be
22 washed out with the introduction of CCOs. If
23 anything, it just seems more cumbersome than
24 ever. And I just -- it's just, you know,

1 very, very frustrating, especially when, you
2 know, we -- those of us that live in this
3 system and rely on this, you know, can't
4 access what's on paper and what looks so
5 wonderful.
6 And I just want to highlight once
7 again what Russell was saying. It's -- you
8 know, there's two very poignant parts of in.
9 Number one, for a population that seems to be
10 discarded, overlooked, forgotten about
11 repeatedly throughout this whole pandemic,
12 it's just striking to me that they're always
13 the first ones on the budget cut list or on
14 the cut service providers list. So it's kind
15 of insulting being one of those in the
16 population.
17 And the other is that it's even more
18 upsetting and frustrating because now, you
19 know, as a parent I was just told that, and
20 you're like, all right, what can you do, you
21 can't get blood from a stone, right? But now
22 being a little bit on another side of it and
23 having some insight into the legislative
24 process, into the budget process, I was

1 appalled to hear the Governor talk about the
2 $306 billion of capital improvements and
3 other, you know, projects, special interest
4 projects that were in his State of the State,
5 but yet there's no money, we just keep
6 getting cut and cut. And it's at the expense
7 of a growing vulnerable population.
8 So I just again think that the
9 priorities are so out of whack. And shame on
10 us, shame on New York State. This is not how
11 we were. We were the gold standard, we were,
12 you know, the leaders in taking care of our
13 individuals with special needs. And where
14 are we headed?
15 So thank you all for your advocacy and
16 for doing what you do. I'm right there with
17 you.
18 CHAIRWOMAN WEINSTEIN: Thank you.
19 I think we're back to you, Senator
20 Krueger.
21 CHAIRWOMAN KRUEGER: Thank you. I
22 think we are complete with this panel. Thank
23 you all very much for testifying.
24 And we're moving into Panel H,

1 NYC Fair, Carlene Braithwaite; Local 372,
2 DC 37 AFSCME, Kevin Allen; the Self-Advocacy
3 Association of New York State, BJ Stasio --
4 who I hope is going to testify as the Muppet
5 picture he had for himself for much of
6 today -- and LIFEPlan CCO NY, Nick
7 Cappoletti.
8 So we'll start with NYC Fair.
9 MS. BRAITHWAITE: Good evening. Can
10 everyone hear me?
11 CHAIRWOMAN KRUEGER: Yes.
12 MS. BRAITHWAITE: Yes, my name is
13 Carlene Braithwaite, and it's my pleasure to
14 be here representing NYC Fair. NYC Fair is a
15 group of families and those who support
16 individuals with intellectual and
17 developmental disabilities throughout the
18 entire spectrum.
19 We have anxiously awaited this
20 opportunity to talk to you today, but what I
21 would like to do is to principally, for all
22 of us and for all of you, rest on the
23 testimony which we have provided you and then
24 stick to the points that I think that have

1 come up over and over again today that I
2 think warrant clarification and certainly
3 further questions from the members here today
4 to the commissioner, to Dr. Kastner.
5 And I'd like to start with the
6 residential issues. We heard, from many
7 questions posed by the members, about how
8 residential opportunities, specifically those
9 in certified settings, are allocated. What
10 we know is there is a lack of transparency as
11 to how this is done. Families repeatedly
12 tell us that they have been on waiting lists
13 for inordinate amounts of time. We know that
14 those waiting lists are very, very long, with
15 estimates in the thousands as to how many
16 folks are actually there waiting.
17 We know that OPWDD has failed to
18 follow 5.07, the plan required by the Mental
19 Health Law of the State of New York. We know
20 that they have failed to file a report, a
21 residential needs survey report, which the
22 Legislature had required that they file with
23 you every two years.
24 And most importantly, they have simply

