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

JOINT LEGISLATIVE HEARING

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

Virtual Hearing
Conducted via Zoom

February 14, 2022
11:04 a.m.

PRESIDING:

Senator Liz Krueger
Chair, Senate Finance Committee

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

PRESENT:

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

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

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

Assemblywoman Aileen Gunther
Chair, Assembly Committee on Mental Health

Senator John W. Mannion
Chair, Senate Committee on Disabilities

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PRESENT: (Continued)

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

Senator Pete Harckham
Chair, Senate Committee on Alcoholism and Substance Abuse

Senator Diane J. Savino

Assemblyman Angelo Santabarbara

Senator John Liu

Assemblywoman Melissa Miller

Assemblywoman Mary Beth Walsh

Senator Sue Serino

Assemblywoman Chantel Jackson

Assemblyman Khaleel M. Anderson

Assemblyman Harry B. Bronson

Senator George M. Borrello

Assemblywoman Sarah Clark

Assemblywoman Nathalia Fernandez

Senator Michelle Hinchey

Assemblyman Philip A. Palmesano

Assemblyman Edward Gibbs

Assemblywoman Anna R. Kelles

Senator Mike Martucci

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PRESENT: (Continued)

Assemblyman Harvey Epstein

Assemblywoman Didi Barrett

Assemblyman Chris Burdick

Assemblywoman Judy Griffin

Assemblyman Erik M. Dilan

Senator James Tedisco

Senator Peter Oberacker

Assemblyman Jarett Gandolfo

Assemblyman Keith P. Brown

Senator Anna Kaplan

Assemblyman Edward C. Braunstein

Senator Simcha Felder

Assemblywoman Emily Gallagher

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

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

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

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

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

In addition, Senator Tom O'Mara, the ranking member of the Senate Finance Committee, will introduce members from his conference, and I believe Assemblymember Ra will do the same for his.

So starting out with the Senators who are with us so far today -- and more and more will be joining us as the day goes on -- I am joined by Senator Samra Brouk, the chair of the Mental Health Committee, Senator George Borrello, Senator John Liu, Senator Tom O'Mara, my ranker that I just mentioned, Senator Diane Savino. Just double-checking if I've missed anyone else. Senator Sue

Serino, Senator Tedisco. And I believe -- Senator Mike Martucci, Senator Oberacker. We have a bunch jumping on right as I speak.

I think that's it for now, so let me pass it to Tom O'Mara to introduce his members, although I think I just introduced a few. Sorry about that.

SENATOR O'MARA: I think you just did, Liz, but that's fine. We got them in. Happy Valentine's Day, everybody.

CHAIRWOMAN KRUEGER: Thank you. I got carried away, Tom. I was on a roll.

And now turning it over to Assemblymember Helene Weinstein to introduce the Assembly.

CHAIRWOMAN WEINSTEIN: Thank you. We have with us our Mental Health chair, Aileen Gunther. Then Assemblymembers Anderson, Bronson, Burdick, Clark, Dilan, Epstein, Fernandez, Jackson and Santabarbara.

And let me turn it over to Assemblyman Ra, the ranker on Ways and Means, to introduce the members of his conference.

ASSEMBLYMAN RA: Thank you, Chair.

Good morning, everybody.

We are joined currently by Assemblywoman Missy Miller, who is the ranking member on our Committee on People with Disabilities; Assemblyman Gandolfo, our ranker on Mental Health, and Assemblyman Palmesano. And I believe our ranker on Alcoholism and Substance Abuse, Keith Brown, should be along shortly as well. Thank you.

CHAIRWOMAN WEINSTEIN: Back to the Senate.

CHAIRWOMAN KRUEGER: Thank you.

Okay. So we already had a weekend, so just to remind everybody of the rules, the commissioners will summarize their testimony in 10 minutes or less. There's a clock for everyone to keep their eye on, on the screen.

We have everyone who's testifying's full testimony, so we can be following along or we may have read it in advance.

After the commissioner testifies, the chair of the relevant committee will have 10 minutes to ask questions. The rankers will have five minutes. Everyone else will

have three minutes.

With that, I would like to introduce Dr. Ann Marie T. Sullivan, the commissioner of the New York State Office of Mental Health.

Good morning, Commissioner.

OMH COMMISSIONER SULLIVAN: Good morning. Good morning.

I'm Dr. Ann Sullivan, commissioner of the New York State Office of Mental Health. Chairs Krueger, Weinstein, Brouk, Gunther and members of their respective committees, I want to thank you for the invitation to address the OMH's '22-'23 budget.

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

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

Governor Hochul's Executive Budget this year provides an exceptional opportunity to build the mental health infrastructure needed to better support New Yorkers by proposing a historic $577 million increase to the mental health budget.

From the very beginning of the pandemic, our mental health care workers have been on the front lines. The pandemic has dramatically exacerbated concerns related to recruiting and retaining essential workers. The Governor's budget recognizes that we must address the current hemorrhaging of our workforce -- by not just saying that we owe a

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

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

We also know that despite the resources that we develop in the community, there are individuals who are not able to access those services without a great deal of support. The Governor has launched the Safe Options Support initiative to assist individuals living with serious mental illness who are homeless. Beginning with individuals living in the subways of New York

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

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

The pandemic has had a particular impact on the mental health of young people across the nation. In New York, between March and July of 2020, it is estimated tragically that 4,200 children lost a parent or caregiver to COVID, and early estimates show more than 6,000 deaths by suicide nationally in children and young adults during 2020.

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

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

Addressing the trauma caused by the pandemic in school-aged children is a priority. The Governor's budget includes $10 million in new resources to invest in school-based mental health to provide statewide learning and mental health grants to high-need school districts, including additional funding to expand access to mental health services in schools.

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

health supports for students and school staff.

The budget also includes resources to expand the NYS Trauma-Informed Network throughout the child-serving system, to address the range of experiences that may be trauma-inducing for young children and their families, especially since the start of the pandemic.

And for those youth and families that need intensive, brief residential supports, there is increased funding to support our residential treatment facilities and advance the most innovative best practices.

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

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

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

The Governor’s Budget includes $65 million in new resources in 2022-'23 and an additional $39 million next year, as part of a two-year plan for investments in supported housing, single-room occupancy and community residence programs. The budget also includes $36 million for full support for the residential pipeline, including almost 1,700 new supported beds.

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

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

Additionally, the increased need for mental health services caused by the pandemic is addressed by enhanced clinic rates and additional resources designed to improve access to care. The Executive Budget also includes appropriations for the full reinvestment of $74 million state share in projected recoveries, which represent OMH's share of the reinvestment of managed care savings recovered from managed care organizations.

OMH will also be providing new resources to expand the integration of mental health services into primary care through HealthySteps, an evidence-based prevention program which improves health and behavioral health outcomes. To expand capacity, OMH and DOH will partner to provide Medicaid

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

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

We also know that helping individuals to become employed increases wellness and is at the heart of rehabilitation and recovery. This year $2.5 million in new resources has been budgeted to improve employment opportunities throughout New York State through a unique partnership between OMH and the Department of Labor called the Employment Services System, which is at the forefront of Employment First initiatives.

Importantly, the Governor's budget

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

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

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

CHAIRWOMAN KRUEGER: Thank you very much, Commissioner.

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

SENATOR BROUK: Good morning.

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

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

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

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

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

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

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

So thank you for some of those things coming through.

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

Can you just walk me through, first of all, roughly how many New Yorkers -- how many New Yorkers have been affected by Kendra's Law or under the AOT orders?

OMH COMMISSIONER SULLIVAN: Currently there are about 3,400 New Yorkers, about 1400 in the city and the rest upstate, who are currently on AOT orders. And the number of individuals over time who have received orders have been about 19,000. Kendra's Law

began in 1999.

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

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

Sadly, those numbers also match the -- pretty close to the number of individuals who are generally in the public mental health hospitals and also in the community-based hospitals. So that disproportionate number is something that has been, sadly, in place for a long time and seems to be a part of the intensive services of the mental health system in New York.

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

it is something that needs to be looked at very, very closely.

When there was a study done by Duke, who looked at our AOT, they didn't feel that AOT as a commitment, outpatient commitment, was really being used disproportionately, they felt it was just symptomatic of what's unfortunately and sadly a part of our mental health system.

SENATOR BROUK: And I can see that. I think a lot of us see that. And I'm glad you brought up social determinants of health. This is -- you know, we can never look at mental health as a silo, right? And this is all part of, you know, someone's holistic life and the access they have to resources, how they're seen by emergency first responders, how they're seen by judges. We've seen it through the criminal justice system; we have a lot of reforms here in New York to correct some of those.

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

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

So my question is as we think about -- we know Kendra's Law is set to expire. The Governor's proposal both not only extends it but also expands its ability to be used quite -- even easier than it's being used now.

So what steps are you all looking at -- you said you're looking into it. What steps are you taking, especially now as we think about potential extensions of this law, to correct some of those systemic racial injustices and to make sure that if we're moving forward, we're actually going to correct some of these things that we've seen?

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

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

We are looking at all the new services that we're putting up, including the crisis stabilization centers and some of the other crisis services, and the expansions. We're looking at the areas of the state most impacted and the areas in the state that are most in need. And I think that's where you begin. You really begin by looking and being very careful about where and how you set up services, and then you have to evaluate over time that you are really doing a good job of what you think you're doing.

And one of the things which we are

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

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

So we have to begin to right the wrongs of what's been going on in not just the mental health system, but throughout healthcare, of the disparities in care which exist between Black and brown communities and the white communities. And some of that is beginning to put our services in places and to make sure that they are acceptable and culturally appropriate for those areas.

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

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

So what we did was we connected with grassroots organizations, went out and made sure that we were talking to the communities. And currently the populations that are seen by New York Project Hope, 40 percent of the calls -- 40 percent of the contacts, not the calls, but the contacts are in our Black communities, and 38 percent in our Hispanic communities.

SENATOR BROUK: Thank you --

OMH COMMISSIONER SULLIVAN: So it can be done. It can be done. We just need to focus on it -- I'm sorry, Senator -- and make sure that as we put out these services, we are looking at disparities and making sure that we're taking care of people who need it.

SENATOR BROUK: I couldn't agree more on that. So because you brought data collection up, I'm going to just quickly pivot. And as brief as you can be as possible, because we have so much to get through. And I hate interrupting people, frankly.

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

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

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

OMH COMMISSIONER SULLIVAN: Yes. Yes. And I know it isn't in the bill, but yes, it will be. And all the data will be broken down by, you know, race and ethnicity, et cetera. And we'll be looking at that data and will be clearly parsing it to understand who's using the services and how well we are providing them. Yes, absolutely.

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

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

OMH COMMISSIONER SULLIVAN: Yes. Yes,

absolutely.

SENATOR BROUK: Wonderful. I can't fit anything possibly in 35 seconds, and I know Senator Krueger will cut me off. So thank you, Commissioner. I look forward to speaking with you more on a lot of these issues, and appreciate what you've done so far.

OMH COMMISSIONER SULLIVAN: Thank you. Thank you, Senator.

CHAIRWOMAN KRUEGER: And thank you for handing back your 22 seconds, Samra, appreciate it.

I want to introduce some other Senators who joined us: Senator Michelle Hinchey, Senator Pete Harckham, Senator John Mannion, Senator Anna Kaplan, Senator Simcha Felder. And I'm now going to turn it over to the Assembly to introduce and call the next chair.

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

And we go to our Mental Health chair,

Aileen Gunther, for 10 minutes.

ASSEMBLYWOMAN GUNTHER: Hi, and good morning. How are you?

OMH COMMISSIONER SULLIVAN: Good morning. Good morning.

ASSEMBLYWOMAN GUNTHER: So Samra asked some questions that were going to be similar to mine, so I won't be repetitive.

So first of all, she did touch on the COLA of 5.4 percent. And beyond this fiscal year, will we be extending that out year after year? You know, there has been such -- they've really suffered from such low wages for so long, I just want to assure that this is only the beginning, not the end.

OMH COMMISSIONER SULLIVAN: This current COLA of 5.4 percent is -- that's permanent. However, whether there will be an additional COLA next year, that will be decided next year.

ASSEMBLYWOMAN GUNTHER: Well, I hope that you will advocate for that. Because it's been so long, it's mostly a woman's profession -- and I would encourage you, 5.4,

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

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

Does this proposal impact the behavioral health service system?

OMH COMMISSIONER SULLIVAN: Yes, it should make it easier for individuals to move and serve clients in New York State. You know, sometimes that's a bit of a deterrent because New York State has been a little cumbersome in terms of getting your licenses renewed or started. So I think basically, yes, it should help. It should help.

ASSEMBLYWOMAN GUNTHER: I know for myself I got my nursing license in California. And so when I came back, I had to go through that horrible process.

The Executive Budget also proposes

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

OMH COMMISSIONER SULLIVAN: Yeah, there's a number of proposals. Well, from the block grant -- or from the SAMHSA block and the FMAP, there are dollars which will be going out in terms of giving providers the ability to do things like additional bonuses for retention, tuition reimbursement, individuals -- perhaps hazard pay, whatever those providers are doing. So that's all being figured out in terms of -- I think it's almost $25 million in the block grant and then there's another input from the FMAP.

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

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

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

And then in addition, there's a number of rate increases, which are really very important. There's going to be an additional rate increase, I believe another 5 percent on top of the 5.4 percent for clinic services, which raises the clinic rate, and also increased -- rate increases for PROS Act and our residential services.

So those are all embedded in a contribution of funding from federal and also the savings that were attributed from the managed care companies in terms of the MHLR and BHT. And LR. So there is an increase in

rates.

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

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

So I also want to go into child mental health. And most of our schools at this point -- and many of our schools -- I know in the budget there are increases in social workers. But, I mean, there really needs to be some standard at this point. Our children, because of the COVID isolation, the anxiety of the parents, are -- are impacting the children.

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

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

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

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

OMH COMMISSIONER SULLIVAN: Yes.

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

investment.

There aren't the social workers in school. We cannot wait for this. We don't have psychiatrists, they don't take Medicaid. There are so many different things that I really -- you know, we've talked about other things, but I'm worried about our children and this generation. And what are we going to do? Psychiatrists don't take my health insurance. So what are we going to do to get these children the care that they need, get social workers back in the school, get a registered nurse in every school? This is what we have to do going forward. I mean, I want your help.

OMH COMMISSIONER SULLIVAN: Thank you. And you'll -- you will have our help.

First of all, we have now in the schools about a thousand school-based clinics, and we're going to be growing those school-based mental health clinics. I think that's the most effective way in some ways to have an impact in the schools.

Secondly, we'll be working with the

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

The third thing is we're doing a --

ASSEMBLYWOMAN GUNTHER: When you say they work jointly, I -- that word to me is the most important word. A lot of times we dictate from the top-down. We're still doing it. We're still doing it. You're telling people how to run their schools or what their children need. And you know what, it's a top-down -- I want to see who is getting the money, how it's going to be spent, and what innovative way can we have to recharge children, as well as within our community.

Those are the things. You can throw as much money as you want. I want to know process and program.

OMH COMMISSIONER SULLIVAN: Well --

ASSEMBLYWOMAN GUNTHER: And I know you're used to it, you've been under the tunnels and everything else. But we don't do

it. We don't do it. We're not doing it. You know? We have to be -- we have to change our ways.

OMH COMMISSIONER SULLIVAN: I agree.

And just to highlight one program that we're going to be -- it's the doubling of our home-based crisis intervention services. That serves about 1300 families across the state now. In the budget we're going to go to 2600 families. So that's something very concrete that will grow within the next year. And that provides intensive home-based services for the families that are in the most crisis. And that will be --

ASSEMBLYWOMAN GUNTHER: That's an itty-bitty number, though.

OMH COMMISSIONER SULLIVAN: Well, it's a --

ASSEMBLYWOMAN GUNTHER: We're in one of the largest crises that we've had in I don't know how long. That's an itty-bitty number. We have to -- you know, instead of giving it to capital programs, you know, let's build these programs to make people

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

OMH COMMISSIONER SULLIVAN: The --

ASSEMBLYWOMAN GUNTHER: I know that the -- there also, with the Joseph P. Dwyer, you have 7.7 million to fund the statewide expansion, which I thank you for.

The home-based crisis intervention program expansion is phenomenal, and I hope that we can work together. And I hope that the Governor is aware that the needs in the mental health community are so great, greater than ever.

And I'm willing to work with all of you, but I feel like my last word would be, don't -- don't legislate from the top down. Please legislate from the bottom up, because that's the only way we're going to solve any of these problems.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you. Am I cutting you off, Aileen, or were you done?

ASSEMBLYWOMAN GUNTHER: No, you're not cutting me off. My big mouth is shut now.

(Laughter.)

CHAIRWOMAN KRUEGER: I did not say anything to that effect, just for the record. I Was just double-checking that I was not cutting you off. Thank you.

Our next Senator is Senator Jim Tedisco, ranker on Mental Health, for five minutes.

I know he was here until just a second ago. Jim, are you here? Oh, his chair is empty. I think that's a sign he's not with us. So I'm actually going to jump over him to Senator John Liu, and we'll come back.

Hi, John. Are you ready?

SENATOR LIU: Thank you, Madam Chair. I'd be happy to take over the minutes that the ranker has.

CHAIRWOMAN KRUEGER: Sorry, can't do that.

SENATOR LIU: Okay. Well, I tried.

But Commissioner, thank you very much. I appreciate the thoughtfulness about -- in your comments about the mentally ill and those who need additional services and

resources.

Unfortunately, in the Asian-American community we have seen our share of individuals who fall under that category, and I hope that your department will undertake every effort to provide that kind of assistance, support and services to individuals who unfortunately have been a danger to themselves and to others. And unfortunately, in at least a couple of incidences just this past month, having tragic circumstances, including the killing of a person in Chinatown yesterday morning and the shoving of Michelle Go onto the subway tracks about a month ago.

At the same time, the Asian-American community, as you're well aware of, has been facing a crisis of anti-Asian attacks, bigotry, bias incidents. And that also has had an effect on the mental health of the community. I'm wondering if there's anybody in your office or any team that's been put together to assess the impact of the ongoing anti-Asian hate on the community, and what

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

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

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

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

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

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

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

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

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

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

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

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

SENATOR LIU: Thank you so much.

Thank you, Madam Chair.

OMH COMMISSIONER SULLIVAN: Thank you.

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

ASSEMBLYMAN RA: Thank you, Chair.

Good morning, Commissioner. Thank you for your testimony.

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

that will help them deal with the mental strain the pandemic has caused.

Our conference for many years has been a major proponent of the Joseph P. Dwyer Program that helps veterans receive mental health services, and we are very glad to see the program is expanded and included in this year's Executive Budget. And we would like to see perhaps a portion of the $2 billion reserve for COVID-19 public health response included in the Executive Budget to be used to seed and create a similar program and services to help healthcare workers and first responders deal with the mental health impacts from the pandemic.

What would your thoughts be about perhaps using some portion of that money that's reserved for COVID response and relief to seed some type of program for those populations?

OMH COMMISSIONER SULLIVAN: Well, we are working with -- we have a fairly extensive, what we call a trauma-informed network that has been funded and has been

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

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

We've also used a lot of those resources from New York Project Hope to also work with frontline workers and have the availability of working with them in terms of dealing with the trauma that they've experienced.

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

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

ASSEMBLYMAN RA: Thank you for that.

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

Do you know, you know, how many additional counties will be able to be included with this additional funding? Are we going to be able to expand it statewide to all counties that don't currently have programs? Or how will that work in terms of selecting these counties and disbursing the funding?

OMH COMMISSIONER SULLIVAN: We think

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

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

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

ASSEMBLYMAN RA: Great. Thanks so much.

Madam Chair, I will give back my minute and a half.

CHAIRWOMAN WEINSTEIN: Great.

We've been joined by Assemblywoman Gallagher, and back to the Senate.

CHAIRWOMAN KRUEGER: Thank you very much.

And I don't believe I see Senator Tedisco back yet, so we are going to continue to move along until we find him, with Senator

Borrello.

SENATOR BORRELLO: Thank you, Madam Chair. And thank you, Commissioner, for being here.

You know, we've had a lot of talk today about Kendra's Law, and I'm glad to hear that. But for me, Kendra's Law is actually very personal. It's named after Kendra Webdale. And her and I grew up together and went to school together in the little town of Fredonia. And I can tell you that her tragic death back in 1999 shocked our whole community.

And, you know, last year we tried to strengthen Kendra's Law in the budget process and allow those -- a lot of that was just stripped out. It was -- we were talking about civil rights of potentially those folks. But the reality is is that the civil rights of Kendra Webdale and now, tragically, Michelle Go were stripped away in an instant by someone that should just not have been on the streets.

And that's really what this is about,

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

So my question to you is, you know, it's great to talk about strengthening it, but are we actually going to do it? And what specifically are we going to do to ensure that this law is utilized to help those people that are suffering such severe mental crises?

OMH COMMISSIONER SULLIVAN: Yeah, thank you, Senator.

You know, just -- you're absolutely right that Kendra's Law has been tremendously effective in terms of decreasing hospitalizations, decreasing violence, decreasing homelessness.

So I think it's a very effective use

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

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

One is when someone is coming off Kendra's Law, there's a six-month period that we're requesting that it would be easy -- essentially, by going back to court without having to go back to the original criteria -- to have someone go back and see the judge again if, during that six-month post-Kendra's Law there is a significant return of symptoms or inability to care for yourself.

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

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

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

And then the third is just to ensure that when someone has been put under Kendra's Law, they are on AOT, that they can easily get the records from their hospitalization. And that has been a little bit of an issue relative to some HIPAA requirements. By putting that in statute in New York State, that means that all that information will be available to the AOT team if you've been hospitalized, that the hospitals can give that information. And that's very important in terms of doing a good job for AOT.

So those are the proposals which are

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

SENATOR BORRELLO: Thank you so much.

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

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Back to the Assembly.

CHAIRWOMAN WEINSTEIN: We have the ranker on Mental Health, Assemblymember Gandolfo, for five minutes.

ASSEMBLYMAN RA: Chair, I think he had to hop off.

CHAIRWOMAN WEINSTEIN: Okay, so then we will go to -- thank you. We'll go to Assemblymembers who will be three minutes each, but the first, who's been waiting patiently, is Assemblymember Fernandez.