1 failed to provide any detail in how they will
2 migrate people into these less-restrictive
3 settings which they emphasize. Which we know
4 will be less expensive, less of a cut on the
5 budget, but we know we also have an
6 obligation to serve this vulnerable
7 population. So we're very concerned as to
8 how they will do that.
9 So I'd like to move next to the second
10 important issue here, and that is, I think,
11 the workforce issue. I don't think there's
12 perhaps an issue of more importance to the
13 day-to-day operation of these programs than
14 the men and women who serve, at the ground
15 level, these folks in these programs. These
16 are not minimum-wage jobs. We should all put
17 our heads together to figure out how to get
18 them a living wage.
19 We heard Kastner's testimony that he
20 will bring them up to minimum wage, but we
21 need them to be higher.
22 And briefly on the October 1, 2020,
23 cuts. They will be rolled back to May. They
24 should be eliminated. They are not

1 fact-based. You've heard the testimony from
2 this morning. They're based on the idea that
3 these beds will be empty for periods of time
4 for hospitalizations and therapeutic leave.
5 We know, it's common sense, that when
6 the beds are empty, the costs keep running.
7 If the costs keep running, they need to be
8 reimbursed.
9 And I see I'm slightly over my time.
10 I appreciate the chairlady's indulgence.
11 Thank you very much.
12 CHAIRWOMAN KRUEGER: Thank you. Thank
13 you.
14 Next? Are you with us, Kevin Allen?
15 MR. ALLEN: Yes. Yes, good
16 afternoon --
17 CHAIRWOMAN KRUEGER: Good afternoon.
18 MR. ALLEN: -- Chairwoman Krueger.
19 I'm here. Good afternoon.
20 CHAIRWOMAN KRUEGER: Well, we would
21 love to hear you bring --
22 MR. ALLEN: I'm ready. Good
23 afternoon, Chairpersons Krueger, Weinstein,
24 and the distinguished members of the New York

1 State Senate Finance Committee and the
2 Assembly Ways and Means Committee.
3 I, Kevin Allen, chapter chair, speak
4 today on behalf of President Francois and the
5 approximately 270 substance abuse prevention
6 and intervention specialists representing DC
7 37 and Local 372, New York City Department of
8 Education employees who operate in the
9 New York City public school system.
10 The SAPIS system is currently funded
11 by the Legislature through a joint $2 million
12 appropriation, and I am here seeking an
13 increase of $1 million for a total of $3
14 million in joint legislative appropriation
15 for SAPIS.
16 The OASAS-sponsored SAPIS program has
17 never been more vital than now during this
18 unprecedented time. Our kindergarten to
19 12th-grade students have been positively
20 influenced by the services offered by SAPIS,
21 with blended in-person and virtual remote
22 classes in all New York City school
23 districts. We work as key members of the
24 guidance departments in schools providing

1 strategies and resources that help students
2 to utilize relevant prevention skills through
3 our evidence-based program curricula,
4 classroom presentations, positive alternative
5 activities, and our group and individual
6 counseling groups.
7 Since 1971, SAPIS have provided
8 essential social-emotional strategies and
9 services to help youth remain learning-ready.
10 The SAPIS program has always been equipped to
11 serve the needs of one of our most precious
12 populations in New York City. We are
13 12-month employees that service the entire
14 school and provide scheduled daily classroom
15 presentations in our school settings.
16 Because of the COVID-19 epidemic, the
17 emotional, mental, economical, physical and
18 social stress upon families cannot be
19 measured. SAPIS have always been a valuable
20 part of the life of our students, schools,
21 and our communities at large. SAPIS are
22 already trained and ready to respond to this
23 COVID-19 crisis. Our program is already
24 tailored to address risk factors affecting

1 our students' lives.
2 Our requested increase of $1 million
3 in SAPIS funding would support an additional
4 12 full-time SAPIS positions. This would
5 create services for up to 6,000 more
6 students.
7 On behalf of Local 372, once again I
8 thank the Senate and the Assembly for your
9 ongoing support for the SAPIS program. We
10 look forward to working with you all to make
11 this possible. I am available to answer any
12 questions you may have.
13 Thank you.
14 CHAIRWOMAN KRUEGER: Thank you.
15 Thank you. Continuing on with Number
16 27, BJ Stasio, Self-Advocacy Association of
17 New York State.
18 MR. STASIO: Thank you.
19 SAANYS is an association founded by
20 people with developmental disabilities. We
21 speak up for ourselves and others for over 30
22 years, and it's an honor to be here today.
23 We've spoken a lot of years, and it's an
24 honor to be here today.

1 And I'll give you a little background
2 about myself. Not only am I currently
3 honored to be SAANYS' president -- and I'm
4 from Western New York, specifically
5 Buffalo -- but I also have worked for the
6 Office for People With Developmental
7 Disabilities for over 20 years, and I am
8 honored to do so.
9 The Self-Advocacy Association has
10 submitted written testimony which is more
11 detailed, but I won't be reading that today.
12 I just want to speak from the heart.
13 SAANYS has been testifying for a
14 number of years. We often speak about the
15 many areas of supports that require
16 investment and innovation. However, over the
17 past few years, it has become clear to us
18 that there is a real risk to our system of
19 services and supports as a whole. The simple
20 fact is that more and more people require
21 services each year, and the New York State
22 budget has not kept up with this.
23 While it is good that OPWDD and
24 provider organizations are working to find

1 efficiencies, cost savings alone can't keep
2 up with growing needs.
3 New York State has invested an
4 additional 2 percent in OPWDD each year for
5 the past few years, and this is appreciated.
6 However, our understanding is that the demand
7 for services exceeds 2 percent and may be as
8 high as 10 annually. We now see a number of
9 signs that our system of supports and
10 services is at risk.
11 Among these signs is an ongoing
12 staffing crisis and a lack of responsive
13 services. We have many people waiting for
14 new residential and other opportunities as
15 well, people currently in services facing
16 significant barriers to real choice when
17 seeking new opportunities. Signs that we are
18 not keeping up include our staffing crisis,
19 which has been created by a lack of
20 investment and fair wages for DSPs, which
21 you've heard a lot about today.
22 Without my DSPs, I wouldn't be able to
23 be on this legislative meeting today, so I
24 appreciate them. The importance of a stable

1 DSP workforce can't be overstated, because
2 without my DSPs I wouldn't have the job that
3 I do, I wouldn't be able to support the
4 people that I work with and for, and let
5 OPWDD and the Legislature know their wants
6 and needs.
7 We also see people waiting for new
8 services or to make a change in their
9 existing services. Often a real choice isn't
10 available and just isn't enough. That's why
11 we need more person-centered services so the
12 system can survive long. And, importantly,
13 it cannot innovate and become more
14 person-centered if it does not have a stable
15 foundation.
16 The core value of SAANYS is to be
17 person-centered, so it is very important to
18 keep that in mind, and I want everybody to
19 know that. Investment must keep up with
20 growth if people are to have the quality of
21 supports and services they need.
22 Like I said, without the quality of
23 support, some people will fall through the
24 cracks. And SAANYS -- more, all of New York

1 State -- doesn't want that because New York
2 State is the greatest state in the country
3 for services for people with developmental
4 disabilities. I want you to keep that in
5 mind, please.
6 We are concerned that OPWDD will need
7 to make cuts in the budget --
8 CHAIRWOMAN KRUEGER: BJ, you're a
9 minute and a half over, so I'm going to cut
10 you off now, okay?
11 MR. STASIO: Thank you.
12 CHAIRWOMAN KRUEGER: We have your
13 testimony. Thank you.
14 MR. STASIO: Sorry about that.
15 CHAIRWOMAN KRUEGER: No, it's okay.
16 You were very poignant. I didn't want to cut
17 you off.
18 Our next speaker -- I believe actually
19 our last speaker for the panel -- is Nick
20 Cappoletti, from LIFEPlan.
21 Are you here, Nick?
22 MR. CAPPOLETTI: Yes, good afternoon.
23 CHAIRWOMAN KRUEGER: Good afternoon.
24 MR. CAPPOLETTI: I want to thank the