ASSEMBLYWOMAN FERNANDEZ: Thank you so

much, Chair.

And thank you, Commissioner, for being here today.

I want to echo, first off, the comments of our Senate chair and our Assembly chair of Mental Health about the need to really address what's happening in our schools. We know that children have been suffering, and I commend you for making sure that that is in the budget. But to follow off Aileen Gunther's concerns, we really want to make sure that money is going to the communities that need it, that our schools are implementing it well. And I trust that you will make sure that happens, and you hear our concerns.

But in regards to mental health and our prison systems, I didn't hear you mention anything about making sure that those that are incarcerated are getting the help that they need. We know that Rikers Island in New York City is the biggest in the city, if not the state, when it comes to being a mental health hospital.

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

OMH COMMISSIONER SULLIVAN: I think in the prison system, which is the place where the Office of Mental Health has our services, and we are responsible for the services in the prison system, I've done a number of things which I think Rikers could easily -- well, Rikers could consider in terms of the city providing these kinds of services.

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

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

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

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

And then we have a whole host of after-care services that include once people leave the community, which includes some specialized housing, some specialized forensic teams, et cetera. So you need that kind of continuum of services.

Now, jails, people do not stay as long, so those things could be abbreviated. But I think within -- it's something for

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

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

But are you familiar with the Treatment Not Jails legislation that's currently pending in the Assembly and the Senate? And what are your thoughts about expanding community-based, court-mandated treatment options for people facing criminal charges?

OMH COMMISSIONER SULLIVAN: I think expanding the ability to divert individuals with mental illness from prisons and jails is tremendous. I think we need to be thinking more and more about that in various ways. I can't comment on the particular legislation, but that process of diversion, the intercept model, which looks at all the places where

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

But the services have to be set up. So that kind of work that helps individuals not get into incarceration, but get the services they need in the community. And we have done some of that work across the state with grants out of the SAMHSA funding that we get. And they've been very successful.

So yes, it's very important to come up with ways to intercept, in quotes, individuals entering the criminal justice system, and then to give them the services so they don't come back and they don't end up returning to the criminal justice system.

CHAIRWOMAN WEINSTEIN: Thank you, Commissioner.

ASSEMBLYWOMAN FERNANDEZ: I agree. Thank you so much.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Still not seeing Senator Tedisco, so moving to Senator Savino.

SENATOR SAVINO: Thank you, Senator Krueger. Good to see you, Commissioner.

I want to go back to the discussion on Kendra's Law. I know a lot has been said about it. And I think you said it yourself: When Kendra's Law works, it works. But it doesn't always work. And in fact there's been a lot of discussion around how we amend it, how we improve it, how we extend it.

And so I've been doing some work on that, speaking to providers, speaking to psychiatrists, speaking to the head of the New York City Health and Hospital Corporation, the head of Greater New York Hospital. And there's a couple of things that have come to my attention. One, of course, has been the disinvestment in hospital beds. Over the past 10 years we've closed many psychiatric beds in the state system, and we disincentivized the public hospitals and we disincentivized the nonprofits because of the reimbursement rate

for psychiatric beds.

But what has come to my attention clearly, after speaking to all of them, is the flaw is in the definition under Mental Hygiene Law that allows a hospital to retain a patient. Section 9.39 of the Mental Hygiene Law says that a patient can be retained if it can be proven by clear and convincing evidence that the patient is mentally ill and in need of further care and treatment because they are a danger to themselves and others. It's a deliberately vague statute that only applies at that time.

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

clearly need hospitalization.

So would you support changing the definition of what makes someone a danger to themselves or others to expand it to them being a danger because their mental illness makes them incapable of taking care of themselves, tending to their ability to obtain food, clothing, shelter, taking their medicine, so that they could get the necessary mental health services they need to stabilize them?

OMH COMMISSIONER SULLIVAN: Thank you.

You know, there's been a lot of discussion about commitment law. And I think that you have to be very, very cautious --

SENATOR SAVINO: Absolutely.

OMH COMMISSIONER SULLIVAN: -- with commitment law, and very, very careful.

I do think there is part of a current statute, which is the 9.27, which allows for a two-physician certificate. And that two-physician certificate for involuntary treatment is not as immediate and as stringent as what is described in the 9.39

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

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

Expanding the statute -- I know there's a lot of discussion about it. I think it has to be very, very thoughtful and careful because of expanding the issue of civil rights, which I know you appreciate. I know you do. But this particular -- there are ways, I believe, within -- and also in case law there is case law of a couple of cases, one was Billie Boggs and one was Larry Hogue, which did allow looking at history as a reason for committing someone for a stay in a psychiatric hospital. And that has not been utilized as much as I think it could be.

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

with our providers across the system.

SENATOR SAVINO: Thank you. My time is up, but I would love to follow up with you on this, Commissioner.

OMH COMMISSIONER SULLIVAN: Thank you. Thank you, Senator Savino.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: We go to Assemblywoman Barrett, three minutes.

ASSEMBLYWOMAN BARRETT: Thank you, Chairs.

And thank you, Commissioner. Thank you for being here.

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

we'll be able to expand that program.

I have two questions, and I'm going to, you know, just ask them and then let you answer.

One is -- the most important for me is really what are we doing to ensure workforce for our rural communities. I mean, every meeting I have with people, whether it's school districts or businesses or everything, we're talking about mental health as just a crisis-level challenge. But as one of the doctors I spoke to from -- I think it was Westchester said, everybody is asking for a -- particularly, in this case, children, a pediatric psychiatrist, but no one's ever seen one. And, I mean, I think that's really -- you know, that sort of captures what's going on. We don't have pediatric beds at all in the two counties that I represent. There's a shortage of workforce. If you want to bring in experts into the school system or if you want to offer even, you know, therapy, there aren't therapists around.

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

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

OMH COMMISSIONER SULLIVAN: Okay, thanks.

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

We're in the process of expanding that significantly. And --

ASSEMBLYWOMAN BARRETT: Well, we have to do that with expanding broadband, because we don't necessarily have that effectively.

OMH COMMISSIONER SULLIVAN: Yes. Yes. It has to have the broadband and the telehealth, but also telephonic is also something which has been paid for with Medicaid in the budget. That's in there. The telephonic care would be paid for.

Now, they can't -- you have to have an initial assessment, but after that telephone care as well as telehealth like this. So that's one big thing.

The other is we are doing this outreach and recruitment. And one of the issues for individuals who would take a small stipend in order to go into mental health -- and we're working -- that's across the state. That's statewide. So those stipends will be available with colleges and universities as we go up through the state, and those stipends are to work then in the mental

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

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

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

ASSEMBLYWOMAN BARRETT: Thank you.

CHAIRWOMAN WEINSTEIN: Back to the Senate.

CHAIRWOMAN KRUEGER: Thank you.

Senator Tedisco, are you back there with us? You have your camera off, so I'm just double-checking. No?

I'm going to move on to Senator Hinchey.

SENATOR HINCHEY: Thank you, Chair.

And Commissioner, it's great to see you. Thank you.

I echo some of the sentiments of Assemblymember Barrett, especially on the

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

And also Senator Savino touched on one of my questions. As you know, we lost all of our mental health beds in the City of Kingston under the guise of COVID surge. Those beds moved multiple hours away for the people who used those services. And we know that we are not the only community that is facing this.

So my question is twofold. One, what is your plan to make sure those beds come back? Because right now there is no plan. The hospital has removed them entirely, they've shifted them. Under their Certificate of Need, they are supposed to have them. So what is the plan from the state to make those beds come back?

And then additionally, we know that those beds moved because of the low reimbursement rates. And so I know we're having conversations generally about Medicaid reimbursement rates, but have you specifically asked the Governor for -- or us,

for that matter -- for increased reimbursement rates for mental health services?

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

But across the state, yes, with COVID numbers of beds were closed. We are looking to reopen all those beds. And if they are not to be reopened, then exactly what are the communities proposing in terms of providing the services that could make the difference? And we are really pushing to make sure those beds come back online.

You're absolutely right that the

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

And we're also working with the commercial insurers to pay a parity for mental health services, to make sure that they are paying similarly for mental health inpatient -- this is for commercial insurance. So yes, there is an issue with rates, and we are working very hard to make sure that those rates are adequate to make sure that we can reimburse for the services that are so needed.

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

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

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

OMH COMMISSIONER SULLIVAN: Absolutely. No, it's not up to the community, absolutely not. What I meant was that sometimes community-based services can be established that sometimes -- I'm not saying in your instance -- sometimes can have an impact that would allow perhaps a lowering of beds. We always have to consider that when we look at community services versus beds. But no, it's not up to the community to make those services real, that's up to us.

SENATOR HINCHEY: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Burdick.

ASSEMBLYMAN BURDICK: Thank you.

And thank you, Dr. Sullivan.

I have a few questions regarding OMH services in cooperation with DOCCS. And you had provided testimony in September 2020 in a State Senate hearing, and I'd appreciate a brief update on those services, the caseload, suicide prevention, use of telepsychiatry and additional ways to use technology, and, you know, just generally the challenges your office is facing and how you're dealing with them -- and would greatly appreciate a written update, if that might be possible.

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

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

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

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

So basically that director helps. We have also got a peer-to-peer program, which is now in three -- I believe it's three prisons. That's inmates who work with individuals who have made suicide attempts. When they leave the intensive service they're in and go back to general population. And we have been putting that forward. We also do a lot of work with -- it's a model that was in Rhode Island which was very successful with inmates, and it's now in three of our prisons.

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

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

In terms of the general services, we also have our discharge units, which are working very well at helping individuals who have serious mental illness get ready for leaving. About three to five months before they leave, they're in those units to help them get ready to transition back into the general population. And we do extensive discharge planning and case management for those individuals when they leave.

And the --

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

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

of the 8,000 are seriously mentally ill. But 8,000 is the total caseload at this point in time. I believe about 30,000 inmates, but I might not have that number right.

ASSEMBLYMAN BURDICK: Yeah, so that's a fairly high percentage of those incarcerated.

OMH COMMISSIONER SULLIVAN: Yes. Yes. It's about 20 percent, yup.

ASSEMBLYMAN BURDICK: Thank you. And if it's possible to provide a written update, that would be super.

OMH COMMISSIONER SULLIVAN: Yes, definitely we will. Thank you.

ASSEMBLYMAN BURDICK: Thank you very much.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN WEINSTEIN: To the Senate.

CHAIRWOMAN KRUEGER: Thank you.

And Commissioner, whenever any individual member asks you for materials in writing, we -- Helene and I -- ask you to send them to us as well so we can make that available to everybody. So thank you to

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

OMH COMMISSIONER SULLIVAN: Thank you.

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

(Pause.)

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

There you go.

SENATOR SERINO: Can you hear me now?

CHAIRWOMAN KRUEGER: Now I can.

SENATOR SERINO: I'm so sorry about that.

So recently I had a meeting with Astor that has a parents' group that meets once a month, you know, for support and, to tell you the truth, out of frustration. Right? So these parents feel like they're hitting a wall on the mental health front where, yes, they can access certain services through their schools during the day but feel like they really hit a wall after school hours.

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

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

So just wondering, what do you say to these parents about what's in the budget to tangibly like bolster those services and cut through that red tape when people need to access these services?

OMH COMMISSIONER SULLIVAN: Yes, thank you. And yes, I think you're right that basically sometimes it's been way too bureaucratic to get the kinds of services you need.

What we're dealing with now is we're

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

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

ACT teams work with the family in the home and also in the community, wherever it works. So it's much more accessible, and for families in crisis it will be much better able to serve those families.

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

So that's for the high-end services. On the other end, we have been greatly expanding the intensive outpatient services in our clinic system. We have money in the budget to start those up and to expand those across the state. That enables someone, for example, who comes to the stabilization center to then transition to a local clinic system with intensive services at the beginning, where someone can see both the social worker, the psychiatrist, the nurse, the psychologist all in the same day, and that team can then work with that individual and also make home visits if necessary.

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Yeah, we'll be glad to work with you and the local providers to see what's possible.

As I said, we significantly increased the rates for youth beds, and we have had some communities come forward recently to say they're interested in opening some youth beds. So I'd be glad to talk with you, Senator Serino, about that.

SENATOR SERINO: Thank you.

And I don't know if I'm out of time yet, but I'd also like to have a conversation with you about what's in the budget to incentivize New Yorkers to actually enter into a career for mental health.

CHAIRWOMAN KRUEGER: You don't have time to answer that because she is out of time. So keep that on your assignment list.

SENATOR SERINO: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Kelles, three minutes.

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

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

employees?

OMH COMMISSIONER SULLIVAN: It is expected, yes. The providers -- the money is going to the providers, but the providers have to get a plan back to us. And it is expected that a number of those things that are flowing will go to the employees. They're going to have to report to us how they did that. They're also --

ASSEMBLYWOMAN KELLES: It's not required but they -- they will be --

OMH COMMISSIONER SULLIVAN: Well, no, it is -- yes, it's required. It's basically required. Yes, it is.

ASSEMBLYWOMAN KELLES: Okay. Thank you.

And you mentioned -- a lot of people have asked you about the youth mental health services. Of course the national Surgeon General's report that came out -- pretty severe, I think. The estimate, for example, for teenage girls' increase in suicide attempts was an increase of 51 percent. And we had a crisis already going into this.

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

I saw there's $10 million to school systems, but not specifically allocated any funding for an increase in providers, mental health providers in schools. There have been some estimates that it would be about $80 million to have a provider in every school. I'm wondering, you know, what percentage of this is expected to go to mental health service providers to increase that, and what you're seeing as the need.

OMH COMMISSIONER SULLIVAN: A fair amount of that 10 million will go to expand school-based clinics. When you put up a school-based clinic it's actually done with a provider in the community who then puts some of their staff as a satellite clinic, a satellite clinic in the school. And they can then bill for services. So basically you're not -- the reimbursement comes from Medicaid

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

So a good part of that 10 million is going to be the expansion of our clinics. We have, across the state now, in schools a thousand school-based clinics. We need to get more of those out there into the schools. This is start dollars that will enable people to start to build those clinics. That's one piece of the puzzle. And --

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

So one of the things that we've talked about is the need of students outside of the schools and getting them on-boarded. What do you think of creating a state offering of telehealth, at least a couple of appointments that they can get assessed and do crisis management, suicide prevention, to get them on-boarded into systems?

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

encourage our clinics to do more of.

Sure, you can start treatment now by tele. You do not have to have an in-person visit for Medicaid. You still need one in-person visit for Medicare, but not for Medicaid.

ASSEMBLYWOMAN KELLES: And what about being offered by the state?

OMH COMMISSIONER SULLIVAN: Well, we do it through -- you mean being offered -- we do it with reimbursement from the insurers. Partly we do that because that's their job, to be paying for mental health care in that realm. And it's important that they be part of the expenditure for this. And it's billable, it's totally billable.

ASSEMBLYWOMAN KELLES: Thank you.

CHAIRWOMAN KRUEGER: Okay, thank you.

CHAIRWOMAN WEINSTEIN: The Senate.

CHAIRWOMAN KRUEGER: Sorry. Thank you.

Next is Senator Tom O'Mara.

SENATOR O'MARA: Thank you, Chairwoman. Thank you, Commissioner --

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

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

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

OMH COMMISSIONER SULLIVAN: Yeah, we're working very, very closely with Dr. Cunningham in OASAS on a couple of major initiatives. One is our crisis stabilization centers, which are coming up on being dually established, dually developed by both of us, with full capacity to treat both substance use and mental health and all the crossovers.

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

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

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

So there's a lot of collaboration going on between the agencies at the level of actually providing care, and we're going to continue to work to grow that. Even if we're separate agencies.

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

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

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

So now we have this revolving door, you know, to -- the citizens of my communities, it makes no difference to them whether they're victimized by a bad guy or a mentally ill person. You know, we need to have better services to stop these individuals from just being a revolving door in our criminal justice system and risking the safety of our communities.

What's being done about that?

OMH COMMISSIONER SULLIVAN: I think one -- there's two things. One I think is working with individuals who are brought into the criminal justice system. It's that diversion point.

And there's a number of programs that

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

Bail reform has meant, yes, that less people are being actually in the jail. So at the point where they are seen by the judge, there needs to be people there to work with individuals, that can easily connect with that individual, to work with them to enable them to get into the services that they need.

So it's a little bit different. And we have been setting these up in various communities across the state, and we'll have to continue to grow that. It's very important to capture people when you can get to them.

SENATOR O'MARA: Yeah, exactly. I agree wholeheartedly with that. And unfortunately, that is what our jails were

doing for a long period of time.

I'm not so sure that just a judge telling somebody, you know, you're not setting bail but you've got to go to this outpatient clinic or treatment, is going to be the answer. Because a lot of these individuals just aren't going to show up. And they're going to end up right back in front of another judge on a different charge.

So, you know, we're really lacking in inpatient options for judges, or just the community in general, because the beds have been cut back so much, particularly in our rural areas, when it takes an hour and a half or two hours to get to a treatment facility.

So we really need to ramp up our efforts on inpatient options for everybody. I'm not just talking about those that commit crimes, but for everybody with significant mental illnesses that need that because they're not compliant with their medications or their treatment protocols.

But thank you very much.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Back to you, Assembly.

CHAIRWOMAN WEINSTEIN: We've been joined by our chair of the Disabilities Committee, Assemblyman Abinanti.

But we go first to Assemblywoman Miller for three minutes.

ASSEMBLYWOMAN MILLER: Thank you.

Good morning, Commissioner. Nice to see you again.

I have two questions. I'll try and be quick so that maybe you can answer. But if not, you know, please send in writing if there's anything that you don't get to answer.

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

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

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

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

OMH COMMISSIONER SULLIVAN: Well, first of all, on the frontline workers, we do have available New York Project Hope. And New York Project Hope will provide -- all you have to do is call, it's immediately available -- will provide up to five crisis counseling sessions with someone to deal with the impact of the pandemic, trauma, loss, et cetera. And then --

ASSEMBLYWOMAN MILLER: Are they through telehealth or in-person?

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

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

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

On your other question, it just slipped my mind.

ASSEMBLYWOMAN MILLER: Has SED or the Governor's office reached out to you for data?

OMH COMMISSIONER SULLIVAN: We have a number of meetings that we talk about these things. The data is still not entirely clear what's out there about the impact, for

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

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

OMH COMMISSIONER SULLIVAN: Well, you want academics to go in and look at what -- get information from kids, but then also track their performance and link it to what the youth are saying and what the families are seeing. So you'd like to see, for example --

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

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

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

CHAIRWOMAN WEINSTEIN: Thank you.

ASSEMBLYWOMAN MILLER: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Hi. I think I'm up next for the Senate, Commissioner Sullivan.

And obviously many people have raised Kendra's Law, and I think there is real debate about whether Kendra's Law needs to be fixed or it's just not being used correctly. But I want to highlight that we can have that debate, but unless we actually have beds for people to go to when they are diagnosed as needing to be in a psychiatric institution, it doesn't matter.

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

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

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

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

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

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

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

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

CHAIRWOMAN KRUEGER: So I was told, because I was chatting with them the other day, that the psychiatric state hospital beds, at least in New York City, the space is there but they don't have the staff to reopen. Is the state committing to helping reopen those beds?

OMH COMMISSIONER SULLIVAN: We're -- we -- yes. The complement that we've had, we will continue to have.

In fairness to the other hospitals, too, it's a staffing issue. Across many of

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

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

CHAIRWOMAN KRUEGER: Okay. So I don't know that anybody has brought this up yet today, but according to the State Department of Health, there are 92,000 individuals in New York State who are evaluated and eligible for the program called HARPs, which is intensive Medicaid managed care for people with serious and persistent mental illness, but only 2.3 percent of this population is enrolled in HARPs.

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

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

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

Getting people enrolled in HARP has not been as much an issue as making sure they get the services that they needed once they were enrolled in the HARP. That includes things like health homes, making sure that for the very high end individuals who need a lot of support, that they get the kind of intensive services that they need. And when we talk about wrapping very intensive community services around the very seriously ill individuals in the HARP, the managed care companies have not always been great partners

with us in making sure that that happens.

So there is an issue with getting the appropriate -- making sure that especially the high-need end of individuals in the HARPs get what they need. I don't know that the enrollment per se is the problem, it's getting the services for the individuals in the HARP.

CHAIRWOMAN KRUEGER: And which state agency is responsible for contracting with that kind of specialized managed care program and getting the match made?

OMH COMMISSIONER SULLIVAN: Well, we work closely -- technically, DOH is -- the Department of Health is overall responsible, but we work extremely closely with them. And this is one of the reasons that DOH is looking for a reprocurement of managed care. I mean, it's one of the issues in terms of their looking for reprocurement, is to be able to better serve certain populations, and one of those is the seriously mentally ill.

I think that the managed-care plans have done not so badly with certain

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

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

OMH COMMISSIONER SULLIVAN: I think there are pockets of a little bit better, but we issued 150 citations to managed-care companies based on parity and difficulties with paying claims, et cetera. So, you know, it's pretty much across the board, although some probably do a bit better. We had to carve out companies that were particularly problematic, and some of the managed-care companies have let those carve-out companies go.

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

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

CHAIRWOMAN KRUEGER: So the Governor recently announced, with you and with several of my colleagues, the proposal to expand a model and open 12 sites, I believe within the next five years, that are, I guess, 24-hour respite sites for people with mental illness.

And I read the press release and I thought, Well, that's not going to work, with all due respect. Twenty-four hours is what you can get someone now in an ER, but they never get help in the 24-hour period. And then some of my colleagues said, No, no, no, this is a very good model, Dutchess County has a terrific model for this. But then I went looking and I learned it's not for the

homeless, it's a different population.

So what are we doing for the homeless mentally ill? Because that's, I think, what at least in the City of New York people are really in a panic about at this time, that there is a small percentage of mentally ill people who act out, particularly if they're homeless with no services, no anything, and they act out violently and they become the newspaper headline pretty much every third day in the New York City newspapers at this time.

OMH COMMISSIONER SULLIVAN: In the budget are the Safe Options Support teams. And I think you'll probably say to me, Well, you've always had outreach teams. The difference with these teams is that they're not just doing outreach, they will work with that client. Once they begin to work with them in the subway, they will stay with them. If they move into an emergency room, they will stay with them. If they get hospitalized, they will stay with them. If they move into housing. They become the kind

of glue that works with them and engages them.