1 chairs and the members of the Assembly and
2 Senate for holding this hearing and the
3 opportunity to testify today.
4 My name is Nick Cappoletti. I'm the
5 CEO of LIFEPlan, one of the seven care
6 coordination organizations that serves people
7 with I/DD in New York State.
8 I'm also the parent of a 30-year-old
9 son with a rare genetic syndrome who's also
10 the recipient of services from OPWDD.
11 Ten years ago Governor Cuomo committed
12 that New York State would provide care
13 management for all as part of the state's
14 Medicaid Redesign Initiative. The seven CCOs
15 were created three years ago to provide
16 integrated and coordinated healthcare to the
17 over 108,000 people with I/DD in the state.
18 Of that number, approximately 80,000 people
19 live either on their own or with members of
20 their family. Many of these people have
21 fragile support networks and are only one
22 heartbeat away from needing crisis services
23 or a placement.
24 Care coordination organizations are

1 specialty health homes responsible for
2 coordinating all aspects of an individual's
3 health and well-being, including medical,
4 behavioral health, and long-term I/DD
5 services. When care coordination
6 organizations were started, we invested
7 heavily to develop a new workforce, reduce
8 caseloads, to provide services to medical and
9 behavioral health, to implement sophisticated
10 electronic health records, build clinical
11 departments to respond to the need and reduce
12 unnecessary emergency room and
13 hospitalization utilization and perform
14 comprehensive healthcare management.
15 Care coordination is very different
16 than Medicaid service coordination.
17 Commissioner Kastner referenced the fact that
18 the care coordination rate is 60 percent
19 higher than MSC. It's a completely different
20 service. It was designed differently. I/DD
21 care coordination is responsible for the full
22 scope of services: Healthcare, primary
23 healthcare, secondary care, coordinating
24 those services, coordinating food and housing

1 supports, advocating for access to I/DD
2 services -- at a time when we do have
3 significant waiting lists for almost every
4 program -- preventing crisis and responding
5 to people's and families' needs. And also
6 ensuring the quality of services.
7 Last July the state arbitrarily
8 implemented a 16 percent cut to the CCOs.
9 That's only been followed by a proposed
10 23 percent cut effective July 1st. That,
11 combined, represents a 39 percent cut. No
12 Medicaid program has ever received a cut of
13 this magnitude and survived.
14 The state is creating a scenario where
15 CCOs will no longer be financially viable
16 entities, ending the promise of care
17 management for the most vulnerable population
18 during a national pandemic. Suggesting that
19 a Medicare incentive payment will address the
20 damage of this cut is not realistic and will
21 only make it more difficult for us to help
22 our members. OPWDD has acknowledged that
23 there's literally tens of thousands of people
24 out there who don't even know about these

1 services and are not eligible yet but would
2 be eligible based on the definition by Mental
3 Hygiene Code.
4 Parents like me continue to ask the
5 question: Who's going to care for our
6 children when we are gone? Our current
7 system cannot answer this question. We have
8 people who are not served, we have people on
9 waiting lists, we need care management now
10 more than ever.
11 This is a social justice issue. This
12 is a vulnerable population that has
13 historically been marginalized and requires a
14 quality care-management program.
15 I appreciate your interest in this
16 program, and I'd love to take any questions
17 that you may have.
18 CHAIRWOMAN KRUEGER: Thank you very
19 much.
20 I see several hands on the Assembly
21 side. Helene Weinstein.
22 CHAIRWOMAN WEINSTEIN: Yes. So let's
23 go to our ranker on People with Disabilities,
24 Assemblywoman Missy Miller.

1 ASSEMBLYWOMAN MILLER: Thank you.
2 Do I not get five minutes?
3 CHAIRWOMAN KRUEGER: No, I think it's
4 three minutes now for everyone.
5 CHAIRWOMAN WEINSTEIN: No, on the
6 panels everyone just gets three minutes.
7 ASSEMBLYWOMAN MILLER: Oh, okay.
8 So I just want to ask a question for
9 Nick Cappoletti. You know, I hear your
10 testimony, I read it, I listened to it, and I
11 relate to so much of what you're saying.
12 Certainly, you know, as a parent as well, it
13 sounds so on target.
14 I'm struggling still to understand.
15 The CCOs are new, it's new to all of us. I'm
16 still struggling so much to understand. It
17 just seems that so many of our population and
18 so many people that I hear from feel that
19 they're not getting from the CCO what you're
20 describing, certainly, and certainly not what
21 we were promised would be coming.
22 You testified asking for more money,
23 that we can't sustain with the proposed cuts,
24 but we're not getting the services that are

1 supposedly being delivered. In fact, from --
2 in my attempt to understand, I've done a
3 little research of this whole system, and so
4 I just have a few questions based on that.
5 I'm going to ask my questions first so
6 that in case we run out of time I can ask
7 that you just respond to Ways and Means so
8 that they're on record.
9 The intention of New York State for
10 creating these CCOs was to provide
11 conflict-free case management between
12 self-coordination and provision of services.
13 So based on that, do you believe that this is
14 actually happening? When I reviewed your
15 website, I saw that every member of your
16 board represents a provider agency. And do
17 you believe this is a conflict of interest?
18 And isn't that contrary to what was intended
19 with respect to conflict-free case
20 management?
21 My second question, on the fiscal
22 side, can you share with us if there were
23 surpluses generated in fiscal years '18, '19
24 and '20, and what did LIFEPlan do with these

1 surpluses?
2 And my last question, as a for-profit
3 company, has LIFEPlan ever disclosed to New
4 York State how much revenue you've generated
5 so the Division of Budget can accurately
6 gauge your fiscal situation so that we can
7 move, you know, forward?
8 There were -- I had so many other
9 things as I was reading and researching,
10 there were just so many things that pop out
11 at me that I don't understand. I'm not --
12 I'm not -- I must not be understanding how
13 this is supposed to be working. What I can
14 say is on the receiving end of it, and
15 hearing from so many others, we're just not
16 getting any of these services.
17 I happen to have one of those very
18 complex kids who has a variety of different
19 services. I've had multiple care
20 coordinators. The care coordinator that we
21 have now calls every month and asks to speak
22 to my nonverbal child on the phone to check
23 in and find out what's going on. I just
24 don't see how this is working.

1 I'm sorry, I see we're already out of
2 time, so --
3 CHAIRWOMAN WEINSTEIN: Assemblywoman,
4 we do have the email, all the contact
5 information for this panel, if you want to,
6 through -- either directly to me or through
7 Assemblyman Ra, if you prepare a list of
8 questions, we'll be happy to send it to the
9 panel and ask them to respond and make it
10 part of the official record of this hearing.
11 ASSEMBLYWOMAN MILLER: That would be
12 great. Thank you very much.
13 CHAIRWOMAN WEINSTEIN: Okay, now we go
14 to Assemblyman Abbate {sic}. You had your
15 hand raised, Tom? Did you want to --
16 ASSEMBLYMAN ABINANTI: Oh, you're
17 confusing me with Peter.
18 Anyway, can you in 25 words or less,
19 Nick, explain the function of a care
20 coordinator? You don't hire the people to do
21 the work, correct?
22 MR. CAPPOLETTI: Correct. Correct.
23 ASSEMBLYMAN ABINANTI: Tell us what
24 you do.

1 MR. CAPPOLETTI: So the design
2 point -- and again, this is the design point
3 as proposed by OPWDD -- is that the CCOs are
4 actually -- by design, were created by the
5 provider organizations. So to address Ranker
6 Miller's question, that is part of the OPWDD
7 design, that the CCOs would be started by the
8 providers.
9 But there is a degree of separation.
10 The point of the care coordinators is to look
11 at the person -- first of all, we help many
12 people, most people -- you talk about the
13 issue between front door, going to social
14 services, back and forth. The care
15 coordination organizations, we have dedicated
16 teams that try to make that easier, but it's
17 not an easy task given how complicated the
18 OPWDD system is in the system of getting
19 Medicaid.
20 But we assist with eligibility. We
21 then develop a person-centered plan and help
22 the person apply for services. But it needs
23 to be recognized that OPWDD ultimately
24 approves all services. It's not the CCO.