The biggest problem is real engagement of these individuals. And when you hand them off from one group to the other, that engagement isn't so successful.

So the Safe Options Support teams are teams of 12 individuals who are going to be present in -- and there are going to be 20 of them across the state. There will be 12 of them in New York City. And they will be there to work with, as you said, this small group of very, very vulnerable individuals in intense need. And they will stay with them and they will help transition them from one phase of the treatment to the other.

This model has worked. It's worked with discharges that we've had from hospitals. It's just never been pushed up to this level of scale. By doing this, I think we can really reach those individuals and get them into the services that they need. It will take time. It won't happen overnight, but it will happen. And I think it's that

continuity that's so important.

CHAIRWOMAN KRUEGER: I certainly hope you're right, Commissioner.

I also want to go on record -- you know, if you watch this hearing you might think we all think people with mental illnesses are all violent, and I want to reemphasize we know that the vast, vast majority of people who are suffering from different kinds of mental illness are not violent, are not criminals, and actually are disproportionately the victims of crime.

But I do think that our communities are becoming very, very aware and fearful of that small percentage of people, disproportionately who have no services or options being made available to them who are acting out violently. And we need to figure out the best way to keep them safe and our communities safe.

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

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

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

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

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

Is your office actually doing a study on the impact of mask-wearing mandates on our young kids in our schools and our childcare centers? And if so, what are you asking, when do you expect it back, and what are you going to do with it?

Because again, we're two years into it. So the data we're hearing is from our constituents, our parents, our teachers, of the negative impact this is having on our children. It's documented they're taking steps backward with their mental health, they're taking steps backward with their speech and other sensory development issues. This is an important issue, that's why I wanted to bring it up again, and I think this is something that the public really wants to hear, especially our parents, the impact it's having on kids.

OMH COMMISSIONER SULLIVAN: I understand. But no, we are not, the Office of Mental Health itself is not doing any studies. There are some that are being done

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

ASSEMBLYMAN PALMESANO: But Commissioner, I mean, your job as commissioner of the Office of Mental Health, you've certainly heard over the past two years, because we're two years into this, and what kind of data are you possibly collecting? I mean, are you talking to -- we see and hear every day from parents, teachers and community members who are impacted that kids are so devastatingly impacted by these mask-wearing mandates. Again, kids with speech issues that need that interaction, other sensory issues, that facial connection, interaction eye to eye, face -- being able to see their lips, being able to see their facial expression is not being done, and they're taking steps backwards. And again, it just seems like long-term mental health aspects are being given a back seat to the mask mandates.

And so what input are you saying to

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

OMH COMMISSIONER SULLIVAN: There are many impacts from this pandemic on youth and on families, and it's teasing out what is what. You know, just the degree to which there were those periods of isolation. There's the issue of masks. There's the issue of loss of loved ones, probably the most devastating effect on our youth. The issue of loss of jobs, employment. There's all kinds of impacts that affect kids and families as a result of this pandemic.

And so I think lots of things have to be looked at to understand the impact it's having on our children and families across the state. And I appreciate what you're saying, but I think to really understand, when you say what is the impact of one thing or another, you have to really be very

careful about assuming those impacts.

Yes, I agree that for many people the focus is on masks. But there are many issues, many, many issues that are affecting our families and youth today.

ASSEMBLYMAN PALMESANO: Yeah, the learning and development of our kids is a priority.

CHAIRWOMAN KRUEGER: Thank you.

ASSEMBLYMAN PALMESANO: Thank you.

CHAIRWOMAN KRUEGER: Thank you very much, Assemblymember.

Next up is Assemblymember Griffin.

ASSEMBLYWOMAN GRIFFIN: Okay, thank you, Chairs.

And thank you, Dr. Johnson {sic} for being with us this morning and afternoon.

I want to echo many of the comments that were already spoken today about Kendra's Law, mental health rehabilitation for those involved in crimes -- or not -- increasing the availability of patient services, mental health for children, the Dwyer Program, increasing mental health for our first

responders, and expansion and parity with telehealth.

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

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

And I just wondered, what age does that start?

OMH COMMISSIONER SULLIVAN: That's a mental health professional that's in the pediatrician's office, so it goes from zero up. So that mental health professional will work with doing screenings, talk with families, look at the health of kids.

So it really starts very, very early. So it's pre-mental health issues, and it's primary prevention. It's a very exciting

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

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

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

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

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

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

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

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

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

The other pilot program I was really happy to see was the New York Project Hope, where it's providing training to a community workforce of lay people. Now, from reading it I got the impression that people who have gone through recovery and are rehabilitated can be trained. Is that true, or did I just make that connection and it isn't true?

OMH COMMISSIONER SULLIVAN: Well, that's a part of it. Certainly people who have lived experience can be part of that. It could also be other lay individuals in the community.

The effort here is to get people who know the community and do that kind of grassroots connection with people who

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

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

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

OMH COMMISSIONER SULLIVAN: Absolutely.

ASSEMBLYWOMAN GRIFFIN: Thank you so much.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And I believe I had Assemblymember Brown on the list. Is he still with us to ask questions? He was here, and then his hand went away. So I'm making the leap that he changed his mind for now.

And has Senator Tedisco returned? I don't think so.

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

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

And with that, I will excuse you to go on with your busy day, and I will invite the New York State Office for People With Developmental Disabilities Acting Commissioner Kerri Neifeld to join us.

OMH COMMISSIONER SULLIVAN: Thank you. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Are you with us, Acting Commissioner?

ACTING COMMISSIONER NEIFELD: I'm here. Can you hear me?

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

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

So start the clock at 10 minutes.

ACTING COMMISSIONER NEIFELD: Great. Thank you. Well, good afternoon, Chairs Krueger and Weinstein, when she returns, Disability Committee Chairs Mannion and Abinanti, and other distinguished members of the Legislature.

I am Kerri Neifeld, acting commissioner of the New York State Office for People With Developmental Disabilities. Thank you for this opportunity to provide testimony about Governor Hochul's fiscal year 2023 Executive Budget and how it will benefit New Yorkers served by OPWDD.

I would like to start by saying that

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

At OPWDD, we applaud this budget as a welcome and refreshing demonstration of our state's commitment to the over 100,000 people with developmental disabilities that our agency supports. The Executive Budget is an acknowledgement of how vital people with developmental disabilities are to our communities and to our state.

Last fall, when the Governor first spoke with me about becoming commissioner of OPWDD, she told me that she wanted to see our state once again lead the nation in supports for people with developmental disabilities. If actions do indeed speak louder than words, then the Governor has delivered with a budget

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

The funding for our service system is targeted at critical system improvements that will make a difference, ones that will allow OPWDD to build on what works and push further towards the goals our stakeholders envision for our future -- more people prepared for and supported to work; more people living with greater independence, supported by the right level of community-based services; more people better supported when crisis strikes; and more people able to receive the supports and services they need when they need them, provided by a well-respected and better-paid workforce. The 2023 Executive Budget contains this support and more.

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

professionals to deliver the care and services New Yorkers need. As the COVID-19 pandemic has continued to impact every sector, the workforce shortage in the developmental disabilities service system has become a crisis, requiring difficult measures to ensure the people we support are safe. This has impacted our ability to provide quality services in every part of the state. It has confounded our nonprofit partners as well as our state-operated programs. People's lives have been and continue to be impacted.

The Governor's budget boldly acknowledges the severity of this crisis and the urgent need to act and turn the tide. It commits over $780 million to support several actions that will improve the ability of the state and nonprofit sectors to recruit and retain essential direct care and clinical workers. These actions include a 5.4 percent cost-of-living adjustment to increase reimbursement levels of nonprofit providers, recruitment and retention bonuses of up to

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

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

But beyond these critical investments in our workforce, the proposed budget provides long-overdue funding to increase the housing subsidy used by people who want to live with greater independence in their own homes and apartments, as well as funding to restore room and board reimbursement levels to residential providers, and $15 million in new capital funding to expand the availability of affordable housing opportunities.

The proposed budget also supports OPWDD to improve how we assess the needs of children with developmental disabilities, allowing us to recognize and understand their unique need for services. And the budget

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

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

I look forward to working with all of you as we make these critical system improvements a reality. And I'm happy to answer any questions you may have today.

CHAIRWOMAN KRUEGER: Thank you very much.

And our first questioner will be chair of the committee, Senator John Mannion.

SENATOR MANNION: Thank you, Senator Krueger.

Thank you, Commissioner. Sorry for

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

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

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

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

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

ACTING COMMISSIONER NEIFELD: Sure. That's a great question, thank you.

And obviously we're very supportive as well of our direct support workforce and agree with the need to continue to enhance their salaries and recognize the really valuable work that they do in support of people with developmental disabilities.

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

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

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

We know obviously we need to recognize -- with the exception of the 1 percent COLA last year, which I know you were a champion of, this is the first COLA in a long time. So flexibility will be necessary for our providers to stabilize. But we do expect to see a lot of those dollars.

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

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

But I think between ARPA, between the 5.4 percent COLA, and between the Governor's proposed bonus, we're seeing a significant amount of funds going into the pockets of DSPs, you know, for previous fiscal years, for this fiscal year, and even for the next fiscal year. So I do see this as really stabilizing for, you know, previous years and for, you know, at least this year and next year.

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

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

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

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

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

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

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

And, you know, we've discussed before, right, the decisions to make temporary suspensions to services are not ones that we make easily or take very lightly. Right? Those decisions are made when we are put in a position to have to make changes in order to, you know, manage health and safety and make sure that we have adequate staffing resources to serve the people that are living in the certified groups homes.

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

homes back online as soon as staffing allows.

You're muted, Senator.

SENATOR MANNION: Not ideal. Thank you very much, Commissioner.

Has OPWDD failed to renew any of the leases for these homes that are temporarily closed?

ACTING COMMISSIONER NEIFELD: I'll need to double-check because I certainly don't want to misspeak, but my understanding is that when the homes are temporarily suspended and when we make the decisions to temporarily suspend those services, we maintain the buildings, we maintain the leases, as necessary, so that, you know, those are not -- you know, those issues don't stand in the way of us bringing those services back online.

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

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

SENATOR MANNION: Thank you. I appreciate that.

The budget includes $30 million in funding and $60 million fully annualized for new supports and services. This is the same allocation as in previous years. So I am asking, how is OPWDD working with families, State Ed and other agencies to identify new and additional individuals who qualify for services and assure there's appropriate infrastructure in place to meet their needs, if we are maintaining that same funding as in the previous three years?

ACTING COMMISSIONER NEIFELD: That's a great question. And as you know, we do work very closely with school districts, with State Education, with our care coordinating agencies to make sure that individuals who need access to services in the OPWDD system when they age out of the educational system have that access.

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

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

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

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

ACTING COMMISSIONER NEIFELD: Sure. Great questions.

You know, we are very eager to see residential opportunities come to fruition for the individuals who are waiting for those opportunities. Staffing challenges have been pervasive, as you know, and have really resulted in our providers and in state operations, you know, having a difficult time bringing in new individuals to residential opportunities.

So at this time we actually have a significant number of vacant beds across the state, in state operations and in our voluntary providers. So as we start to see some of the investments in the Governor's proposed budget assist with the workforce crisis, we expect to be able to staff additional beds and to make residential opportunities available to those people who are waiting.

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

team, and we work with the families to make sure that individuals have what they need. But it has been very challenging over the last couple of years.

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

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

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

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

Next up is Chair Tom Abinanti from the Assembly.

ASSEMBLYMAN ABINANTI: Thank you, Senator.

Nice to see you, Commissioner. I know we've had some conversations, and I very much appreciate your open door -- or your open Zoom, whichever way you want to look at it.

Let me start by saying that, you know, people with disabilities only want what everybody else wants, to be able to live a good-quality life. And OPWDD was set up to support people with disabilities in that endeavor. There's been a big disappointment over the years because OPWDD, rather than being an advocate, has become an apologist. And I'm hopeful that we're going to see you as an advocate publicly for people with disabilities to the Governor and to the rest of the world.

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

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

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

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

ACTING COMMISSIONER NEIFELD: Well, I would have to get back to you. I don't -- I certainly don't have it off the top of my head.

And I think, as you know, right, every provider, based on sort of where they are located, what their rate is, et cetera, you know, have sort of a different starting salary for their staff. And then as you talked about, right, there are levels of compression, there are clinical titles. And

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

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

At the same time, I'd also like to ask you to include the cost to the providers. Like I've heard from them that they're saying the health insurance costs for their employees have gone up 40 percent. And they have other insurance costs and other things like that that have gone up. So when you do that study, if you could please include those types of costs so we have somewhere to start.

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

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

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

As you know, right, at the end of the summer, new Governor, new deputy secretary, new commissioner. So wanted to make sure that, you know, I had the opportunity to hit the ground running, talking to folks, understanding people's input, and make sure that I was taking a fresh look at the 507 before we finalize the draft.

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

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

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

I know there are some processes already. They don't seem to really be having the input that they should. I know you're putting out an RFP to look at the whole system, et cetera. I would really like to see us use that money, instead of for an RFP, for housing and other services and that we instead do it in-house and hear from the stakeholders.

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

could use to review and revise the way OPWDD functions.

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

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

Is there any effort to look at that and to try to get that money out the door to them?

ACTING COMMISSIONER NEIFELD: Sure. I think there's a lot of effort going on. And certainly, you know, staffing is definitely a significant challenge. And individuals, you know, needing residential opportunities, like

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

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

The other thing that we're doing that you and I have talked about is we are revising the way that we make rates for our providers. Currently our rates are based on, you know, two-year-old cost information, and it's not based on the needs of the individual that will be served in that bed. So we are instead working with the Department of Health and the state's actuary to come up with a new rate-making methodology that recognizes acuity and will help pay a provider based on the needs of the individual and will help make sure that the resources that the individual needs to live in a residence are met. So --

ASSEMBLYMAN ABINANTI: On that point, if I can. If I can -- if I can.

ACTING COMMISSIONER NEIFELD: Sure.

ASSEMBLYMAN ABINANTI: I have heard from some agencies that they are willing to take some of the most severe cases if OPWDD would work with them to develop the programs. I know OPWDD is trying very hard to bring people back from out of state, but thus far we do not have the capability of dealing with those people, because that's why they're out of state.

Can we get a commitment that you will sit down with the agencies and develop a plan to replace the services that are out of state with equivalent services? Rather than just burdening the agencies and say, You've got to take these people, figure out a way to do it. I think some agencies are willing to work and to put in the monies necessary and the effort necessary, but they need a specific commitment from OPWDD that OPWDD will work with them to develop these programs.

ACTING COMMISSIONER NEIFELD: If there

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

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

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

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

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

So again, I'd like to ask for a commitment that you will designate somebody to deal with representatives from, you know, the self-direction field all over the state. They all have problems, and many of them are -- you know, some of them are different than others.

ACTING COMMISSIONER NEIFELD: Yeah, absolutely. We are finalizing right now -- I know that you thought that maybe some of the funds could be better used than RFPs. But, you know, we feel very strongly that, you

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

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

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

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

ACTING COMMISSIONER NEIFELD: Well, certainly the Governor's proposed budget does include the increase to the housing subsidy, if that's what you're referring to, and that would go into effect --

ASSEMBLYMAN ABINANTI: Yeah, but that's just needed for the day-to-day. We needed an increase in housing subsidy anyway. Now what we're seeing all of a sudden is zero inflation has gone to 7 percent overnight. And so that is -- that's another crunch in addition to the additional money.

So I would ask you to take a look at that and see if we can get some emergency

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

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

CHAIRWOMAN KRUEGER: Thank you very much.

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

ASSEMBLYMAN ABINANTI: Thank you, Senator.

CHAIRWOMAN KRUEGER: -- we did not diss you as chair, we just started off a little wrong.

ASSEMBLYMAN ABINANTI: Thank you.

CHAIRWOMAN KRUEGER: You're welcome.

So Senator Hinchey asked me to skip her for the moment, so I'm going to move to the ranker for the Assembly, Assemblymember Miller.

ASSEMBLYWOMAN MILLER: Hi. Hello, Commissioner. How are you?

ACTING COMMISSIONER NEIFELD: Good, thanks.

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

You know, it's funny, when I listen to Chair Abinanti talk and he says OPWDD is supposed to be the advocate, we look to you to be the advocate, and recently has just been more of an apologist -- when we have a family or individual in need, they're suffering tremendously. And when they hear things like, I'm so sorry, I'm so sorry, I'm so sorry, again and again, it isn't doing anything to fill that need or help them. Those of us that live this life -- I think you can somewhat say that both Tom and I have a different perspective because we intimately know this need because we live it with our own children. And I hope that that is heard and respected when we're asking these questions. You know, yes, I'm asking for the hundreds of people that I hear from, but I'm

also living this day to day as well.

That being said, I applaud the Governor's attention and the budget allocations for this year, after years of just being cut and underfunded. But I have to really question the sustainability of this. It's been brought up before that, you know, these bonuses, they're temporary. Is there anything at the end of March 2023 that promises sustainability, future budget commitments -- a five-year commitment, like Pataki did? You know, this just feels like a big fat Band-Aid. And we need sustainability. We need to know that once these bonuses wear off, it's not going to drop off again and people will be quitting left and right and we'll be in a worse position than we are now.

And I have just a few technical questions.

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

ACTING COMMISSIONER NEIFELD: That has taken effect.

ASSEMBLYWOMAN MILLER: It has, very good. Okay.

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

ACTING COMMISSIONER NEIFELD: Well, certainly, you know, the investments that we've discussed here -- the COLA, the 30 million that's in the budget, you know, to help providers meet the minimum wage requirements, the multiple bonuses through ARPA and through the Governor's proposed budget -- all of that goes directly to the DSPs in the nonprofit sector. The Governor's up to $3,000 bonus, that goes to state-operated staff as well. But the ARPA funds went only to our voluntary providers.

So we are -- you know, we do see those investments as ways to help bridge that gap. And then additionally, as we continue to evaluate our state-operated system, you know,

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

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

ACTING COMMISSIONER NEIFELD: Yes. The officer will report directly to the chamber and will be a member of the Governor's executive team. However, our budget, the OPWDD budget, was given additional dollars, I believe it's $330,000 additional dollars that we can administratively support that office in hiring staff. So we should see that individual have a team that works in the Executive Chamber. And we're very excited about the creation of that Chief Disability

Officer.

ASSEMBLYWOMAN MILLER: Okay, that's good.

Also, as far as intensive behavioral services, when will the 30 percent increase in intensive behavioral services rates occur?

ACTING COMMISSIONER NEIFELD: That's a great question. And honestly, I don't have the answer. So we'll have to follow up. We'll follow up following the hearing with the timeline for that.

ASSEMBLYWOMAN MILLER: Okay, great.

And in my last 20 seconds or so, I just want to say, regarding the CCOs around the state, I still hear from so many families that are just not getting what they should be from their CCO. You know, I was a bit of a squeaky wheel at last year's budget, so my experience has improved, but it hasn't for so many others. And they don't have the ability to, you know, bring attention to it the way I did.

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

working for you?

ACTING COMMISSIONER NEIFELD: Yes. Okay for me to answer the question, I think?

We are -- we're working on a CCO evaluation right now as we speak. And one of the large components of creating that evaluation is seeking feedback from the families who utilize the CCO services. We certainly also hear some of the challenges with care management. We hear a lot of the successes as well. And we want those successes to be, you know, ones that everybody who has CCO services feels.

So we are conducting a thorough evaluation with the family and self-advocates input into what does need to be evaluated. And we're looking forward to conducting that evaluation and making improvements in the system, the way that we administer the program and the way that CCOs, you know, provide the service.

CHAIRWOMAN KRUEGER: Thank you.

ASSEMBLYWOMAN MILLER: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

We've been joined by Assemblywoman Walsh.

And now to the Senate.

CHAIRWOMAN KRUEGER: Thank you. I think Senator Hinchey is still at a committee meeting, waiting to come back. So let's continue with the Assembly for now.

CHAIRWOMAN WEINSTEIN: So we go to Assemblyman Burdick for three minutes.

(Pause.)

CHAIRWOMAN WEINSTEIN: Chris, I see you. Are you -- Chris, can you hear us? Can you unmute yourself if you wanted to speak?

ASSEMBLYMAN BURDICK: Yes, thank you.

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

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

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

We talked about legislation which Senator Mannion is carrying on the Senate side and I'm carrying in the Assembly, and was wondering about the possibility of including in the 30-day amendment the proposal for a 250,000 pilot workforce training program, partnering with NYSED. And you had suggested that I speak to the Governor's office, which I did. And we also had a bill that was dealing with changing the -- updating "preferred source" in the finance law. And I'm wondering if you can update me on that.

ACTING COMMISSIONER NEIFELD: Well, I

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

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

ASSEMBLYMAN BURDICK: If you could. because I know that the deadline for the 30-day amendment is I think the 17th. So we're kind of coming right up on it.

And if you might be able to let me know about that, that would be terrific. And, as well, the feedback on the preferred source bill with Senator Mannion.

Thank you so much.

ACTING COMMISSIONER NEIFELD: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

Back to the Senate.

(Pause.)

CHAIRWOMAN KRUEGER: Sorry, I was muted by accident.

I don't think Senator Hinchey's back, so let's continue with the Assembly.

SENATOR HINCHEY: I'm here.

CHAIRWOMAN KRUEGER: Oh, there you are, Michelle, I'm sorry. My camera went off, so I'm operating blind.

Senator Michelle Hinchey.

SENATOR HINCHEY: No worries. Thank you so much, and apologies for double duty here. But thank you so much, Chair.

And Commissioner, it's great to see you. Thanks for being here.

I have one question, and it stems from a constituent case that we're dealing with. I have a constituent who, when she was 16, she suffered a traumatic brain injury. She's now in her twenties, and the level of care that she was receiving or the ability for care that she was receiving when she was a

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

Obviously we feel that that's unacceptable. People should not have to leave their home, they shouldn't have to leave their community to seek care because in upstate areas we have a lack of it. And so I actually have a bill that would require OPWDD and DOH to conduct a study that would examine the accessibility, affordability and delivery of services to individuals with TBIs across the state.

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

ACTING COMMISSIONER NEIFELD: Sure.

Well, with regard to the individual

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

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

We are -- when we are aware that there is a lack of a certain service, we do try to work with our providers to make additional services available. And so I'm happy, you know, to continue to do that and certainly to look into the issues that you're talking about. But it is very important that individuals don't have to leave their

community in order to access services. Right? I mean, People should be able to be in their homes, where they want to live, and be served in the ways that they need to be served. So.

SENATOR HINCHEY: Great, thank you. Yes, I look forward to hopefully working with you on that.

I mean, I can attest our office talked to your agency numerous times. They had a lawyer, they've talked to everybody. These services were just not here, and there was no ability to bring them. There was also lots of red tape that people went through that we found just, quite frankly, ridiculous for her to have to go through and then having to fully leave our area.

So look forward to working with you to make sure that we have better equity across the state.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

Assemblyman Palmesano.

ASSEMBLYMAN PALMESANO: Thank you,

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

Which brings me to a concerning issue that happened around Thanksgiving of this year, particularly in the Finger Lakes area, where a number of group homes were shut down with no notification to family members, no notification to individuals. Where some people were home with their family members over Thanksgiving, and they were not notified, their belongings were moved out without them knowing.

Then in instances where people were moved out of the home in Dansville two weeks prior, and then a group of individuals were moved from one home to the group home in Dansville two weeks later, which really made no sense.

Part of the discussions we heard -- we heard about 11 homes, I think, were issued as

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

So my question is this. And some of this, I guess, was being planned ahead of time, but then it was expedited, we were told that, over the holidays. But again, number one, why wasn't there any notification provided to these families, and why was it done so quickly? Is this -- what's the status going on with these house closures? Are they reopened? Is this going on anywhere else across the state? And what are we seeing as far as the staffing shortages that were used as the reason for this? Because this just seems like the way it was handled, it was not handled properly, and poorly, and really not treating those individuals and their families with respect and dignity.

ACTING COMMISSIONER NEIFELD: Sure. It's a great question. And certainly we do everything that we can to make sure that the

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

The situation that happened over the course of the Thanksgiving weekend in the Finger Lakes is not isolated to the Finger Lakes. You know, as we were approaching the holiday weekend, holidays traditionally are more difficult for staffing. That, compounded by the staffing crisis that we're experiencing, which is a result of the pandemic and other sort of -- you know, other factors we've talked about here at this hearing, you know, it became clear to us that we were no longer going to be able to meet the health and safety needs of the individuals living in that home.

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

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

ACTING COMMISSIONER NEIFELD: I'll have to look at the exact homes in the Finger Lakes to understand. My -- I believe that they are still temporarily suspended as a result of the staffing challenges. Our staffing situation has not improved drastically since Thanksgiving, although it is improving, you know, little by little every month.

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

CHAIRWOMAN KRUEGER: Thank you.

ASSEMBLYMAN PALMESANO: Thank you.

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

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

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

ASSEMBLYWOMAN KELLES: Thank you so much.

I am new to the committee that I'm on, so I'm still picking up speed. So I don't have many questions. But one that's been brought up to me -- well, one, I want to say thank you, I did see that there was an increase in Independent Living Centers funding, I think by 1.6 million. It hasn't

been increased in a long time.

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

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

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

ACTING COMMISSIONER NEIFELD: Sure. It's a great question, and the CANS is a really important tool. And it's actually -- we are working on it now. It is in sort of an implementation phase. We are rolling it

out.

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

Currently the assessment tools that we use in the OPWDD system are not designed and targeted specifically for children, which obviously children have very different needs than adults. And we have to -- in order to understand their needs, right, we need to use certain methodologies aimed at understanding their needs. The CANS looks specifically at behavior and some of those challenges as well, which is also very different than our current tool. And while we are rolling it out, continuing to evaluate, you know, the rollout, continuing to make sure that it is smooth and that families, you know, are engaged appropriately.

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

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

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

ASSEMBLYWOMAN KELLES: Yeah, that would be really helpful. And if there could be a formal process for -- that we as legislators could direct our families to, to give feedback on the tool. I understand that there's no plan right now to change it. But given that it wasn't designed explicitly for children, you know, there is that concern.

So that would be wonderful to see that, maybe on the website.

ACTING COMMISSIONER NEIFELD: Sure. And just to clarify, it is specifically designed for children. But we'll be happy to --

(Overtalk.)

ASSEMBLYWOMAN KELLES: Yeah. But an iterative process of honing it in to be effective here. Thank you, yes. Absolutely. Thank you for the clarification.

CHAIRWOMAN WEINSTEIN: Assemblywoman Griffin, then Assemblyman Ra.

ASSEMBLYWOMAN GRIFFIN: Okay. Thank you, Chair.

And thank you to Ms. Neifeld for being with us today.

I just wanted to echo the comments regarding the bonus as opposed to increasing the salary across the board.

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

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

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

And I wondered, can you provide -- you might not be able to provide it here, but could you send any information which could provide this group with how they can -- like, what steps they need to take to really help the people in their organization find employment?

ACTING COMMISSIONER NEIFELD: Sure, we'd be happy to. We can connect offline and we can learn about that organization. We can

connect directly with them as well.

And then also I think it's just worth highlighting that in the Governor's State of the State and in her Executive Budget proposal, she has two really great proposals around increasing employment opportunities for people with developmental disabilities. Part of it will be on us at OPWDD to improve and make changes to, you know, our certification process so that more providers can provide employment services. And then in the Executive Budget there's also a $2 million grant program which will grow to $10 million in the outyears that will be available to providers so they can help individuals develop the skills necessary to enter the workforce.

So we're really excited about that.

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

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

ASSEMBLYMAN RA: Thank you.

Good afternoon, Commissioner.

I just wanted to go back a little bit to two questions. One was with regard to the ARPA funding. I was wondering if you could provide any further detail as to the retention efforts that are being aided through that funding.

ACTING COMMISSIONER NEIFELD: Sure. So through the ARPA funding, we have two -- basically two different buckets of funding.

One is going directly to our direct support professionals. That's $1.5 billion. That is going out in the form of a "Heroes" bonus, so that's an up to $1,000 bonus, you know, for individuals based on the number of hours they worked and the time -- you know, the duration of their employment throughout the pandemic.

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

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

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

ASSEMBLYMAN RA: Thank you.

And I know this was somewhat asked, but, you know, like many of my colleagues we love the ideas of these investments being made -- bonuses, all this stuff is great. You know, increasing salaries this year is great. But what commitment do we have from the administration that in the outyears we're going to be able to continue to build on that commitment and continue to increase salaries and actually get this workforce where they need to be to enable long-term retention?

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

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

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

ASSEMBLYMAN RA: Thank you. And we look forward to working with you. I think we all know that the prior administration had frankly, I'll say it, a disgraceful legacy with regard to these issues. So I'm glad to see Governor Hochul making this a priority in this budget. But I think we all recognize the longer-term needs. So thank you.

Chairs, I will yield back my two minutes.

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

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

ACTING COMMISSIONER NEIFELD: Sure. It's a great question. And honestly, we collaborate everywhere, and we're really proud of those collaborations.

We do a lot of collaboration with the Department of Labor. Commissioner Reardon and her team are incredibly supportive of both our direct support professionals and individuals with developmental disabilities gaining employment.

We have great partnerships with BOCES across the state, great partnerships with SUNY and CUNY. We're doing a lot for our direct support professionals within the SUNY and CUNY systems, including access to their

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

And we work with a lot of other state agencies on lots of other issues -- really, anywhere that there is an opportunity for collaboration -- with Civil Service, with OMH. We are all about that collaboration and that sort of cross-system understanding and approach to serving individuals, looking to break down those silos.

ASSEMBLYMAN BROWN: Great. Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

So we go back to the Senate. I think we're done with the Assembly.

CHAIRWOMAN KRUEGER: Thank you. I think we are complete with questions for you, Acting Commissioner. I don't see any other

hands being waved at me madly.

So I'm going to thank you very much for your participation with us today, thank you for your work on behalf of the state, tell you to get back to work, and call up the commissioner of the New York State Office of Addiction Services and Supports, Dr. Chinazo Cunningham.

Are you with us, Dr. Cunningham?

OASAS COMMISSIONER CUNNINGHAM: I am.

CHAIRWOMAN KRUEGER: Oh, hello. Good. Welcome.

OASAS COMMISSIONER CUNNINGHAM: Thank you.

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

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

With that, start your 10 minutes.

OASAS COMMISSIONER CUNNINGHAM: Great, thank you.

Good afternoon, Senator Krueger, Assemblymember Weinstein, Senator Harckham, and Assemblymember Steck. My name is Dr. Chinazo Cunningham, and I am the commissioner of the New York State Office of Addiction Services and Supports, or OASAS. Thank you for the opportunity to present Governor Hochul's fiscal year 2022-2023 Executive Budget as it pertains to OASAS.

As you are aware, the COVID-19 pandemic and the overdose epidemic have brought unprecedented challenges to our system of care and its workforce. As a primary care physician working in a Bronx hospital at the height of the pandemic, I personally experienced the impact firsthand while on the front lines. So first and foremost, I would like to acknowledge the individuals in our field for their tremendous courage and dedication to ensuring that OASAS services have remained accessible to those in

need throughout the pandemic.

As we look ahead, lessons learned will help guide efforts to improve access to addiction prevention, treatment, recovery, and harm reduction services. We are focused on building our system back to full utilization, while also maintaining and enhancing initiatives that have proven extremely valuable in the delivery of services, particularly in underserved communities. We will continue working with our Opioid Treatment Programs on the expansion of mobile treatment and telehealth, as well as building on our medication delivery experiences to implement new and innovative services statewide.

To continue supporting these efforts and to help expand the reach of our services, Governor Hochul has proposed a budget that will ensure OASAS has the resources needed to meet these ongoing challenges. The proposed OASAS budget appropriates more than $1.5 billion, including approximately $164 million for state operations,

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

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

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

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

Consistent with that feedback, and to support our provider system, we will reinvest the funds realized from the transition from Medicaid fee-for-service to Medicaid managed care back into behavioral health services. Funding is allocated to help leverage enhanced federal Medicaid dollars for home and community-based services. Providers will also be supported with increased capital allowances for minor alterations and improvements for OASAS-funded facilities.

The Executive Budget supports OASAS's crucial mission and ongoing efforts to ensure equitable access to life-saving treatment, including medication treatment. This includes innovative initiatives that strengthen and modernize our outpatient system.

To ensure we bring medication

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

Second, we will remove financial and geographic barriers that prohibit people from accessing evidence-based medication treatment by requiring pharmacies to stock medications to prevent overdose and treat opioid use disorder. We will also implement a Treatment Affordability Initiative and a Medication Affordability Initiative to assist uninsured and underinsured individuals obtain treatment, including life-saving medications.

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

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

As the state and country continue to experience unprecedented rates of overdose deaths, we must implement strategies aimed at meeting individuals where they are, to help keep them alive while we work to engage them in services. The budget supports this goal with the establishment of a new Division of Harm Reduction within OASAS to develop and incorporate these strategies across the continuum of care.

This unit will work collaboratively with the Department of Health to support individuals most at risk by expanding access to opioid overdose prevention kits, safety kits, fentanyl test strips, and sterile syringes; and developing a public awareness campaign specifically focused on preventing overdose deaths in public settings.

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

The budget also gives OASAS the ability to develop standards and voluntary certification for Recovery Supportive Housing. Recovery Supportive Housing provides safe environments and mutual support for individuals in recovery. OASAS certification of these programs would ensure that individuals in recovery are protected from potentially predatory housing practices.

Finally, the budget allows us to continue advancing our prevention initiatives through a comprehensive approach which includes educational activities, raising public awareness, early interventions, and

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

As we continue to manage the system of addiction prevention, treatment, recovery, and harm-reduction services, our number-one priority is to ensure the safety and well-being of those who are most vulnerable. The budget will support funding for all of these critical initiatives I discussed and allow OASAS to meet the needs of those we serve.

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

Thank you.

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

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

SENATOR HARCKHAM: Thank you very much, Madam Chair.

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

A few questions for you. First, just a general statement in the sense that we're at a time of real peril and real promise. You know, peril, as you know, because of the historic highs in overdose deaths. But promise in a new Governor with a collaborative style who understands this issue; a new commissioner, obviously, which we're pleased about; and new funding. But some of that funding is blood money coming from corporations who contributed greatly to the deaths of many members of our communities. And those families want us to really make sure that we're spending this

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

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

OASAS COMMISSIONER CUNNINGHAM: Right. Thank you. So, you know, I just want to reiterate how important it is to support the workforce. I mean, this is something that we hear consistently with all of the meetings that we have with our constituents and our advocates and programs.

So, you know, the bonuses are really for direct people, those who are providing direct patient services, right, on the

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

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

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

OASAS COMMISSIONER CUNNINGHAM: From my recollection I know that some of this is limited to not-for-profits. But I can get back to you with the specifics for these different initiatives.

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

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

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

OASAS COMMISSIONER CUNNINGHAM: Absolutely. So I would just start out by saying that these dollars were not supplanting dollars but in fact supplementing dollars. So I just want to make that clear.

And so I can certainly go through -- you know, we have given out already over $70 million in funding opportunities that have been announced, of the total of $230 million. And so our first priority here was really to stabilize programs and to stabilize our workforce. And so $20 million was given for stabilizating organizations, and nearly $20 million for stabilizing the workforce.

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

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

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

SENATOR HARCKHAM: Terrific, thanks.

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

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

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

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

OASAS COMMISSIONER CUNNINGHAM: From my knowledge, it still is out of parity funds. I know we have $1.5 million this year to really strengthen and expand the efforts there across the communities. We know this is a really big issue around parity, absolutely, and we're committed to addressing that. And so there is this expansion of services there.

SENATOR HARCKHAM: Yeah, I mean the focus on parity is a good thing. I just question the long-term sustainability of us relying on the Ombudsman Program coming from fines versus us, you know, line-iteming it in

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

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

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

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

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

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

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

And so for us, having a new division of harm reduction will work really closely with the Office of Drug User Health in the Department of Health.

SENATOR HARCKHAM: All right, thanks.

And then my last two minutes I want to talk a little bit about co-occurring disorders. I don't want to get into the debate about merger or no merger; you know, that's a bigger debate outside of this. But I want to discuss what the Governor is recommending in her budget, and there's

additional funding for co-occurring disorders. What exactly is that going for?

And how are we moving our system towards a no-wrong-door system? Because we still hear on a daily basis that patients are turned away from treatment for presenting with co-occurring mental health disorders.

And how do we get to a system where there is no wrong door? Some of our providers, as we know, are terrific about this, and others have not evolved yet, I should say politely. So in the last minute-five, I'll let you talk about that.

OASAS COMMISSIONER CUNNINGHAM: Great. So we definitely recognize the importance of co-occurring disorders, absolutely. And about half of the people who come into OASAS-certified programs have symptoms of mental health symptoms, and many of them have trauma.

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

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

And then I would just say going forward, you know, in terms of no wrong door, we have crisis stabilization centers and CCBHC, which are the certified community behavioral health centers, which are dually funded by OASAS and OMH and for exactly this reason, where there's no wrong door, particularly in the crisis stabilization centers that are 24/7 availability.

SENATOR HARCKHAM: Thank you, Commissioner.

Thank you, Madam Chair. My time is up. Depending on what my colleagues ask, I may or may not come back for three more minutes at the end. Thank you.

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

Assemblywoman.

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

ASSEMBLYMAN BROWN: Thank you, Chair.

Can you hear me okay?

OASAS COMMISSIONER CUNNINGHAM: Yes.

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

OASAS COMMISSIONER CUNNINGHAM: Good.

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

So I don't have much time, so I'm going to have to fire away at some questions. The first one, which I'll save -- if you could answer last, actually: How do you expect to spend the opioid settlement money? If you could just drill down a little bit on what I heard in your overview.

I also want to know about how you anticipate how much cost increase there will

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

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

But what I do want to say is that we certainly, you know, are prepared really to address issues, and so we've been doing webinars with our providers, informing them about legalization, informing them about, you know, sort of the risks and benefits of cannabis, developing toolkits for effective prevention strategies. We're doing public education and media campaigns, including

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

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

ASSEMBLYMAN BROWN: That's great.

Are you looking to do any limits on people who have cannabis-use disorder to purchase marijuana at dispensaries?

OASAS COMMISSIONER CUNNINGHAM: That's a good question. That's not something that we've discussed here at OASAS. I mean, you know, we also work with the Office of Cannabis Management, and so I think that would be a discussion to have with them. But yeah, that's an interesting idea.

ASSEMBLYMAN BROWN: I was listening earlier with the new crisis hotline, the 988

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

OASAS COMMISSIONER CUNNINGHAM: Absolutely. And so the 988 number is really for behavioral health, so not just specific to mental health but also substance use disorders.

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

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

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

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

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

Did you hear the question?

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

You know, we also have met -- we've had 17 forums across the state, meeting with our stakeholders to understand what our providers and people affected with substance use, what they want the dollars to be used for. So we certainly are -- you know, want to hear what our providers and the communities have to say in terms of how these dollars are spent.

ASSEMBLYMAN BROWN: {Inaudible; Zoom interference.}

CHAIRWOMAN WEINSTEIN: Assemblyman Brown, you're breaking up quite a bit.

ASSEMBLYMAN BROWN: Thank you for the -- I will -- I want to follow up with you about possible codification of that in New York law.

So I yield the rest of my time back to the chair.

CHAIRWOMAN WEINSTEIN: Actually, the time is up. So --

ASSEMBLYMAN BROWN: Did you hear that last part in terms of the CDC guidelines for prescription opioids?

OASAS COMMISSIONER CUNNINGHAM: Oh, I didn't exactly catch that but --

CHAIRWOMAN WEINSTEIN: I'm sorry, the time's up and it's --

ASSEMBLYMAN BROWN: Hello? Hello?

CHAIRWOMAN WEINSTEIN: We're going to go back to the Senate. If you can just respond in writing to us.

CHAIRWOMAN KRUEGER: Thank you. Thank you.

Okay, is Senator Oberacker available?

I wasn't sure he had questions.

(No response.)

CHAIRWOMAN KRUEGER: I don't hear him.

Okay, then I'm going to actually go back to Senator Harckham for his final three minutes as the chair.

SENATOR HARCKHAM: Thank you very much, Madam Chair.

All right, a couple of things that we didn't get to talk about. One is transportation. You know, we've spoken about that before, what a challenge that is for -- to get to other services to create a holistic recovery environment, especially in our rural areas and urban transit deserts.

There are two pilots that were funded in the budget a year ago, one for rural, one for urban, that were supposed to come online this year. Do you know what the status of that -- those two projects may be?

OASAS COMMISSIONER CUNNINGHAM: Yes. So the RFP for that demonstration program for transportation is being finalized and will be released anytime soon. So I can certainly

let you know when that RFP has been posted and, you know, made available to the public.

SENATOR HARCKHAM: All right, that's excellent. Thank you.

And then what is the other -- there is enhanced transportation money proposed by the Governor. What is that money supposed to be going for?

OASAS COMMISSIONER CUNNINGHAM: Right, so there's also non-medical transportation. So that's specific to people, you know, affected by substance use disorders but will allow for transportation outside of just the typical appointments, like medical appointments. And so for jobs, for childcare, for other needs that are -- you know, to help support recovery.

SENATOR HARCKHAM: So it's actually very similar to those pilots in many ways.

OASAS COMMISSIONER CUNNINGHAM: Yes. Yes. It's just strengthening and expanding them, yeah, further.

SENATOR HARCKHAM: Great. That's good news, thank you.

And then the last has to do with the construction side, which was historically done by the individual treatment providers, and then apply for a license. We're now bringing DASNY in, which can use DASNY's purchasing power and their expertise. That can be a good thing or a bad thing, depending on who you speak with and their opinion of DASNY. No offense, but -- so how is that exactly going to work? I mean, the folks at the Dormitory Authority, you know, work very hard, they're overworked.

So how is this process going to work to fit in with what they do?

OASAS COMMISSIONER CUNNINGHAM: Right. So, you know, so we'll be using state-owned land, right, and DASNY to really facilitate the construction of programs.

You know, we have heard about the delays. And then we also know -- in terms of a lot of the providers don't necessarily have the expertise, right, for these sort of construction and capital improvements.

So we believe this will actually

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

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

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

And thank you, Madam Chair.

CHAIRWOMAN WEINSTEIN: Thank you.

We're going to go to Assemblywoman Gallagher now.

ASSEMBLYWOMAN GALLAGHER: Hi, thank you so much for being here and for answering these questions.

So in New York City we have some pilot OPCs, overdose prevention centers. And as of January 25th, we have saved over 85 lives with reversed overdoses. So I'm interested in how we can make sure that these get

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

And then my second question is do we have a proactive plan for handling fentanyl? And is there a way that we could work to make fentanyl test strips more widely available across the state? And how can I be a partner on that?

OASAS COMMISSIONER CUNNINGHAM: Great. Thank you. I'm going to start with the last, in terms of fentanyl.

So as you know, fentanyl is really driving much of the overdose deaths, and so this is really an important issue. So, you know -- and really I think this speaks much more to harm reduction in general and all of the harm-reduction strategies, which are really a continuum of strategies, right.

And, you know, making sure that people

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

And then also just expanding nalaxone, right? So that's medication to reduce death when people overdose. And so again, that will work with fentanyl, but people may need to have multiple doses. So again, making sure that people have that medication to reverse overdoses.

In terms of, you know, overdose prevention centers, as you mentioned, this is not something -- these programs are not receiving funding that's from the state, they are not regulated or certified or monitored by OASAS. And so, you know, they are part of the harm-reduction continuum, but we really are not funding them or certifying them or monitoring them.

ASSEMBLYWOMAN GALLAGHER: Can I ask how we could make the fentanyl test strips easily distributed? Because I know of very few places in New York City where you can

actually get them. And I've actually had a flood of requests in my own efforts at being like a harm-reduction advocate.

So I would really like to know how can we expand this process across the state.

OASAS COMMISSIONER CUNNINGHAM: Yeah, absolutely. I mean, right now in the budget there's $7 million, you know, towards harm-reduction services. And so this is absolutely part of this. And so working with community members, harm-reduction organizations, community providers to see where the need is, and really just expanding access to them is something that, you know, we definitely look forward to doing.

ASSEMBLYWOMAN GALLAGHER: Okay. So if I request for some of that harm-reduction money to be especially for test strips for New York City organizations, that would work.