1 We actually combine -- the seven CCOs,
2 we actually track how many people are not
3 getting services and try to advocate for
4 them. And then we're there as kind of the
5 safety net looking at does the person have
6 adequate healthcare, housing, do they get
7 supports as determined by OPWDD, are the
8 providers actually providing that support.
9 So there is the level of separation. And --
10 ASSEMBLYMAN ABINANTI: Who actually
11 hires -- who actually hires -- if you're
12 talking about self-direction or that piece,
13 who actually hires the staff? That's not a
14 care coordinator, correct?
15 MR. CAPPOLETTI: No, it is not. So
16 there's actually agencies that serve as
17 fiscal intermediaries that work with the
18 individual and family to actually identify
19 the staff, and the person chooses who they
20 hire. And ultimately that organization does
21 hire them.
22 ASSEMBLYMAN ABINANTI: I think part of
23 the confusion and part of the problem here is
24 what we're talking about today is the

1 totality of somebody's life. And the job of
2 the care coordinator, as I understand it, and
3 as I've seen it work, is that that care
4 coordinator is supposed to look at the
5 totality of that person's life --
6 MR. CAPPOLETTI: Correct.
7 ASSEMBLYMAN ABINANTI: -- and ensure
8 that every piece of it is taken care of.
9 So if you have an intact family that's
10 providing services and who's really just
11 looking for self-direction to get some money
12 to provide those services themselves, in
13 effect -- they can hire people, et cetera --
14 the care coordinator doesn't have to do very
15 much.
16 But if you have a broken family with a
17 young man who has no support, no services, no
18 nothing, then the care coordinator becomes a
19 substitute mother, in effect.
20 MR. CAPPOLETTI: So it ranges. That
21 is correct, Assemblyman. The range of need
22 is wide. At minimum --
23 ASSEMBLYMAN ABINANTI: I just want to
24 go to one other thing, then.

1 MR. CAPPOLETTI: Sure.
2 ASSEMBLYMAN ABINANTI: Now,
3 understanding that there's a 5 percent cut
4 this year, this budget will cement that in
5 place, correct? And then they're proposing
6 another cut on top of the 5 percent cut from
7 this year.
8 So if you compare what you're going to
9 get in April of 2021 with what you got in
10 February of 2019, it will be 5 percent less
11 plus another 1 percent cut, correct?
12 MR. CAPPOLETTI: No. Actually,
13 Assemblyman, it's actually worse than that.
14 So in July of last year we received a
15 16 percent cut. And it's proposed that we
16 will receive another 23 percent cut July of
17 this coming year, in 2021. So, combined, a
18 39 percent cut.
19 ASSEMBLYMAN ABINANTI: But the system
20 itself also, across --
21 MR. CAPPOLETTI: And the system is
22 getting cut. And we have waiting lists for
23 all services. And this is a new program. So
24 it was a significant change in scope from

1 what we had with Medicaid service
2 coordination to moving to this health home
3 model and having to train over 3500 workers
4 on delivering a whole new model of service,
5 hiring clinical supports, data analytics, new
6 integrated health systems to support them.
7 So it has been a significant transition.
8 CHAIRWOMAN WEINSTEIN: Thank you.
9 Thank you for your answer.
10 We go to Harvey.
11 ASSEMBLYMAN EPSTEIN: Thank you, Madam
12 Chair.
13 So I really appreciate what you're
14 saying. The cuts seem really horrific. And
15 I'm wondering how much you guys are talking
16 about revenue, because there's an Invest in
17 Our New York Coalition talking about raising
18 revenue. And, you know, I think we've heard
19 -- you know, every day we hear of these
20 horrific cuts. And I'm wondering if you're
21 putting some energy on the revenue side to
22 try to get new revenue to New York State.
23 And that's for anybody on the panel.
24 (No response.)