OASAS COMMISSIONER CUNNINGHAM: Yes.

ASSEMBLYWOMAN GALLAGHER: Okay, thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

We go to Assemblywoman Kelles.

ASSEMBLYWOMAN KELLES: Thank you so much.

I have a few questions, actually, from my district, from the Alcohol and Drug Council in my district.

One of them is that they were awarded funds in October/November, and they haven't heard anything about them, they haven't been disbursed. It was a small amount, it was $50,000. But she was saying across the state all the providers that received funding from the SAPT workforce investment and the SAPT stabilization are having similar experiences. So I was curious when they can expect those disbursements.

OASAS COMMISSIONER CUNNINGHAM: Yes. So, you know, we're in the good position to be, you know, sending money out the door, and in order to do this with the SAPT supplemental funds, we've just hired many new staff members in order to help with this process.

So we know that there have been some delays, but we are hiring up and really very

much focused on getting the dollars out the door. So this is absolutely a priority of ours.

ASSEMBLYWOMAN KELLES: Okay. And the other comment I've been hearing is that the COLAs from OASAS provider staff were not implemented for over a decade in the last administration. So I just wanted to note that this has resulted in nearly -- as you know, of course -- a 30 percent disparity related to other fields, including other ones that we've heard from today that have also been hurt over the last 10 years.

So what plans beyond the 5.4 percent COLA adjustments are there to address the base funding rates for OASAS funding programs that they can -- so that you can do the recruitment, train and retain the workforce? And can you talk a little bit more about funding that you're putting into workforce development, in particular addressing difficulties in the licensing process?

OASAS COMMISSIONER CUNNINGHAM: Absolutely. So, you know, we recognize,

again, that there's a huge priority in terms of the workforce and strengthening and stabilizing the workforce.

So as you mentioned, we have the cost-of-living adjustment, we also have the bonuses that are up to $3,000 for those, you know, who are frontline providers. We have a $2 million increase for minimum wage increase. The SAPT supplement funding, the first allocations were to strengthen the workforce, and that was $19 million.

We also have initiatives that we're working on like loan repayment, scholarships, college credits and these, you know, kinds of incentives, to attract people and keep people as well. And then we're also reinvesting funds from F -- from the --

ASSEMBLYWOMAN KELLES: I'm going to just -- yes, absolutely, I've heard of those. One question. Has there been any analysis of a potential benefit cliff from the bonuses that are being disbursed?

OASAS COMMISSIONER CUNNINGHAM: I have not heard of an analysis like that.

ASSEMBLYWOMAN KELLES: Right. It concerns me a little bit, because some of the people that -- the base pays are so low that it could be something that could tip them over. I'd love if there could be some analysis in that disbursement to not hurt people.

OASAS COMMISSIONER CUNNINGHAM: Understood, yes.

ASSEMBLYWOMAN KELLES: Thank you so much. I appreciate it.

CHAIRWOMAN WEINSTEIN: Thank you.

Assemblywoman Griffin.

ASSEMBLYWOMAN GRIFFIN: Okay, thank you very much. And thank you for being here, Dr. Cunningham.

I -- just two questions I wanted to ask, is I was really glad to see the budget is including more money for non-medical transportation, for individuals to access treatment, recovery, harm-reduction services, et cetera. And I just wondered how much that is. I know, speaking with a lot of families and people that are in recovery, the families

in recovery, that seems to be a huge problem.

I represent Long Island, which is, you know, a very congested area. But there's a lot of people that just -- you know, they're kind of like they go -- leave the rehab unit and they really don't have much assistance as far as, you know, job placement, as far as transportation. There are some nonprofit organizations that really run themselves ragged on Long Island bringing people to where they need to be.

And I just wondered what kind of -- what kind of amount of money is being put towards this important area?

OASAS COMMISSIONER CUNNINGHAM: Right. So for -- as part of the increase in the budget, for non-medical transportation now it's -- we have $1 million going towards that. And, you know, earlier we heard about the transportation demonstration program. That's another $500,000 going towards that. We also have, you know, additional funding from the SAPT grant dollars going towards transportation as well.

So there's many pots, I would say, of dollars that are really addressing transportation, and the one in the SAPT grants is $4.2 million. So those are just, you know, some of the ones from the different pots of money.

ASSEMBLYWOMAN GRIFFIN: And another question is, again, you know, I represent an area of Nassau County, but Nassau County has an extremely high addiction rate, has had an extremely high number of overdoses. But yet there's really not enough accessible treatment facilities.

And I wondered if that's part of -- is there any plan in OASAS to really focus in on areas that have, you know, very high rates of addiction, of overdose, but yet have very low rates of rehab facilities and accessibility to that?

OASAS COMMISSIONER CUNNINGHAM: Absolutely. And so this is, you know, one example of bringing medication, bringing treatment to where people are.

And so examples of this include the

mobile medication unit, where this is something we, you know, plan to fund 35 of them in really locations that don't have access to medication and treatment, and this is one way to address that.

We also have medication units, similar ideas as, you know, bringing treatment to places where they're not. So this is definitely a priority in the budget to really bring medication and treatment to where people are.

ASSEMBLYWOMAN GRIFFIN: Okay. Thank you very much.

CHAIRWOMAN KRUEGER: Assembly, are we done with Assemblymembers? Yes. I'm not hearing you, but I know you're there. She's on the phone. No problem.

So Commissioner, with that, I'm going to thank you very much for your participation today, wish you all the best for your true challenges as our new commissioner of OASAS. We will all be following up with you, I am sure.

And I am going to next turn it over to

the New York State Justice Center for the Protection of people with Special Needs, Executive Director Denise Miranda.

Denise, are you with us?

EXECUTIVE DIRECTOR MIRANDA: I am here. Good afternoon, Senator.

CHAIRWOMAN KRUEGER: Good afternoon, Denise.

So you've been with us before, so you know --

EXECUTIVE DIRECTOR MIRANDA: Yes.

CHAIRWOMAN KRUEGER: -- share with us in under 10 minutes, if possible, the highlights of your testimony -- we all have the full testimony -- and then we will ask you questions. Thank you.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

Good afternoon, Chairs Brouk, Krueger, Mannion, Abinanti, Gunther, and Weinstein, as well as other distinguished members of the New York Senate and Assembly. My name is Denise Miranda, and I am the executive director of the New York State Justice Center

for the Protection of People with Special Needs.

I would like to thank you for the opportunity to testify regarding Governor Hochul's Executive Budget proposal.

The Justice Center opened its doors nearly nine years ago. In that time, we have investigated tens of thousands of abuse and neglect cases. Since 2013, more than 800 people have committed egregious acts of abuse and neglect, and they are now barred from working with people with special needs.

Hundreds of thousands of criminal background checks have been completed, keeping violent offenders out of facilities. Abusers are no longer free to move from facility to facility unchallenged. There is no doubt that vulnerable New Yorkers are now safer than before.

But the Justice Center's work goes well beyond incident investigations. We also place great emphasis on preventing reportable incidents from happening. The agency's abuse prevention efforts are critical to advancing

our mission to support and protect the health, safety, and dignity of people with special needs. We do this by creating materials to equip staff with the tools and skills they need to identify situations that pose a risk of harm to people receiving services.

We currently have eight prevention toolkits published on our website. The latest one, published last year, focuses on body checks. This toolkit provides information about the importance of performing regular body checks as well as tools to support the practice in the provision of care. Body checks can identify injury or illness and ensure appropriate care is received. Critically, this preventative measure can also identify if someone is being mistreated.

The Justice Center also launched an innovative online training on one of our most popular prevention toolkits: Professional boundaries. Trend analysis identified the failure to maintain professional boundaries

as commonly reported. This online training tool presents users with real-life scenarios and helps them navigate them appropriately.

The agency has now launched a committee dedicated to prevention work that will be producing more materials in the year ahead.

Another pillar of the Justice Center's work is assisting individuals receiving services and their families. Since 2013, agency advocates have helped more than 16,000 people. Our highly trained staff members supported individuals and family members to understand the process of an investigation. They also accompany victims during interviews and guide people through the process of obtaining records.

This past year, the agency contributed to the COVID relief efforts across the state, lessening the burden on New Yorkers. Justice Center staff assisted in processing rent relief, ensured compliance with State Liquor Authority regulations, and helped coordinate operations at state vaccination sites, among

other initiatives.

Looking ahead, the Justice Center will continue to improve accessibility and connection with the public. We have welcomed the opportunity to increase transparency regarding the agency's work and proudly share what we do.

We have published a plan that outlines several steps aimed at providing stakeholders with more insight into our agency operations. This includes the publication of new data points that will enhance monthly and annual reports. The goal here is to shine more light on internal processes. We also plan to publish more in-depth reports on our forensic work. Meeting summaries from our Advisory Council have already been posted on our website for review. We value open government and will continue to find ways to enhance transparency going forward.

Again, thank you for this opportunity to report on our important work. We look forward to continued partnerships with the state oversight agencies and the Legislature

in '22. I now welcome your questions.

CHAIRWOMAN KRUEGER: Thank you very much.

And I am looking for any hands raised. I don't see any Senate hands raised.

Helene Weinstein, do you have any Assemblymembers?

CHAIRWOMAN WEINSTEIN: We do not, Senator.

CHAIRWOMAN KRUEGER: All right. I think you're getting a little bit of a break this year from our normal experience in this hearing.

EXECUTIVE DIRECTOR MIRANDA: It appears so.

CHAIRWOMAN KRUEGER: So I appreciate your coming. And I am sure that people who do have questions, they realize later, actually will follow up with you. Perhaps everyone was so overwhelmed with COVID issues this year that some of the other issues took a back bench around these topics.

So thank you for your continued good work, and we are going to excuse you. Thank

you.

EXECUTIVE DIRECTOR MIRANDA: Thank you, Senator. Good afternoon. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

All right. Well, this threw me off a little bit. So now we are going to move to the non-governmental representatives. Those of you who have the agenda see we have quite a few panels today, so I'm going to read off -- well, first off, I'll explain for the rest of the day the panelists will each get three minutes, and then when the list of people on a panel are complete, then legislators will get three minutes to ask questions of the panelists in total.

So it becomes much more of a quick ask-and-response system. There are no exceptions for chairs or rankers. Everybody gets their three minutes to ask questions of the panelists after they each get three minutes.

But the full testimony of everybody testifying is in front of you or has been sent to you by computer, as has the testimony

of people who were not accepted to testify. And just to clarify, sometimes we get 10 people who want to testify on the exact same thing, and we don't choose all 10; we try to make sure we are interspersing all the different topics people want to bring to our attention, and a geographic mix from the state.

But anyone who has requested to testify and who has submitted testimony, the testimony is there. People who still wish to submit testimony, even if the hearing is over, we accept the testimony and add that to the record of the hearing.

With that, we're moving to Panel A: Federation of Mental Health Services, Tracy Schneider, president; Mental Health Association in New York State, Glenn Liebman, CEO; New York State Conference of Local Mental Hygiene Directors -- and we've had a replacement person, so instead it will be Laura Kelemen, instead of Katherine, for the New York State Conference of Local Mental Hygiene Directors. And the Coalition for

Behavioral Health, Nadia Chait, director of policy and advocacy.

I'm hoping all four of you are with us, and I will start with Tracy Schneider.

Good afternoon.

MS. SCHNEIDER: Thank you, Senator.

First I'd like to thank the Legislature for having us, giving us the opportunity to speak today on the budget. It was very humbling, actually, to hear so many people speak to the issues that we share with you and see you as our partner.

I represent the Federation of Mental Health Services, which is a 56-year-old membership organization, with most of our members downstate in New York City. We have 15 member agencies that are both Article 31s or 32s, which means they provide either mental health services licensed under OMH or services licensed under OASAS, and many of our agencies have joined integrated licenses.

So we really share the mission with everybody else at the table today to assure that there is increased access that is

available, is quality, that's evidence-based. And that we were really thrilled by some of the things that were in the budget as proposed by the Governor, but mostly that there also were no cuts. That was also very significant for us to see.

So I want to -- you know, I know that you have our testimony, and I don't want to reiterate and be redundant to a lot of the things that were heard, so I really just want to stress five or six points that I think really can be brought home to assure that, moving forward, we continue that partnership, because our agencies are dedicated to rapid access, we're dedicated to community care, we're part of the fabric of those neighborhoods. And we really need to assure that there is sustainability for us, because we believe ourselves to be part of that safety net for the continuity of care for patients that are seeking services at our sites.

The first thing that I really wanted to speak to you about was, again, recognition

of the extension of the APG rates through 2027. Those are really important for us, and we really need to make sure that, moving forward, that they continue and that any increase to keep up with the cost of living occurs.

The next thing, the COLA, at 5.4 percent, is essential for us because our costs have gone up as well. We appreciate seeing it and hope that that also continues.

The telehealth access issues, we really want to assure that parity continues for audio-only, because most of our care has been rendered that way in the pandemic and will continue to be moving forward.

And lastly, and importantly, I want to speak to the procurement and the protections for our sector in managed care. I see I only have 26 more seconds, but I want to make sure that in fact that issue gets recognized, because behavioral health has not been well-served to date with the way the managed-care companies have applied our services. And we really hope, moving

forward, if it's competitive-bid and there is no duplication and the numbers are limited, we can be at the table and assure that we get the kind of recognition we need to continue the services we provide.

I thank you for your time.

CHAIRWOMAN KRUEGER: Thank you very much.

Next up, Glenn Liebman, Mental Health Association in New York State. Are you with us, Glenn?

MR. LIEBMAN: Yup, I am. Sorry. Good afternoon.

CHAIRWOMAN KRUEGER: Good afternoon.

MR. LIEBMAN: Thank you very much for this opportunity. Really appreciate it very much. My name is Glenn Liebman; I'm the long-time director of the Mental Health Association in New York State. Our organization is comprised of 26 affiliates in 52 counties. We provide community-based mental health services, but we're also very much engaged in our mission around advocacy, education and training.

So what I would say is if I were to define a word over the last 20 years in terms of New York's mental health system -- and the country at large, not just New York -- but it's the erosion, it's the erosion of services that we've seen. It's especially been amplified by the last two years around COVID. But the number -- how do we know this? The number of deaths of despair that we have seen has skyrocketed. The number of young people who have completed suicide. The number of people who have contemplated completing suicide. The number of overdose deaths that we've seen over this time period. And the increase around homelessness and incarceration and even the day-to-day piece around the long waiting lists -- that people are waiting two, three years to get into housing programs, that people are waiting a year to see a psychiatrist. This is something that is dire for us as a country, as a society, as New York State.

But this year is different. This year we feel like we're very hopeful that we've

pivoted, that we've made a movement in the right direction. I think that Governor Hochul deserves a lot of credit. I think Commissioner Sullivan deserves a lot of credit. This is the best budget I've seen in my 20 years in this position.

What we have seen is every year I have led, for the last 10, talking about a COLA. And this year the COLA's been addressed. That 5.4 percent was addressed. Last year, because of the Legislature, it was also addressed. So we finally have movement around COLA, we have seen all these changes around workforce retention bonuses, we're seeing these changes around housing, we're seeing these changes around veterans' mental health, children's services, school-based mental health services -- all to the positive. And we are excited about this.

But -- there's always a "but," and we know that. And we know that what's happened with the COLAs over the years. We've had 14 years of COLAs. Only the last two and the first year were actually funded fully.

Eleven of those years were not funded or were minimally funded. As a result, according to our calculations, over $500 million has been lost to our system during that time. Imagine how our system would be so much more responsive instead of reactive -- we would be a whole different system of care in terms of mental health.

But sadly, we've lost that funding and we can't get it back. But we can try to advocate for more funding. And that's why we want to work with you as the Legislature, us and our 10 other fellow statewide advocacy groups are urging a $500 million increase beyond what the Governor's already put in for mental health services, for behavioral health services, for all those things I've talked about and highlighted I think are very significant.

And we hope -- we look forward to working with you around that $500 million increase.

Thank you very much for your time.

CHAIRWOMAN KRUEGER: Thank you very

much.

Next, the New York State Conference of Local Mental Hygiene Directors.

MS. KELEMEN: Thank you. My name is Laura Kelemen, and I'm the first vice chair for the New York State Conference of Local Mental Hygiene Directors.

I would like to first thank the chairs for the opportunity to testify. Thank you for letting us be here today.

The conference represents the county mental health commissioners for each county in New York. Under the Local Services provisions for Article 41, we are responsible for the planning, development, implementation and oversight of services to adults and children in our communities impacted by mental health, substance use disorders, and intellectual developmental disabilities.

We work closely with the commissioners of the O agencies and their staff, and maintain a drone's-eye view over the system, seeking to meet the complex needs of our constituents.

The conference seeks to amend the statutory framework that governs 730 competence restoration. My colleagues and I, along with our partners at the New York State Association of Counties, ask the Legislature's support for the inclusion of Bill S7461/A8402 in this year's final enacted budget. We applaud Chairs Brouk and Gunther for their introduction of this legislation, which will significantly alleviate the devastating fiscal impact to every county across the state, including New York City.

The 2021 enacted budget included an assumption that allowed the state to begin charging counties 100 percent of the costs of restoring mentally ill defendants to competency. This action is based on an archaic statutory framework that has resulted in tens of millions of dollars in new expenses for county government. Restoration is not mental health treatment. Individuals who are unable to understand charges against them and lack the capacity to defend themselves or participate in their defense

are currently sent to a secure forensic setting. It takes an average of 90 to 150 days to be restored to competency, but many individuals, for competency, it's fleeting. They can cycle back into the system for more services multiple times on the same charges, and some never are restored to competency.

At more than $1,000 a day, these excessive confinements siphon very limited county resources away from the local community. Enactment of this legislation is critical to ensure that high-needs individuals who can't be restored receive treatment, and that millions of dollars in expenditures currently directed to the state's General Fund are sent back to counties so that, through their local oversight authority, they can reinvest in critical community-based services.

Shifting gears a little bit, the conference applauds the executive for the inclusion of 8.75 million for jail-based substance use and medication-assisted treatment programs in this year's budget.

Knowing that costs of medical services, nursing services and pharmaceuticals will far exceed the 8.75 million, we're asking for an additional 15 million for these services.

Thank you very much for your time.

CHAIRWOMAN KRUEGER: Thank you.

And last on this panel, Nadia Chait, from the Coalition for Behavioral Health.

MS. CHAIT: Good afternoon, and thank you for the opportunity to testify today.

I'm Nadia Chait, the director of policy and advocacy at the Coalition for Behavioral Health. We represent about a hundred community mental health and substance use providers who collectively serve over half a million New Yorkers annually.

And Glenn has teed me up wonderfully by discussing the COLA and that wonderful investment, but also the need for more funds for our sector.

Over the last two years we've seen what was already a severe workforce shortage turn into a devastating crisis. It is with shocking regularity that I hear from our

members that they had to close intakes for certain programs because they simply don't have the staff to process the individuals who are coming into our system. They've had to add waitlists to programs that have never previously had waitlists.

This is not serving New Yorkers. It is limiting their access to care. We are hearing from parents whose children are desperately in need of services and who are being told that they need to wait for weeks, or sometimes months. As New Yorkers' overdose rates are increasing at a devastating clip, we're seeing folks not being able to access the services they need.

And so it's critical that we invest this year in the workforce that can deliver these lifesaving services to New Yorkers throughout our state.

While the workforce bonuses are a helpful start, they're simply not sufficient for the wildly inadequate salaries of our field. We need to really look at our Medicaid rates and increase rates for these

critical services to actually cover the cost of care and provide a wage to our staff that recognizes their expertise and the value that they provide to our state and to New Yorkers.

It's critical that we modernize the scope of practice for many of our licensed mental health practitioners so that we don't lose licensed mental health counselors and other providers who have been providing critical services, including diagnosis, for about 20 years in our state and yet who are at risk of losing that ability and moving to neighboring states where they are able to practice to that scope.

But we also must build the pipeline for our field. We do not have enough people coming into our field, and we're not successfully retaining those who are entering the field. And so we would like to see more funds for both loan forgiveness and tuition reimbursement, as well as funding for the internships that are required in our field. It's incredibly challenging for individuals who are getting a master's degree in our

field to be able to work while they do so, because they of course need that internship experience to be successful when they start in the field, but those internships are unpaid, which makes it inaccessible for many individuals.

And in my last 20 seconds, I would like to state our support for the competitive procurement of Medicaid managed care proposal. The current Medicaid managed care system has vastly increased the administrative costs for providers, threatening their financial sustainability and consumers' access to care, and those funds have simply lined the pockets of the managed care companies without improving the situation on the ground for clients.

Thank you.

CHAIRWOMAN KRUEGER: Thank you all very much.

I'm going to first send it to Senator Samra Brouk.

SENATOR BROUK: Hi. Thank you all for joining us today. You touched on a lot of

things that we've been trying to accomplish through this budget. But I think -- I want to just pinpoint my question to Glenn, and then perhaps someone else can follow up on that.

But you did talk about the need for workforce development and the fact that we do have the 5.4 percent COLA. But I think it's important that people understand what happens if we don't take this action. So I appreciate your support that, you know, we can't have a one-time COLA, this has to be -- that's the whole point of a COLA, is that it's a cost-of-living adjustment, and we need to adjust it every single year, not just one year.

You talked about the $500 million on top of that, because we are dealing with decades-long stagnation with our payment for this workforce that is burnt out. And of course we do need to modernize our licensures, to make sure that people can stay in these positions.

Can you describe -- you know, those

are some things we've talked about needing to do. What happens if we fail at doing that this year?

MR. LIEBMAN: Well, first of all, Senator, thank you very much. That's an excellent question. I just really want to thank you and your leadership last year, along with Assemblymember Gunther, in terms of getting that 1 percent COLA last year. That was huge. That was symbolic and very important, and then it helped lead to this one.

I will say a few things. First of all, you know, I've been doing this a long time. I don't -- I'm not an alarmist. I try not to be an alarmist. I try to be a realist. And the reality in the streets is not good. You said it perfectly. I think that the fear is that if we don't get a continuous enhancement of, you know, making sure that this COLA is permanently in language that we get it every year and there's a commitment every year, that things are going to fall apart.

We -- you know, Nadia said it perfectly. We are sitting here on the brink of people -- 30, 35 percent, 40 percent of our workforce is leaving us on a regular basis. We can't continue to operate the programming without that workforce. It's one thing to talk about services and systems of care, as you know, and it's great and innovative and there's some incredibly innovative programs and ideas -- but we don't have the staff to run them. We don't have the -- we're dying on the vine here around trying to get more staffing.

And it's frustrating. And if we don't continuously get this kind of funding, things will fall apart. And the retention bonuses are excellent, that's great that we're getting $3,000, but it's a one-time money. And it's not going to substantially change and impact a lot of people in our field. And I'm fearful, as someone said this morning, I'm fearful that people are going to Amazon, they're going to go to McDonald's, they're going to go someplace else. And we will lose

people who are very mission-driven and care greatly about our work. And unfortunately, we're going to lose them.

So, you know, the deaths of despair and everything else I was talking about, that's a real consequence of not having the services.

SENATOR BROUK: Thank you.

CHAIRWOMAN KRUEGER: Thank you. Thank you very much.

Assembly.

CHAIRWOMAN WEINSTEIN: We go to Assemblywoman Gunther, three minutes.

ASSEMBLYWOMAN GUNTHER: So I guess I wanted to check in on the upstate resource center and how you're doing.

MR. LIEBMAN: I'm sorry, the --

ASSEMBLYWOMAN GUNTHER: The upstate resource -- the School Resource Center, excuse me.

MR. LIEBMAN: Thank you. Thank you for that, Assemblywoman.

Yes, we have funding for the School Resource Center. This is our fourth year of

funding. Thank you to the Assembly for -- and you personally for your support for it in Year 1. In the last several years it's been in the Executive Budget.

This is, as we know, we heard the questions, this is such a huge issue for us. We're sitting here on the precipice of all -- you know, both families and teachers and students are suffering greatly during this crisis. We know about the isolation. We know about the depression. We know about the anxiety.

And having the School Resource Center, the first of its kind in the country, has really been significant. The number of calls that we've seen has increased dramatically, the expansion of services has -- there's a need that continues. And we're in the schools all the time talking to the schools about mental health. Not just about social workers, which are significant, and clinicians, which is incredibly significant, but also about changing the environments of schools, making sure that the school

environment is much more conducive to mental health conversations. I think that's incredibly important.

And, you know, there's $500,000 in the budget this year. We're hoping to be able to expand that an additional $500,000. So thank you very much for your question.

ASSEMBLYWOMAN GUNTHER: Yeah, I mean, when you go into the schools, each individually, you know, and when you talk to the schools, is there some sort of a protocol that you're making or some, like, menu to follow? I mean, we're going to have children that haven't been in school, parents haven't worked, lack of money, lack of food -- there's like a million things that are going on with these children.

So is there a short-term plan and a long-term plan? I mean, I think one of the most important things is no matter how much money we gave you, Glenn, we do have to get professionals in our schools --

MR. LIEBMAN: Agreed.

ASSEMBLYWOMAN GUNTHER: -- and that's

where it begins. You have a captive audience at that point.

And, you know, we used to have guidance counselors, social workers in the school, a nurse in every school. All of that, to me, is vitally important in this day and age.

MR. LIEBMAN: You know, Aileen, I totally agree with you. I think we do have to have -- we do have to have the counselors in the schools, and the social workers, because there's a huge lack of that. But there's also a huge lack of still understanding about mental health. And it's tenfold now because of COVID. All that anxiety, all that isolation, all that depression is now all of a sudden, you know, in the surface of what's happening in the schools right now, and you're seeing it.

And teachers have a tough enough job. And now all of a sudden they're becoming clinicians for the students, on top of all their difficulties. And you talk to the school associations, and they're all saying

that teachers are -- they need self-care, there's a desperate need for self-care for teachers.

ASSEMBLYWOMAN GUNTHER: Well, I think that that -- there was an article in the Washington Post that everybody should read, and it's about what this isolation and the impact that it has on everybody down the line. You know, it does. I mean, from the school nurse to the parent to the child watching the parent to the child that really hasn't seen any faces since they're behind masks. There's a whole bunch of things that are going on there.

And, you know, I mean there needs to be some sort of a program in place or some kind of a process in place to begin healing. Not from -- from the teacher to the parent to the child. I mean, there's -- what you're hearing from teachers is that, you know, children are aggressive because they're angry. I mean, there's all of these things.

And, you know, I'm hoping that at some point in time that we need to spend part of

our education money on that success with children regarding mental health and getting kids back to, you know, I'm saying, in quotes, some sort of normalcy, but guiding them along the way.

CHAIRWOMAN WEINSTEIN: Thank you. Assemblywoman, the time has expired.

We're going to go back to the Senate now.

ASSEMBLYWOMAN GUNTHER: Okay. You can go.

CHAIRWOMAN KRUEGER: I think it's my turn next, thank you.

Laura, I understand what you were saying about the draconian approach of Governor Cuomo to requiring counties to play a certain role, perhaps without any funding. But as you might have heard earlier, a huge number of my colleagues are very concerned that we have totally inadequate residential beds and intensive services for the severely mentally ill who may be acting out in criminal ways.

So even though you got handed an

assignment you don't necessarily think you were prepared for, was not your assignment to provide intensive residential services for this population?

MS. KELEMEN: The challenge becomes when individuals are in an incarcerated setting who are unable to stand trial. Currently what's happening is they're going to a forensic setting that's secure. And what the legislation that we're seeking will do is actually hopefully assist in returning individuals to the community faster and having them in a better place.

So for example, when we're seeking -- when a court is referring somebody -- and I hate to get deep in the weeds, but when a court is referring somebody to a psychologist and psychiatrists for are they even competent to stand trial, right now there is no request for an impression about whether people can ever be restored to competence or not.

The new legislation {Zoom audio dropped}. It also will allow for the court systems to more often bring somebody back in

front of them so that they can hear about what their treatment plans are, they can hear about how that restoration is going, so that someone is not just simply languishing in a forensic setting where they're receiving services on how to train them to understand the role of the courts -- but they're not necessarily receiving the intensive therapy that they would receive in a different setting.

And that's what this legislation really seeks to allow us to do, is to have people receive those services in a hospital-based setting, and also take these, you know, millions of dollars and provide them back to the community so that we can provide more intensive residential supports, so we can ensure that there's workforce support so that people who are HARP-eligible actually have workers who can help provide those services in the community, so we don't have people getting arrested. We can fund those services to avoid people being arrested.

CHAIRWOMAN KRUEGER: Thank you very much for the clarification.

Anyone else for this panel?

CHAIRWOMAN WEINSTEIN: Yes, Assemblyman Epstein.

ASSEMBLYMAN EPSTEIN: Thank you, Chair. Liz, you were going to forget about me there.

CHAIRWOMAN KRUEGER: I apologize, Harvey. Your picture was off, so I didn't see you.

ASSEMBLYMAN EPSTEIN: Yeah, sorry about that, we're trying to double-Zoom all the time.

So yeah, I just wanted to go back to what you were saying around the shortage of workers. And I'm wondering if you see a larger shortage of workers who are working those 24-hour shifts. Glenn, I mean we've seen -- you know, when people are being paid for 13 out of the 24, do you see a bigger problem in there? And I know we need fair pay for home healthcare, and I'm with that.

But I'm wondering what you think the

solutions are for the 24-hour shifts that we see across the state.

MR. LIEBMAN: Well, thank you very much.

I think that there -- I guess there are a lot of issues to unpack with that. First of all, these 24-hour shifts are brutal. I think that it becomes incredibly difficult. And it's difficult for the individual, it's difficult for their agency to have to rely on somebody who's going to do those kinds of shifts.

And it's sort of a bad cost-benefit analysis that unfortunately we have to undertake because of the fact that we have to pay overtime, and it becomes very difficult for the individual who appropriately gets the overtime, and for the provider who has to pay overtime because they don't have enough staff to have somebody else in there.

So as a result you're getting somebody who's tired, who's burnt out, who's sitting there working these long shifts.

So I think it really is a matter of --

you know, money doesn't solve everything, we know that. But I think that it would be helpful to see an enhancement beyond the $3,000 stipend, which I think is terrific, but I think we have to do more than that. We have to raise that enhancement. I think there's a bill out there around a tax credit for direct care workers as well that I think is a significant bill as well. We should be doing everything we can. And I know we've talked about it, I know the commissioner has talked about it appropriately, about -- that we have to have tuition reimbursements, we have to have loan forgiveness.

We have to throw everything on the table here. We're in a crisis that we've never had. Yet at the same time, we have a better budget than we've ever had. So we should take advantage of that in making sure that our workforce, which is critical to everything we do, we can't do anything else without them -- that make sure you put a compilation together of all these things and move forward and do something around that.

That's what I would suggest, Assemblyman.

ASSEMBLYMAN EPSTEIN: And so Nadia and Laura, do you think we should just end the 24-hour shifts in total at this point and go to shifts -- two 12-hour shifts for workers?

MS. CHAIT: I'm not sure -- my members are all community mental health programs. I'm not sure that any of them have 24-hour shifts so I can't comment to that specific issue.

But, you know, I think in general anytime we're looking at really long shifts and overnight shifts, we need to be as flexible as we can to staff those shifts.

MS. KELEMEN: Glenn is right, we're in a crisis. Throwing everything at it to help address the situation is absolutely necessary. Twenty-four-hour shifts are challenging for anybody.

CHAIRWOMAN WEINSTEIN: Thank you.

So back to the Senate.

CHAIRWOMAN KRUEGER: Thank you.

And seeing no other Senator's hands up -- just double-checking, nobody pops up --

I'm going to thank this panel for your participation today and for the work of you and your member organizations every day throughout the State of New York.

The next panel -- and it's my fault, but I made it way too big. So I'm breaking it up into two, and I'm only going to call the first five members of the panel. We'll do those five members, and then we'll go to the second part of the panel.

So Local 372, New York City Board of Education Employees, Donna March Tilghman, SAPIS chapter chairperson; New York State Coalition for Children's Behavioral Health, Andrea Smyth, CEO; National Alliance on Mental Illness New York State, Matthew Shapiro, director of public affairs; Citizens' Committee for Children of New York, Alice Bufkin, associate executive director; and justice of the Supreme Court, retired, Arthur Diamond.

So we'll call up those five, starting with Local 372. Are you there?

MS. TILGHMAN: Yes, hi, good

afternoon. Can everyone hear me?

CHAIRWOMAN KRUEGER: Yes, we can. Good afternoon.

MS. TILGHMAN: So good afternoon, Chairwoman Krueger, Chairwoman Weinstein and distinguished members of the New York State Senate Finance Committee and Assembly Ways and Means Committee.

My name is Donna March Tilghman, and I am the SAPIS chapter chairwoman. SAPIS stands for "Substance Abuse Prevention Intervention Specialist." And I thank you for the opportunity to provide testimony on the Governor's proposed mental hygiene budget.

I speak today on behalf of the president of my local, Local 372 of District Council 37, President Shaun D. Francois I; also Executive Vice President Donald Nesbit, and another person who's not here with me today, the SAPIS chapter secretary, Mr. Nestor Reyes.

We all work for the New York City Department of Education, public schools of

New York City. We represent -- we service 1.2 million students. We are funded by OASAS.

And today we are seeking an increase of $1 million. Previously we were supplementally funded through the Joint Legislative Appropriation Committee with $2 million, and the majority of our funding comes from OASAS.

Our students -- it is no secret that our students are facing a mental health crisis caused by the COVID-19 pandemic. According to the CDC, the proportion of children's mental health visits to emergency departments have skyrocketed since April 2020.

Since 1971, the SAPIS have provided mental health services to the children of New York City. We provide a number of services, which include counseling, we do scientific, evidence-based curriculum to the students. We have a variety of curricula, from life skills to Second Step to violence prevention, Too Good for Violence. Also we

do with children -- we conduct positive alternatives, whether they're book clubs, music, drama, to our children to help introduce them to other alternatives to not start the use of drugs, so to be involved in drugs or any type of gang violence.

So also we provide parent workshops to parents and we work with parents as well as other people in the school.

So it is our goal to partner with the state in making an investment again into our students. I don't tell my students they're the future, I tell them they're the now.

And I thank you so much for listening.

CHAIRWOMAN KRUEGER: Thank you very much for getting all of that in so quickly.

(Laughter.)

CHAIRWOMAN KRUEGER: It's a challenge.

Next, New York State Coalition for Children's Behavioral Health, Andrea Smyth.

MS. SMYTH: Thank you, Senator Krueger. Thank you, members of the fiscal committees and the mental hygiene committees.

I'm Andrea Smyth, the president and

CEO of the New York State Coalition for Children's Behavioral Health. My comments on the Executive Budget will fall into three categories -- rates, workforce and new recommendations.

So the Surgeon General has announced that this country has a children's mental health emergency, and the final budget really must respond to that crisis. Without available community mental health services, emergency departments become the default option for children who need on-demand care. But a recent study showed that a non-acute pediatric mental health visit in the emergency department costs about $219 an hour and that neither families nor the child really benefit from what happens there.

So without appropriate community services, emergency departments are the default, and we want to stop spending on low-value emergency department care and, instead, fund quality services and more workers. And to do that, we need to accept the Governor's recommendation on home-based

community intervention, although Aileen -- and I will agree with you, Assemblymember Gunther, that it's a tiny number, 2600 families -- amending the Governor's recommendation to expand the mental health benefits covered by Child Health Plus and the extension of the APG rates to make sure that any ambulatory children's mental health service gets the APG extension until March 27th. Adding 21.5 million, 4 million to prevent a rate cliff -- that's going to happen in October, 5.5 to support county-by-county expansion of family support services for non-Medicaid families, and 12 million to create a short-term hospital diversion service for complex-care, cross-systems youth.

And workforce, the bonuses need to be adjusted to include our workers who work fewer than 20 hours a week. The COLA needs to be adjusted so it includes children's health home care managers, and to authorize the COLA for five consecutive years.

Add a state income tax credit for

direct workers so we can retain them for the next five years. And then add funding for the Master's in Mental Health Scholarship Fund that Senator Brouk and Assemblywoman Fahy have introduced. And include revisions to the scope of practice for licensed mental health counselors.

New. Capital needs. We need a more targeted approach to the capital needs for behavioral and developmental disability providers. There's a statewide healthcare facility proposal; we want a statewide behavioral and developmental healthcare facility transformation program.

And we think we have to work really diligently to enact the Medicaid managed care reforms, especially protecting children with special needs.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And our next up is Matthew Shapiro, National Alliance on Mental Illness New York State.

MR. SHAPIRO: Thank you so much,

Senator. Good afternoon. My name is Matthew Shapiro. I'm the director of public affairs for NAMI-New York State, the state chapter of the nation's largest grassroots organization, dedicated to improving the lives of individuals and families impacted by mental health disorders.

Before I start, I want to quickly mention that during the day here many legislators have detailed the importance of meeting the mental health needs of frontline workers. And NAMI-New York State does offer free programs to enhance frontline wellness, so a pitch for that.

New York cannot recover and begin to move forward from the events of the past two years without addressing the growing mental health crisis -- which has existed long before the onset of the pandemic. The time is now to invest in programs and supports designed to help those impacted by mental health and substance use disorders. NAMI-New York State has three main priorities for this budget: Making the necessary investments to

address years of underfunding in behavioral health services, providing a mental health response to a mental health crisis, and investing in New York's mental health housing programs.

My colleagues Glenn and Nadia earlier spoke on our first concerns, and you'll see it in our written testimony that we fully support their asks, as they're long overdue.

I want to focus on the historic opportunity New York has to address one of our greatest social justice issues, the criminalization of mental illness, by supporting Governor Hochul's proposed investments in the 988 mental health crisis line and crisis stabilization centers.

The implementation of 988 provides New York with an opportunity to reimagine crisis response and create a fully functional mental health response system. 988 is more than a number. 988 will provide a diversion from the criminal justice system and a gateway to recovery, healing and hope.

I urge you to support the Governor's

proposal to provide $35 million in fiscal year '22-'23, which will expand to $60 million in fiscal year '23-'24 for 988. Every penny of that investment is needed, as to be successful and truly aid those it is designed to help, 988 must be appropriately funded in order to provide 24-hour statewide coverage, seven days a week, with all the services offered in-state with the ability to provide local resources in a linguistically and culturally competent manner.

Additionally, funding must be available to educate the public on the differences between 988 and 911.

Governor Hochul's funding proposal will meet these needs, and we urge you to support this transformative investment.

Governor Hochul has also paired 988 with a proposed $100 million investment over the next five years to create 12 new crisis stabilization centers across the state.

These centers will provide immediate care for people who are experiencing a behavioral health crisis, providing a

treatment-appropriate and cost-effective alternative to the two options currently most utilized, police departments and hospital emergency rooms.

Senator Krueger, you expressed some concerns earlier about this model, and I'd be happy to discuss those with you and answer any questions you might have. And just really quickly, I do want to say that NAMI-New York State does also support Kendra's Law, and I'd be happy to answer any questions about that as well.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And our next testifier is Alice Bufkin, from Citizens' Committee for Children.

MS. BUFKIN: Thank you, Chair Krueger, and thank you, Chair Weinstein and all the members of today's committees, for holding this hearing today.

My name is Alice Bufkin. I am the associate executive director of policy and advocacy at Citizens' Committee for Children.

We're a multi-issue children's advocacy organization committed to ensuring every New York child is healthy, housed, educated and safe. We also help coordinate Healthy Minds, Healthy Kids, which is a statewide coalition dedicated to ensuring all New York children receive the high-quality behavioral healthcare they need.

Before I discuss the budget, I want to touch very briefly on the depth of the need facing young people in our state. We're entering the third year of COVID-19. We are hearing from young people, from families on the ground, from those who work directly with children -- some of whom you've heard from today -- the effects of loss of loved ones, of isolation, anxiety, economic insecurity and hunger, school disruption. These are factors that will have an impact on children's mental and emotional well-being for the rest of their lives unless we support them through this.

In New York the effects of COVID have been able to take such strong root in the

minds of children and families because we have never had the right foundation or commitment to children's behavioral health. We have a system that reacts rather than invests in prevention. Families struggle to access care when they need it until eventually all they can fall back on is emergency rooms and hospitals, after their child missed so many opportunities to get help early.

We need to do better, and we need to change the vision of our state so we fully invest in supports that children and families need at all stages of their lives.

We feel the Executive Budget takes critical steps towards achieving this goal. I want to touch on some of these areas today, and I urge support from the Legislature. Given the depth of need, there are also areas where our state must do more.

The primary reason children and families are unable to access services is because we don't have adequate provider capacity. That shortage is driven by a

chronic history of inadequate rates. That's why we're so supportive of the 5.4 percent COLA for human service workers, and the enhanced FMAP funding in the Executive Budget. Combine this with a significant and much-needed increase to outpatient mental health clinics.

We hope the recoupment of funds from managed care plan underspends, which itself addresses a great injustice, will allow these rates to be sustained and made permanent.

We also urge the Legislature to support language in the Executive Budget that includes children's services as part of the permanent extension of the COLA, as opposed to current statute, which has excluded children's providers.

Despite the real difference these enhancements will make for access, we know the children's behavioral health system has been underresourced for years, and we need to fundamentally reexamine how we've been calculating rates. That's why we urge the state to reform rate methodologies to ensure

rates are sufficient to meet children's needs and to conduct an annual assessment of the viability of clinical rates.

We also ask that the state address the rate cliff that will occur for children and family treatment and support services on October 1st if additional funding isn't provided.

I want to briefly touch on other areas we support in the Executive Budget. These include additional funding for workforce bonuses, home-based crisis intervention and RTFs, proposals to ensure telehealth parity, and the alignment of services in Medicaid and CHIP.

We do, however, believe there are additional areas that need deeper investments. It's very encouraging to hear Commissioner Sullivan's remarks about adding funding for Healthy Steps. We strongly support additional funding for two generational multidisciplinary models that integrate mental health for young children and caregivers in pediatric primary care

settings. We also support additional funding to extend family support services to families without Medicaid, and to build on many of the workforce supports Commissioner Sullivan referenced.

I want to thank you all again for your time, and please look to my written testimony for more details. Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

And last on this panel, Justice of the Supreme Court, retired, Arthur Diamond.

JUDGE DIAMOND: Thank you very much, Chairs Krueger, Weinstein, members of the committee. Thank you for having me here. And a special hello to Assemblyman Ra. It's nice to see a Nassau County friendly face there.

Prior to my retirement from the bench in March of 2020, I was, amongst other things, the supervising judge of guardianship matters in Nassau County. As you probably know, under Article 81 of the New York State Mental Hygiene Law, once an individual is

found to be incapacitated by a justice of the Supreme Court, the statute states that the courts must -- shall -- appoint a guardian for that person.

Unfortunately, today there are instances where judges are not able to find individuals who are willing to serve in that capacity.

I am here today asking that the funds for a former grant that we had obtained for us by then-Senator Kemp Hannon to address this need, be reinstated so that we can begin to use those funds in these cases where we are unable to find guardians.

At that time with those funds we in Nassau County established a pilot program which utilized specialized social workers, known as geriatric care managers, to be guardians in these cases where we had no one to serve. This alleviated the need to put judges in the uncomfortable position of asking attorneys off the Part 36 list to serve as guardian for free, which had been the practice up until then.

Attorneys today simply do not want to serve as guardians anymore, especially when they can't get paid.

The grant, which had been for $250,000, allowed us to meet our statutory requirement of appointing graduate guardians by appointing geriatric care managers to fill the gaps in cases where, one, there was no family member or friend who was willing to serve and, two, where the individual did not meet the requirements of the county's public guardian program.

During the time of the grant's existence, we found that the $250,000 that was allocated to us actually served to solve the problem. As I'm sure members of this committee know, the elderly population in New York, as in the rest of the country, is the fastest-growing segment of our state. The number of incapacitateds is likewise growing incrementally. I believe the statistic is that by the year 2030, there will be more 80-year-olds than 5-year-olds in our state.

Incapacitated persons may very well be the most vulnerable members of our population. Many have severe dementia and Alzheimer's. They live alone and simply need guardians to survive. I hope that you will see the value in our program and reinstate the grant in this year's budget.

Thank you very much for the opportunity.

CHAIRWOMAN KRUEGER: Thank you very much, Judge.

All right, I see the hand up of my chair of Mental Health, Samra Brouk.