1 ASSEMBLYMAN EPSTEIN: Because the
2 cuts are bad. And, you know, the question is
3 are we going to divide up a smaller pie
4 together? Or we're going to seek new revenue
5 sources so the necessary social service for
6 people with disabilities can happen? And if
7 we have less revenue, we're all going to get
8 cut and we're all going to be -- we're going
9 to really feel the pain.
10 The only way around that is to have
11 more revenue. And that's some federal
12 dollars, but it's also going to be New York
13 State dollars. And Investing in Our New York
14 is an effort across the board, across issue
15 areas, to put more resources in. And, you
16 know, as Assemblywoman Miller said earlier,
17 this used to be where New York really shone,
18 and now we're -- we are not.
19 So we could really -- I would love to
20 see you guys engaging on the revenue side
21 because if we don't, this is -- we're just
22 going to have -- this conversation is going
23 nowhere.
24 MR. CAPPOLETTI: And I think,

1 Assemblyman, we -- as part of the creation of
2 the CCOs, that allowed New York State to
3 access significantly more Medicaid dollars.
4 CHAIRWOMAN WEINSTEIN: We'll be
5 discussing the revenue at our revenue
6 hearing. It's not necessary every witness --
7 (Overtalk.)
8 ASSEMBLYMAN EPSTEIN: I appreciate
9 that. But just to -- just if I -- just
10 finally, if the cuts come down as they
11 propose, what does that mean for your
12 programs? What realistically is going to
13 happen with your programs? Can you stay
14 afloat?
15 MR. CAPPOLETTI: Well, for care
16 coordination organizations, I can tell you
17 that all seven would be projected into a
18 deficit either by the end of this year or
19 certainly in 2022. We've already given that
20 information to OPWDD.
21 And to the point that Assemblywoman
22 Miller said, the CCOs are all required to
23 require CFRs and are in the process of doing
24 so.

1 ASSEMBLYMAN EPSTEIN: Thank you.
2 Thank you, Chair, I appreciate it. Thank you
3 all.
4 CHAIRWOMAN KRUEGER: Thank you. Oh, I
5 see --
6 CHAIRWOMAN WEINSTEIN: I just want to
7 --
8 CHAIRWOMAN KRUEGER: I see a couple
9 more hands, Helene.
10 CHAIRWOMAN WEINSTEIN: Oh, do we? Ah.
11 Okay.
12 So Assemblyman Ra, please.
13 ASSEMBLYMAN RA: Thank you,
14 Chairwoman.
15 And as the chairwoman said, maybe I
16 will work with Ranker Miller to follow up
17 further in writing.
18 But I just -- in light of
19 Assemblywoman Miller's questions and
20 Assemblyman Abinanti's questions,
21 Mr. Cappoletti, if I could just ask something
22 I guess a little more open-ended, because I'm
23 getting a little bit more of an understanding
24 through your answers.

1 I mean, do you feel -- I know you said
2 there was kind of a continuum here depending
3 on the need of the individual, the family and
4 all of that. But, I mean, do you feel that
5 this system is working in the way it was
6 intended when it was set up a few years ago?
7 MR. CAPPOLETTI: So I think the care
8 coordination organizations are definitely
9 having a major impact. I'll just give you
10 one example. We had -- now that we're
11 looking at not just the I/DD services but
12 also the person's healthcare, their
13 behavioral health, et cetera, we have newly
14 formed clinical teams that are working
15 together with the care coordinators to
16 identify people who are high users going into
17 the ERs, hospitals, et cetera.
18 We're forming partnerships with
19 non-I/DD providers like Federally Qualified
20 Health Centers, hospitals, et cetera, to make
21 it easier for people -- one of the big
22 challenges, and I'm sure the other parents
23 here could attest to this, is finding
24 qualified primary care providers, secondary

1 or specialty providers who will serve this
2 population. So we have a lot of work going
3 on right now to do that.
4 Like I said, we're only 30 months into
5 this care coordination model, and it does
6 have a much broader scope than just
7 coordinating disability services. So I think
8 we're on our way.
9 But we have to recognize that there
10 are a lot of challenges with this current
11 system. It's not set up to easily serve
12 people. It's got a lot of complicated
13 processes between going from OPWDD front door
14 of applying for services, going to social
15 services, going back, applying for
16 self-direction. We know that there's a lot
17 of complicated things here, and we have
18 shared those with OPWDD to hopefully
19 streamline some of that so that when a care
20 manager identifies somebody who is in crisis,
21 we can get them, you know, services.
22 We have a young man right now that has
23 been over three months in a hospital. That's
24 unacceptable. You know, people can't -- we