SENATOR BROUK: Thank you so much. And thank you to all of our panelists.

I'm going to hone in on a question to Alice. Alice, I appreciated your testimony specifically as it pertains to the effects it's having on children.

So there's no surprise, I agree with you in terms of supporting the COLA, knowing that we need to extend the COLA -- and the fact that money is not going to be enough to actually solve this crisis and make sure that

our young folks are getting the services that they need.

So I wanted to bring something to your attention and get your reflection on it. So in the Governor's proposal in this Executive Budget, not necessarily within the mental health piece, but with respect to nurse practitioners and pharmacists, we've seen that there have been scope-of-practice changes proposed in the Executive Budget. So my question is, given the exacerbation of the COVID-19 pandemic and the workforce shortage that you've talked about, that many folks in here have talked about in New York State for mental health providers, I want to hear more about what that impact would be if we did the same for our LMHCs, our LMFTs and licensed psychoanalysts on reducing some of the challenges that we currently have with children's mental health.

And then I'm just going to pile this on there and give you the rest of the time to speak. Similarly, even if we won the 500 million additional funding, even if we

continue with the 5.4 percent COLA and we get it not to sunset after next year, what will happen if we don't change the scope of practice of these licensures for our young people?

MS. BUFKIN: Thank you so much, Senator, for that question.

So absolutely, the scope of practice issue is one that I know, you know, you're focused on and that I think many of our partners are as well, given that, you know, one of the challenges within the state is that we just don't have enough providers who are able to diagnose.

And so there's so many places within the system where we have a logjam where children are blocked, there's so many doors that shut in the face of families, and that's one area, is the ability around diagnosis. And so I know that's one area where having LMHPs have that ability can increase the opportunity to have more children able to receive a diagnosis and ultimately receive services.

Now, of course I think there are lots of areas where we wish we could get services to children without a diagnosis. But because that is needed, we really need to address that issue around licensing.

So, you know, I think that's very important because -- to the second part of your question -- anything we can do to increase not only the number of providers but the ease with which children and families access it. Because I think beyond the lack of adequate provider capacity, the thing you hear from families is: I don't know where to go. Or: I went somewhere and it was overwhelming or intimidating, and so I couldn't get in to get services.

So, you know, with the last seconds I'll just say I strongly support, you know, that opportunity to increase the ability of more people to provide services to young people.

SENATOR BROUK: Thank you. Very well said, and very quickly.

CHAIRWOMAN KRUEGER: Assembly?

CHAIRWOMAN WEINSTEIN: We go to Assemblyman Ed Ra.

ASSEMBLYMAN RA: Thank you, Chair.

Judge Diamond, good to see you.

Just a question for you. Is this -- was this program unique to Nassau County? Does it exist anywhere else in the state?

I think you're muted.

JUDGE DIAMOND: So there are other guardianship providers. For example, you may be familiar with Project Guardianship, which receives money from the OCA budget, that functions in the five boroughs.

We do not get any money from there. This grant was unique to Nassau and Suffolk. But I would say it essentially functioned in the same way, which is to avoid using attorneys as guardians and instead using social workers who specialize in this area.

But Project Guardianship does not serve any county outside of the five boroughs. So we're not eligible to receive services from them. So our pilot was unique, to my knowledge, to every county outside of

the five boroughs. If that answered your question.

ASSEMBLYMAN RA: Yes. Well, thank you very much for being here to testify about it and advocate for it. I certainly appreciate it, as a representative of Nassau County.

JUDGE DIAMOND: Thank you very much. I appreciate your kind words.

ASSEMBLYMAN RA: Just one other question, for Mr. Shapiro.

You mentioned your program with regard to, you know, helping frontline workers and all of that. If you can elaborate on that program and comment at all on what I asked the Mental Health commissioner about this morning, which was should we perhaps use some of that $2 billion that's set aside for COVID recovery and relief in this budget to maybe seed some mental health programs for first responders, healthcare workers, people who have, you know, suffered trauma serving the public during this pandemic.

MR. SHAPIRO: Thank you, Assemblyman. I appreciate that question.

NAMI is not a direct provider of services. We offer peer-led supports. So again, any of our trainings or support groups are, you know, peer-led.

So for frontline workers, you know, NAMI on the national level has been very dedicated to this issue and created a program, a frontline wellness program where we go in and give presentations. And they've been to everything from, you know, people who run suicide hotlines to direct care workers to childcare workers. I mean, the definition of frontline workers has certainly expanded.

And we do have, like I say, a free program that we offer to these different providers, frontline providers, to talk about their mental wellness, give them strategies to enhance their wellness, and give them the opportunity to discuss the experiences that they're having.

To the second part of your question -- and again, sir, if you contact me, I'll be more than happy to give you more information about that program.

To the second part of your question, you know, as not a provider of direct services, I'm not sure if I'm qualified to say how that money should be spent. But thank you for asking.

ASSEMBLYMAN RA: Okay. Well, thank you for your work.

MR. SHAPIRO: Thank you, sir.

CHAIRWOMAN KRUEGER: Thank you.

I don't see any other Senate hands. You may or may not have other Assemblymembers in line.

CHAIRWOMAN WEINSTEIN: No, we don't.

CHAIRWOMAN KRUEGER: Okay. Then I'm going to thank this panel for your participation today, and I'm going to move on to what I said was the second half of a panel, but it really was its own panel, my printout just left the "Panel C" part out.

So Panel C: New York Association for Psychiatric Rehabilitation Services, Harvey Rosenthal, CEO; New York Lawyers for the Public Interest, Disability Justice Program, Ruth Lowenkron, director; Correct Crisis

Intervention Today-New York City, Evelyn Graham Nyaasi, steering committee member; and Western New York Comprehensive Care Center for Eating Disorders, Mary Tanillo, director.

So we'll start with Harvey. Good afternoon, Harvey.

MR. ROSENTHAL: Hello, Senator.

And thank you to the chairs and the members of the committees for your long and strong support for New Yorkers who live with mental illnesses. And again, to the Governor and the Mayor for hitting the ground running, as you heard this morning.

NYAPRS agrees with all of the advocates you've heard from here today about the COLA, the investment funds and all that side. I'm not here to really focus on that. I'm here to focus on Kendra's Law and alternatives to Kendra's Law.

I'm a person in recovery, and I represent people in recovery across the state, people with fairly serious mental illnesses. Our hearts go out to the Go family. We know about violence. We're 11

times more likely to be victimized. There is a mental health crisis in New York City, and it's around the state and the country, and it's been here a long time.

Examples can be found in the New York Times articles on both Andrew Goldstein in 1999 and Simon Martial a few weeks ago. Both of these gentlemen were subway pushers. They both wanted help. They weren't trying to avoid help. They both wanted longer hospital stays. They both wanted better medication. They didn't want to have to deal with short admissions, failed discharge plans. They both wanted housing. They both experienced a lack of access, engagement, activism, poor follow-up, as well as low coordination and accountability.

The tens of thousands that NYAPRS represents are frightened, and their health is worsened by the characterizations of them as dangerous, and this round-'em-up mentality and calls to sweep them up and sweep away their rights, and proposals to institutionalize them for 90 days, one year

and three years.

We feel that the public and politicians are blaming the victims here. It is not our fault, and their fault, that they're not able to get access to good care. It's not their fault that they're not able to get people who have time to listen and respond and, when they don't show up, go out and find them and don't call them noncompliant. It's not their fault that they have to wait in traumatizing emergency rooms for days and then leave in a few days for hospitalization.

It's not their fault, folks, it's our fault. The Governor and the Mayor have really shown some real steps here, and those are the real solutions. We shouldn't be forcing people into the same services that have failed them. These new programs that are coming online -- help is here, and help is on the way, and much more is coming. And those are our solutions. And peers need to be in -- people who are in recovery like me.

I'm heartened by the Mayor's

appointment of the commissioner, Ashwin Vasan. He's a recovery guy. He's going to do a great job.

In terms of the services that we have, you heard about 988. You don't get a policeman, you get a counselor. Community stabilization centers, I did call the guy that runs it. They do take homeless people. Just wanted to note that clarification.

There's a model in Western New York -- oh, I got to go faster than that. So there's outreach and engagement programs, crisis stabilization, housing-first programs. We really ought to have longer stays in hospitals, better discharge planning with housing and peer bridgers, who help people make it in the community. These are the real remedies.

So we call on policymakers to look beyond the false solutions getting pushed in this atmosphere of fear, tragedy and media pressure.

CHAIRWOMAN KRUEGER: Thank you very much, Harvey.

Our next presenter, New York Lawyers for the Public Interest, Ruth Lowenkron.

MS. LOWENKRON: Thank you so much. Good afternoon. Ruth Lowenkron, director of the Disability Justice Program at New York Lawyers for the Public Interest. We are also a member of Correct Crisis Intervention Today-New York City; you're going to hear from one of our members.

And very importantly, I want to share that I am what's known as a family member. I have a sister with severe mental illness, and that informs a lot of my thinking and certainly provides me with a lot of the passion for my advocacy work.

I'm here, like Harvey, to say -- as I have said and my organization has said since its inception -- no to expanding Kendra's Law, no to amending Kendra's Law. And why? Because Kendra's Law is not the answer. I am with Harvey to say of course what happened to Michelle Go, what happened to Kendra Webdale, it's horrible. But this is not emblematic of our community. Our community, as Harvey

says, is much more likely to be the victim. Not a violent community.

But we don't want to ignore there can be violence and danger, and we do want to address it. So how to do that is by the other routes that Harvey and I have both laid out extensively in our testimony, and that Commissioner Sullivan has also addressed, and which include housing and employment options.

What's critical is there's no place for coercion. Forced treatment is not treatment at all. It's long been rejected by practitioners -- I have cites to that in my testimony. The vast racial disparities in implementation are key to consider. Seventy-seven percent of Kendra's Law has been enforced against people of color in New York City. That is already a huge question mark about Kendra's Law.

It's never been shown to be successful, notwithstanding some attempts to suggest otherwise in reports. It's not a violence-prevention strategy. And there are the less-invasive models that we lead to.

I suppose I should close, as an attorney, to talk about the legal problems with Kendra's Law, lest we think it is only a problem from a sociological perspective. It is also very much so a problem legally.

When you try to suggest that we can amend the law with a vague standard of now having it applied to those who have experienced, quote, a substantial increase in symptoms of mental illness, with no definition provided, and absolutely no requirement that there's the showing of dangerousness, you are violating rights. And I can't say it more strongly than that.

And in the same way that I think that will be a huge infringement of rights -- and again, to repeat, just the wrong way of going about what we want. We want to eliminate dangerousness. AOT, Kendra's Law, does not do that.

Just in the same way that we are concerned about Kendra's Law, we're also concerned about what we understand are moves afoot to amend and make it easier to commit

individuals under forced commitment procedures. We strongly oppose that as well.

Thank you so much.

CHAIRWOMAN KRUEGER: Thank you.

Correct Crisis Intervention Today, Evelyn Graham Nyaasi.

MS. NYAASI: Hello. I would like to thank the Assembly for allowing me the opportunity to speak.

I just want to say that I am a peer, I am also an advocacy specialist, and I work at Community Access. And I'm also a steering member on CCIT-NYC, Correct Crisis Intervention Today.

I wanted to say that my family -- someone called the police on me and said that I had a knife, and I didn't have a knife. And I was taken to Bellevue Hospital and dropped off. They kept me there for two weeks. I did nothing wrong, and I couldn't believe it. When I came back out, I was traumatized and I had no trust for the doctors or therapists or family members at that time.

I can only imagine how someone who's homeless and who has a mental challenge would feel out on the street, and also to have something done to them when they did nothing wrong.

CCIT-NYC opposes the extension of Kendra's Law because no one should be forced to do anything. People were failed by the mental health system and other agencies. Minorities are under systemic racism because the majority of them are the ones under Kendra's Law. They should replace Kendra's Law with intensive mobile treatment, which has a very good success rate, and they have it already in New York City.

People with mental challenges should not be hospitalized and thrown back into the streets. I'd like to thank the Governor and Legislature for passing the New York State 988 number. CCIT-NYC would like to have the budget passed so that they can keep the program going and that everything would be good. Yeah.

CHAIRWOMAN KRUEGER: All right. Thank

you very much.

And our last testifier on this panel, Western New York Comprehensive Care Center for Eating Disorders, Mary Tanillo.

MS. TANILLO: Thank you, Chairs Krueger, Weinstein, Brouk and Gunther for the opportunity to discuss the Comprehensive Care Centers for Eating Disorders today.

I'm the director of the Western New York Center at the University of Rochester Medical Center. And the Western New York Center, along with the Metro Center, based in New York City at New York Presbyterian/New York Psychiatric Institute, and the Northeast Center, based in Albany at Albany Medical Center, provide a cost-effective, coordinated, and integrated model of care and infrastructure across our state.

We're here to ask that you restore funding to the centers, as our funding was again dramatically slashed by 90 percent in the Executive Budget. Without your support, this critical piece of healthcare access and

infrastructure will end up closing.

New York State established the Comprehensive Care Centers for Eating Disorders in 2004 in an effort to increase timely access to comprehensive and continuous care, to maintain high-level quality of care, keep residents in the state for their treatment, and avoid the creation of redundant services in order to reduce costs.

Additionally, the programs in our center network are the only ones that cover the full continuum of service specifically for eating disorder treatment for New Yorkers who are covered by Medicaid or Medicare.

The centers also provide a number of services that are not covered by health insurance which are critical to timely recognition and treatment and relapse treatment. For example, care management, care coordination, patient peer mentoring, parent peer mentoring and life coaching, especially for the outlying areas of our state with no specialty care resources.

We educate lay persons and

professionals, and we use something called Project Echo, which is a telementoring, tele-education virtual platform for K-12 school personnel, primary care and behavioral health, to help them figure out how to intervene more quickly. We also offer statewide education and online education.

We also do research to come up with best practices.

Providing these services helps significantly reduce the downstream costs to our state by decreasing the use of acute-care services, decreasing readmission rates for individuals with eating disorders. These folks are known to be high service utilizers in the absence of well-coordinated care. The center model epitomizes a coordinated, effective approach to high need/high cost individuals, which is promoted by the New York State Department of Health and DSRIP. And what we do also supports the state's triple aim of improving care and health and reducing costs.

Eating disorders are serious

psychiatric illnesses associated with significant medical and psychiatric morbidity and high rates of mortality. For example, anorexia nervosa has the highest mortality rate of all psychiatric illnesses, surpassed only by opioid dependence.

Eating disorders are difficult to treat. They require specialized clinicians and programs. Early intervention is critical to success. Proper diagnosis is often missed because people still don't have a lot of education in their own disciplines. And treatment insurers often still limit treatment stays and settings.

We're grateful for the 1.06 million in additional funding the State Legislature regularly provides us in the enacted budgets, because without this we would close. We can't meet our legislative mandates with the proposed budget of $118,000, which is less than $40,000 for each center.

I appreciate the time this afternoon, and I'm happy to answer any questions.

CHAIRWOMAN KRUEGER: Thank you very

much.

And with that, I'm going to open it up to anyone with their hands up from the Senate. Samra, did you put your hand up?

SENATOR BROUK: I did, thank you, Chairwoman.

CHAIRWOMAN KRUEGER: You did, sorry, yes.

SENATOR BROUK: It was a last-minute hand raise.

First of all, I just want to thank you all for your testimony today. I want to especially thank you, Ms. Graham Nyaasi, for sharing your story and for being here with us today. It's always powerful to hear firsthand accounts.

And I want to direct my question to Harvey. I want to thank you for pointing out the responsibility that policymakers should be taking. I think you're absolutely right, both myself, as a newer policymaker, and those who have been in charge of funneling funds either to or away from what we know to be proven, impactful interventions for mental

health and substance use crises. And so we do have that responsibility.

And there's a reason, as you say, that a lot of folks who need these services, who would likely seek out these services, do not have them accessible to them -- they are not in a culturally competent way. They are not accessible to them in their communities. They can't afford them. They don't know that they exist. They're underfunded. The workforce isn't there for them. A number of things.

So I want to give you half my time here to present -- we've heard a lot of statistics about what a success Kendra's Law has been. On the counter side of that, what data or evidence do you have for what Kendra's Law has done to the population that is suffering from mental illness?

You're muted, Harvey.

MR. ROSENTHAL: Sorry.

I want to thank you for your work on 988 and stabilization centers. And Mrs. Gunther, I want to thank you, Aileen,

for that million dollars that set up that INSET program that engages people who might otherwise be on a court order 80 percent of the time. So I think that's really special.

Senator, you know, on the issue of research, a lot of people say that Kendra's Law is proven. But really science, as I understand it, is when you do a control study, head to head. And they did that in Bellevue Hospital in 1994, after people got -- everybody got more and better services. Half got court orders. There was no difference.

So when Kendra's Law was established, there was no real research -- there was program evaluation data, which means it was not a comparison, it was just people in the program. Didn't say why they were getting better.

And the Legislature, when they extended the law in 2005, said there should be a head-to-head study. But when the researchers came in, they did not do that. They failed to basically compare head to

head.

So we still don't know why people are getting better. Higher accountability, more access, you're getting to the front of the line of services, you know, you're getting sort of care coordination? Things -- everybody should get that. You shouldn't have to have a court order to get a working system.

So we don't -- I mean, the evidence is not in on that. And I don't think we should be fooled by that. I think the Bellevue study was the model. And even though the Legislature asked -- and I would ask you to ask again, to really compare them head to head, because there are 20,000 alternative sort of voluntary sort of packages, and 20,000 court orders since 1999, but we've never compared them.

CHAIRWOMAN KRUEGER: Thank you.

Assembly?

CHAIRWOMAN WEINSTEIN: We do not have any members. Thank you.

CHAIRWOMAN KRUEGER: Okay. Then I'm

going to take a couple of minutes. I want to, I think follow up on the same question as Samra's, so both for Ruth and Harvey.

I hear you that a Kendra's Law that simply locks people up in some way and doesn't do any kind of real follow-up or care, you know, is basically just what we do with half the population on Rikers every day, whether we ever put them through an AOT or not. And we know that that's a horrible model and is the least humane approach to mental health certainly in my lifetime. But it is also --

ASSEMBLYWOMAN GUNTHER: I just want to say quickly they don't lock them up, they -- just for the record, they don't lock people up, they basically afford them treatment.

CHAIRWOMAN KRUEGER: In Rikers?

ASSEMBLYWOMAN GUNTHER: I mean -- no. I thought you were talking about Kendra's Law.

CHAIRWOMAN KRUEGER: Well, no, I'm saying that Kendra's Law doesn't get used statistically that often. What we actually

do is just put people in Rikers, at least in New York City. So -- but thank you, Aileen.

So my point was there's got to be some model, at least in my city, for evaluating that somebody is acting out and beyond the ability to care for themselves that is not 24 hours in an emergency room, back on the streets -- or take you to Rikers. Those are the two models we seem to have.

I know you both don't think expansion or continuation of Kendra's Law is an answer. Tell me what you think does work. Because we're not going to get the universal type of coverage you want, given limited resources and the reality we live in, how do we target the most intensive services for the most in need so that we can counter this growing panic of the general population?

MR. ROSENTHAL: I think all the services that Ruth and I spoke about are the ones that people ought to get. There should be a lot more of them. In fact, the stabilization centers, they should have one in the subways.

We've really got to go full-bore on putting these kinds of services available to people -- and all people, you know, regardless of culture or race.

So, Senator, there's -- we -- that's been my point today, was we have so many new models that are coming on or have been on. We just have to build them real fast. And that's why we're encouraged that the Governor with the SOS teams, and the Mayor -- we can't get them up fast enough. We know how to help folks.

And I hate to say it this way, but if somebody is a danger to themself or others, we have a statute for that. People are admitted involuntarily. But if they're not, then it's our responsibility to engage them. And we have all these voluntary tools now; we just need to build them up quickly.

But before we -- what we ought to do is build them up quickly, not expand a law that's very controversial and is unproven, as far as I'm concerned.

CHAIRWOMAN KRUEGER: Ruth, you got

12 seconds. You want to add anything?

MS. LOWENKRON: No. Spot on, what I would say.

CHAIRWOMAN KRUEGER: Thank you very much, both of you.

Okay, I see no other hands -- just double-checking -- and Helene doesn't appear to have any, right?

CHAIRWOMAN WEINSTEIN: Right.

CHAIRWOMAN KRUEGER: So I'm going to thank you all for your testimony today, and your hard work every day.

And I'm going to call up the next panel, which starts with -- sorry. It's Panel D, Judicial Process Commission, Annette Moonstream {sic}; Treatment Not Jail Coalition, Jeffrey Berman; Housing Works, Charles King; New York Association of Alcoholism and Substance Abuse Providers, John Coppola; Friends of Recovery, Dr. Angelia Smith-Wilson; and Coalition of medication-Assisted Treatment Providers and Advocates, Allegra Schorr.

Starting with Judicial Process

Commission, Annette Monstream {sic}. I think I've gotten your name wrong twice now, I apologize.

MS. MONTSTREAM: That's fine. Thank you for having me.

Thank you for the opportunity to testify today. I'm a service coordinator at the Judicial Process Commission, also known as JPC, in Rochester, New York. At JPC we help many people apply for and obtain Certificates of Rehabilitation, along with sealing criminal records.

There are close to 40 percent of people in state and federal prisons that are diagnosed with a mental illness. Prisonpolicy.org research shows that incarceration is linked to major depressive disorders. The carceral environment can be damaging to mental health by removing people from society and eliminating meaning and purpose from their lives. People with mental illness stay four to eight times longer in jail than someone without a mental illness, for the exact same charge.

At JPC we work in close collaboration with Legal Assistance of Western New York, the Center for Community Alternatives, and the Monroe County Public Defenders Office, to ensure that each of our clients has access to treatment, both mental health and substance abuse, including legal representation. We have helped hundreds of our neighbors.

We have called ourselves the Rochester Reentry Advocates, which is a group of four organizations who meet regularly and share clients internally so that we are better able to meet their needs. Right now there are only six individual professionals providing these services. This is insufficient to meet the needs just of the people who reach out to us for help, and absolutely insufficient to support our outreach and public education efforts.