1 can't be using our institutions, the
2 hospitals, the jails, the institutions as a
3 service. We have to develop more
4 community-based services.
5 ASSEMBLYMAN RA: Well, thank you.
6 Thank you for your answers, sir. Thanks for
7 being here.
8 CHAIRWOMAN WEINSTEIN: Now we go to
9 Assemblymember Anderson.
10 ASSEMBLYMAN ANDERSON: Thank you,
11 Madam Chair.
12 And thank you to this panel that has
13 testified on this critically important issue.
14 I want to just speak to the importance
15 of care coordination and the need for us to
16 have care coordinators in a healthcare system
17 that is extremely opaque and robust and large
18 and massive. So being able to have folks
19 that help with folks with disabilities
20 navigate the system, be able to get the
21 services that they need, to get the care that
22 they need, to make sure that they're seeing
23 the right doctors and all the services is
24 vitally important.

1 My mom relies heavily on her care
2 coordinator, who checks in on her every month
3 to make sure that all of her services are
4 needed and met. And I do want to provide
5 this constructive criticism to the industry
6 of care coordination. I'm sure you don't
7 represent the whole industry, but I just want
8 to put this out there.
9 As we're trying this new model, it's
10 important that -- and this piggybacks off of
11 Member Miller's point -- we've got to make
12 sure that our outreach to the patients makes
13 sense to the disability that that patient
14 lives with. There's no sense in reaching out
15 to a nonverbal patient in a way that's not
16 effectively and adequately communicated with
17 that person.
18 You know, my mom has a variety of
19 different ailments that I will respectfully
20 not share. But just finding that effective
21 way to best communicate with folks is crucial
22 and critical, especially in a healthcare
23 system that has so many layers of confusion,
24 so many layers of how to get help on how to

1 get resources.
2 We haven't had the best experience
3 with care coordinators and consequently had
4 to switch insurances and providers and things
5 of that nature. But I do believe in the
6 program, and I do believe in making sure that
7 we preserve it. And I will encourage you to
8 join -- I know, Chairwoman, you've heard this
9 several times, but I do encourage you,
10 Nicholas and the folks who are here today, to
11 join us in the fight to make sure that we
12 increase revenue so that we can continue to
13 fund programs and models like this.
14 Because this is how we will improve
15 healthcare for seniors, this is how we'll
16 improve healthcare for folks who live with
17 disabilities, this is how we'll improve
18 healthcare for people who truly, truly need a
19 navigator and someone that they can trust to
20 support the system. So join us in the fight
21 for more revenue so that we can fund your
22 program.
23 I yield the rest of my time.
24 CHAIRWOMAN WEINSTEIN: Thank you.

1 And Senator Krueger, I think it's back
2 to you to close us out for tonight.
3 CHAIRWOMAN KRUEGER: All right, thank
4 you.
5 I want to thank everyone who
6 participated today, all the panelists on all
7 of the panels, all of the members of the
8 Senate and the Assembly, all our staff who
9 work so hard for us to pull off these virtual
10 hearings. And we either had three or four
11 this week -- I think we had four hearings
12 this week.
13 CHAIRWOMAN WEINSTEIN: Three. Three.
14 CHAIRWOMAN KRUEGER: Well, we had one
15 that was a two in one day.
16 CHAIRWOMAN WEINSTEIN: That's true.
17 Four hearings, correct.
18 CHAIRWOMAN KRUEGER: Four hearings.
19 So I want to thank my partner in crime
20 Helene Weinstein. And we will be back not
21 Monday, but I believe Tuesday.
22 CHAIRWOMAN WEINSTEIN: Tuesday morning
23 at 9:30 for the Human Services hearing. And
24 we look forward to people's participation.

1 CHAIRWOMAN KRUEGER: Yes, thank you.
2 Yes.
3 So thank you all for all your good
4 work. And I hope you can do something a
5 little more relaxing with your weekend, if
6 possible. Take care.
7 SENATOR SAVINO: Goodbye, everyone.
8 (Whereupon, at 5:35 p.m., the budget
9 hearing concluded.)
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