JPC was not funded at all by New York State last year, and we truly struggle to provide funding every year. We are asking that you include possibly 300,000 in the budget to fund our collaborative efforts,

which would enable us to double our staff capacity across three organizations in Monroe County. We would like to ensure that all of our clients have access to treatment, along with advocacy by highly trained, skilled professionals.

In closing, I would like to thank you for allowing me to testify. And if anyone has any questions, please feel free to ask me, or you can refer to my written testimony.

Thank you for this opportunity.

CHAIRWOMAN KRUEGER: Thank you very much.

Next we have Jeffrey Berman from the Treatment Not Jail Coalition.

You're on mute, Jeff.

MR. BERMAN: Good afternoon, and thank you very much.

I am a 25-year public defender and mental health specialist with the Legal Aid Society. I'm here to urge the Legislature to pass the Treatment Not Jail Act, which will create statewide treatment courts for justice-involved individuals with underlying

and unaddressed mental health and substance use diagnoses.

It is a lie that incarceration makes our communities safer. To the contrary, incarceration actually makes people more likely to reoffend. In my practice I have seen how incredibly traumatizing and destabilizing incarceration is. Too often, people languish inside jail and prison with inadequate mental health treatment and medical care, while exposed every day to violence and rampant drug use. They then emerge from incarceration into shelters or the streets without stable housing, medical care and mental health treatment in place. They're expected to procure housing, treatment, jobs and benefits while navigating the adverse collateral consequences of their criminal conviction.

This is a recipe for increased substance use, untreated mental health conditions and recidivism. It is a grotesque revolving door that harms not only these individuals but our communities as a whole.

Fearmongers spread misinformation that people with mental illness are more dangerous. Meanwhile, the statistics prove they are 10 times more likely to be the victims rather than the perpetrators of violence.

Misinformation also abounds that people facing violent charges or with prior violent convictions are less likely to succeed in diversion.

We all care about public safety no matter our race, ethnicity, socioeconomic status, or political affiliation. But to increase safety, we must amend existing judicial diversion to extend opportunities to those with mental health conditions. We should no longer buy into the fearmongering fallacy of us versus them and law-abiding citizen versus criminals. After all, we are all fellow community members equally deserving of the law's protection.

The Treatment Not Jail Act will expand the Drug Court Statute passed by Senate Republicans through the budget process in 2009. Currently a minuscule fraction of

nonviolent drug and theft-related charges are eligible for judicial diversion. However, people with serious mental health, intellectual or developmental disabilities are routinely rejected because substance use is not the primary diagnosis.

And there is no diversion statute for people with mental illness. This is despite the fact that one in five New Yorkers have a mental health diagnosis, roughly half of New York's carceral population is recommended for mental health treatment, and diversion courts that incorporate evidence-based best practices in the field of treatment science are very successful.

Access to existing makeshift mental health courts is unevenly and minimally applied, due to the prosecutor's gatekeeping power. Abysmally, only 30 mental health courts serving approximately 140 participants exist in New York -- despite there being over 40,000 incarcerated people, almost half of whom have mental health diagnoses. Even where there is a connection between the

criminal allegation and the person's mental illness, rejection abounds.

Without legislating mental health courts, our judges have zero power to admit a deserving person. With this legislation, our communities benefit and flourish, because an individual member in need will receive treatment and not jail.

Thank you for your time.

CHAIRWOMAN KRUEGER: Thank you very much.

Housing Works, Charles King.

MR. KING: Thank you, Chairs.

We welcome the substantial commitment of funding in the Executive Budget to address substance use disorder. We urge the Legislature to support the full range of new OASAS investments and initiatives, such as the expansion of mobile treatment services to increase access to MOUD, as well as new funding allocated to the AIDS Institute for additional harm-reduction services and naloxone distribution.

We applaud Governor Hochul's

appointment of Dr. Chinazo Cunningham as commissioner of OASAS. She is exactly who we need in this position.

Every year, an increasing number of New Yorkers are dying of drug overdose. It is time for New York to implement overdose prevention centers. We urgently call on the Hochul administration to authorize and the Governor and the Legislature to provide $3 million to fund at least the first five pilot overdose centers in the state.

Significantly, two overdose prevention centers that opened in New York City in November of 2021 report that as of February 3rd they have already reversed 124 overdoses.

We also need to decriminalize lifesaving buprenorphine and remove it from the list of substances it is illegal to have in one's possession.

We need to transform New York's homeless response, especially for people with mental illness. Over 30 years, Housing Works has housed many people with substance use

disorder and serious mental illness. Our Housing First model has proved incredibly successful, maintaining and stabilizing people with serious behavioral health issues. Increased support teams, as the Governor's budget proposes, will do little to decrease the number of unsheltered homeless people with serious behavioral health issues, without transitional and permanent supportive housing that provides essential behavioral health and case management services.

For good reason, most of these folk refuse to stay in the mass congregate shelter system. Yet hospitals continue to discharge people with psychiatric admissions to the shelter system, and outreach teams do exactly the same.

Housing Works is piloting a drop-in center and stabilization hotel for people who are homeless and living on the streets. It will have all of these services on-site. The facility will be low-threshold, harm-reduction oriented, and provide people with private rooms. We need to replicate this

model across the state.

With regard to the underinvestment in the nonprofit sector, we urge three things: First of all, that the COLA be applied to Health Home. Second, we call for a $21 an hour minimum wage for all New York State-funded health and human service workers. And third, we call for all New York State health and service contracts to recognize the federally approved indirect rate rather than giving just a 10 percent indirect rate.

Finally, in my final seconds, I'd like to call for justice for Nushawn Williams. Nushawn Williams, in 1999, a young HIV-positive Black man, pled guilty to reckless endangerment and statutory rape arising from allegations that he had sex with young women while knowing he was HIV-positive.

On April 9, 2010, four days before the end of Mr. Williams' 12-year prison sentence, then-New York State Attorney General Andrew Cuomo filed an application to have him

indefinitely civilly committed as a dangerous sex offender, based almost entirely on the fact that he was sexually active while HIV-positive.

I testified at Mr. Williams' review last January, and he was denied --

CHAIRWOMAN KRUEGER: Charles, I have to -- I'm sorry, I have to cut you off. You've gone past your time.

MR. KING: I -- I know I have. I'm happy to answer any questions about Mr. Williams. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Next, the New York Association of Alcoholism and Substance Abuse Providers, John Coppola.

MR. COPPOLA: Hi, good afternoon.

I want to just thank you for the opportunity to testify on behalf of substance use disorder prevention, treatment, recovery and harm-reduction service providers across the state.

And I want to begin by thanking Governor Hochul for making it possible to

provide testimony this year with actual resources on the table that could make a significant difference and will make a significant difference.

And also thank you to Commissioner Cunningham for setting the right tone for discussion of the OASAS budget by starting with a thank you to the substance use disorder's workforce in the middle of the COVID crisis and overdose epidemic. I really appreciate that.

And I want to just say that relative to the Governor's budget, we're very supportive of the proposals that folks have already specifically referenced. I want to make a plea that as the workforce increases and incentives are implemented, that we leave nobody behind, that we use a lens of equity in looking at that particular -- at those increases, so that people who do transportation, people who do custodial work in facilities, while they don't necessarily do direct practice per se, that they also be included, and everybody be included.

And then also we support the $500 million look at the -- to strengthen the workforce, to restore the 30 percent that has been cut from their salaries over the failure to include cost-of-living increases in their salaries for 15 to 20 years, almost. So we really support permanent changes to the workforce so that they can get the support they need.

A small adjustment that we'd like to request in the capital budget -- the Governor moved from $100,000 to 150,000 the definition of minor repair and maintenance. So we'd like for the minor repair and maintenance definition to be increased from 150,000 to $200,000, particularly given all of the inflationary things that are happening now with building supplies, et cetera.

I want to mention the social work licensing issue, which all of you have been dealing with for close to two decades now. I want to suggest that since we have had the exemptions in place for that entire 19 years and the system has been able to function very

well, that we make the exemptions permanent and that we move, as the Governor suggests, oversight of the workforce from State Ed to DOH.

I want to also suggest that we look at the pharmacy cut-out, carveout. The 340B program provides vital services to underinsured, uninsured, and undocumented folks. We want to make sure that they get the services that they will lose if that carveout goes forward.

I want to support the Governor's proposal that we make changes to managed care.

I just want to end by saying that we've asked you, the Senate and Assembly, to make sure that the funds that are in this budget are used well and support the vision of our commissioner to strengthen services to the underserved communities for prevention, treatment, recovery, and harm reduction.

Thank you.

Senator Krueger, I think you need to unmute yourself.

CHAIRWOMAN KRUEGER: Well, thank you very much. I failed to do that.

Dr. Angelia Smith-Wilson, Friends of Recovery.

MS. SMITH-WILSON: Good afternoon, Chairs.

Friends of Recovery New York thanks you so much. We love coming here and being able to bring the voice of the recovery community. We thank our legislative partners who have continued to work with us and who have shown up time and time again -- Senator Pete Harckham, the Senate Majority Leader, and all of our legislative partners.

We also stand in solidarity today with our mental health providers, as the recovery community has seen far too many Daniel Prudes. We've felt and seen far too many. And so we stand in solidarity with our mental health partners today.

FOR-New York works to build an infrastructure around the state through local recovery community organizations. We are here to strongly advocate for that

infrastructure to be supported financially. We are forever grateful for the increase in the budget, but I'm not sure if you guys are aware that recovery is still not funded as it should be in order to properly support treatment, individuals who leave treatment.

And not to mention there are individuals who never make it to treatment. They receive services directly in the community from recovery community organizations and recovery community outreach centers.

We are in strong support of building an infrastructure of recovery-oriented systems of care that will address people where they are, in the community. If an individual has, like I said, come from treatment, then recovery-community-oriented systems of care support an individual as they remain in the community.

I think New York has a -- we're at an opportunity here where we can really grow the infrastructure of recovery community-based services beyond what we've had over the last

year. We've suffered and continue to suffer losses to the opioid epidemic as well as COVID. FOR-New York is going beyond New York and advocating with our federal partners for a recovery set-aside. And I think this is an excellent opportunity for the Legislature to really go beyond other states and support a recovery set-aside.

This recovery set-aside would ensure every year the funds that are needed to build this recovery-community-based infrastructure that's needed, and also to improve the peer workforce and be able to properly pay the peer workforce. You've heard today from many of our partners with regards to workforce. I just -- I would be remiss if I did not speak about the peer workforce.

So those are our concerns and our considerations that we would like for you to consider today.

CHAIRWOMAN KRUEGER: Thank you very much.

And then our last for this panel, Coalition of Medication-Assisted Treatment

Providers and Advocates, Allegra Schorr.

MS. SCHORR: Thank you so much.

Thank you for the opportunity to testify today. And we are also thankful for a really good budget.

But according to the CDC, fentanyl overdoses are now the leading cause of death in people 18 to 45. Since 2020, fentanyl overdoses have killed more people age 18 to 45 than COVID. And that is too young to die. And it's also crucial that overdose deaths for Black Americans exceeded the rate of white Americans.

So as I said, we're grateful that the Executive Budget expands access to lifesaving medications that have been proven to be effective to treat opiate use disorder, and that it specifically supports access to methadone. And that's important because as we see fentanyl, we're going to need access to that higher -- those higher medications that methadone specifically is going to be able to treat effectively.

There are many initiatives that we

support, including mobile methadone. But nevertheless, to implement these initiatives and to ensure that all New Yorkers who need MAT can access it, we must take the opportunity to address some of the fundamental underlying gaps that exist in the OASAS system.

So we keep talking about workforce shortage. We have to be able to address that, to expand and to maintain these kinds of initiatives without destabilizing our existing programs. So yes, the 5.4 percent COLA is important, but it is insufficient to address this current crisis. So we need that $500 million that we asked for, a Medicaid rate increase.

But specifically, it's going to be necessary to restructure that reimbursement rate. We're going to need to look at how to incentivize MAT and how to pay for higher-credentialed staff in our programs so that we can support co-occurring disorders within those programs that we're now doing.

And a major barrier to expanding

access is the disparity that is already there in our outpatient program in the OASAS system. So an OASAS SUD outpatient provider and an OTP provider, both outpatient -- the outpatient program gets paid at a higher rate than the OTP for the identical service.

So why would an outpatient OASAS provider want to go ahead and add that methadone when they're not going to get paid the same amount, they're going to get paid lower? It does not make sense for them to do that.

So finally, I just want to call our attention to that we have to be mindful of expanding services when communities around New York are seeing an increase in homelessness, active drug use and crime on the streets. So that's something that we're going to need to pay attention to.

Thank you very much for taking the time to hear us today.

CHAIRWOMAN KRUEGER: Thank you.

And the first hand I saw up was Pete Harckham, the chair of our OASAS Committee.

SENATOR HARCKHAM: Thank you very much, Madam Chair.

And thank you to all the panelists. Great to see everybody. Fabulous testimony.

Unfortunately, in my short time I can only really focus on one subject area, so I want to follow-up on what Allegra was saying and also what John alluded to about the Medicaid reimbursement rate. You know, there's some good things to look at in the budget, but one of the underlying fundamentals has been the insufficient Medicaid rate and then some of the structural things about that.

So, Allegra, if you could expand a little more. And then, John, if you could talk about how it impacts your providers. And then if anyone else wants to join in. And if everyone could be as short and succinct as possible so we can get as many folks in. Thanks.

MS. SCHORR: Sure. So thank you for that question, Senator, I appreciate it.

On the outpatient side I would say

OASAS has a plan and has been working on integrating the two licenses. But a big barrier is this -- the fact that there's a disparity in the rate system. So if we could look at that and put some resources into balancing those two rate structures.

I think also we've heard over and over again that the ability for outpatient programs that are not OTPs to have more prescribers is a big barrier to adding MAT services.

And then as we talked about, being able to support the higher credential to get some master's level people that could actually diagnose those mental health needs for our patients. And I do think that there are ways that we could look at to make adjustments in those ways -- get that prescriber on board and make those adjustments.

And then very briefly, we do need to look at how to add methadone to our inpatient so that we get a more seamless delivery. We're still so very siloed, and there's

just -- that needs to be addressed also.

SENATOR HARCKHAM: John?

MR. COPPOLA: So I think a big thing is just looking at rates and saying, you know, are rates adjusted on an annual basis to keep up with inflation? It should not be possible for somebody to have the same rates today that they had 10 years ago.

But I think a more fundamental thing is have rates been trended? Anyplace where they have not, why not? And then how do we sort of revise that?

And I think a second thing is really looking at incentivizing best practice, incentivizing justice, equity, diversity and inclusion as a main piece of the way services are delivered, like rewarding a behavior, attaching value to the services, and incorporating that into the rate system.

CHAIRWOMAN KRUEGER: Thank you.

Helene, Assembly?

CHAIRWOMAN WEINSTEIN: We do have Assemblyman Burdick.

ASSEMBLYMAN BURDICK: Thank you.

I first have a question for Mr. Berman. And thank you for your testimony and for your support for the Treatment Not Jail Act. I am a cosponsor of that, and part of that is based on my being a member of the Correction Committee of the Assembly and seeing the need for this.

Do you know whether there's any kind of budget initiative, either in the Governor's proposed budget or whether there's any member who is proposing additions to the budget for, say, a pilot program to get this off the ground?

MR. BERMAN: Thank you. I don't know of a pilot program to get this off the ground.

But I will say this. Right now all treatment courts in New York State have a budget of $15 million. And we are proposing doubling that amount to prepare implementation for fiscal year 2023. That would involve hiring, training, setting aside court --

ASSEMBLYMAN BURDICK: Okay. Let me

interrupt you, if I can.

MR. BERMAN: Sure.

ASSEMBLYMAN BURDICK: What I'd like to do is if you can contact me offline --

MR. BERMAN: Sure.

ASSEMBLYMAN BURDICK: -- so that I can see whether there's someone that I can join with on that initiative.

I have a question for Angelia Smith-Wilson. And there are a number of bills in here that it only lists the Senate numbers. And so perhaps if you can provide me the Assembly companion bills, that would be very helpful. And I may already be on them. And if not, I have a good deal of interest in it.

MS. SMITH-WILSON: Absolutely. We can get that to you. I do have the Assembly numbers here, but I will have our director of policy email you -- email your office right away.

ASSEMBLYMAN BURDICK: That would be great. That would be great. Thank you so much.

MS. SMITH-WILSON: You are welcome.

ASSEMBLYMAN BURDICK: That's all I've got, thanks.

CHAIRWOMAN KRUEGER: Okay. I don't see --

CHAIRWOMAN WEINSTEIN: We also have Assemblywoman Gallagher.

CHAIRWOMAN KRUEGER: Good. I'm just going to make -- just one quick question -- no, that's okay -- also for Jeffrey Berman.

My understanding is there are mental health courts in each judicial district. So how would your community court for the mentally ill model be different?

MR. BERMAN: Sure. I mean, what we are proposing is expanding existing Criminal Procedure Law 216, which is very, very limited in eligible charges -- expanding it so that anybody with a mental health diagnosis or intellectual disability or a neurocognitive disability or a traumatic brain injury -- and the list goes on -- would be eligible for judicial diversion in New York State.

So we would be expanding existing CPL 216 and essentially legislating mental health courts in the State of New York.

CHAIRWOMAN KRUEGER: And I'm familiar with the community courts, at least as they operate in New York City. Does one argue that it really costs a lot more money, or you're just changing the job description of some courts and courtrooms?

MR. BERMAN: So I think this -- I'm going to go back to my prior answer. So again, we are expanding what is already in existence right now.

So right now all treatment courts in New York State are covered by a $15 million budget, and that includes the drug courts, that includes the ad hoc mental health courts, ad hoc veterans courts. What I mean by "ad hoc" is they're not legislative, they're not statutory.

So we are proposing doubling that amount of money -- and what's beautiful about Treatment Not Jail is we're building on an existing framework of statewide Article 216

courts. We already have drug courts in each county. The change is to expand it so that people with mental health conditions or other types of disabilities can access treatment in each county.

So that -- I hope that answers your question.

CHAIRWOMAN KRUEGER: No, it does. But I'm -- probably I was looking for the answer that it decreases the number of people going through more traditional courtrooms so it actually should decrease OCA costs on one side of the ledger, so to speak, because we're shifting into another model that you argue is more effective for people.

MR. BERMAN: Essentially, yes. We would -- the idea would be to centralize all treatment-based dispositions throughout New York State in each county, in a mental health court or in a drug court. And then we would have specialized treatment staff, specialized judges who are intimately familiar with providing treatment mandates to people who become entrenched in the criminal legal

system with health conditions.

CHAIRWOMAN KRUEGER: Thank you.

Now back to you, Assembly.

CHAIRWOMAN WEINSTEIN: We have two Assemblymembers. Assemblymember Gallagher first.

ASSEMBLYWOMAN GALLAGHER: Hi. It is such an honor to be here and asking this panel questions; so many of you run organizations that I really look up to.

And one of the things I was thinking about while listening to your testimony is that substance use disorder is a chronic condition. It is ongoing and it needs constant care. So I'm wondering, what gaps do you see in the continuum of helping people recover should we be advocating for to fill?

You know, we've been talking about housing and we've been talking about Medicaid reimbursement, but I know that there are many other pieces of a program that helps someone reenter into society, and I'm wondering what we could offer specifically in the budget that might help with that.

MR. COPPOLA: I think, you know, when the commissioner spoke a little bit earlier, she mentioned harm reduction. And, you know, that's a whole area that has been overlooked and underfunded forever. And, you know, even underfunded at the Department of Health. So there's I think a significant amount of work that could be done to strengthen harm reduction. I think the recovery programs are not available, readily available in every county in the state. That's really not acceptable. There's a significant amount -- you know, as all of us have been absolutely deluged with advertisements for gambling, et cetera, and there's very little in the way of resources for people with gambling disorder. The sort of need to counter all of the advertising and also the problem gambling I think is a huge need that's just coming up.

And I think, you know, just the underfunding of prevention for years and years and years. I mean, there is no shortage of really invaluable opportunities to invest in the system. A lot of the

innovative medication-assisted treatment issues related to transporting medication, making it more accessible, the strengthening of our residential treatment programs -- there's no place in the system that hasn't been impacted by the failure to adequately fund it for the last two decades.

So I think there's lots of opportunities to do some really exciting things.

MS. SMITH-WILSON: And I think just to support what John is saying, with regards to -- FOR-New York does a point-in-time survey every year at our conference where we intently and purposely ask the members of the recovery community, What are the issues? What are you facing with regards to gaps in services, or what are your concerns? So we have submitted that information in the form of our testimony even today.

But one of the things that I think about is, you know, when individuals have an opportunity to go to a recovery community center, an outreach center, they, you know,

have an opportunity to work with someone one-on-one where they can look at every aspect of their life. And if that is dental needs -- I mean, a lot of times folks don't even think about that. And, you know, we are focusing on the major things: Housing, as we should; transportation, as we should.

But there's individuals, as they look to restore their lives and their dignity, there are those in-between services that we kind of take for granted. And so I think that having an opportunity for individuals to have these recovery community outreach centers in their community, where they live, to actually, you know, see and feel what goes on, gives people an opportunity to partner with someone right in their neighborhood to begin to help them to rebuild their lives.

CHAIRWOMAN WEINSTEIN: Thank you.

So now we'll move to Assemblywoman Kelles.

ASSEMBLYWOMAN KELLES: Thank you so much. And I think there's no way to ask all the questions of, you know, of all of you.

The information you've given is incredible. I wish I had several days to read the testimonies before the event, but I will go through all of them and may follow up with some of you.

I did have one question for Mr. Berman. I asked a question of OCA in their hearing about mental health courts, or wellness courts and whether or not it's possible to have one in each county, given how successful they are. And the response was basically "We need more money for that," or "It's too expensive."

And so I'm wondering -- you know, you mentioned 15 million to add to all of them. Is the vision that you have that you would centralize, in each county, that there would be sort of a central administrative system in place for all of the treatment courts? Is that what you were envisioning? And is that a recommendation?

My understanding is that -- and you mentioned this, and so I'm just trying to get clarification -- that there are treatment --

there are assistants and case managers in the court system specific to each treatment court that are necessary and that might not be able to overlap between them. So I'm just trying to get a sense of what that picture would be and whether or not that 15 million that you're requesting would cover all of the treatment courts. In your assessment.

MR. BERMAN: So the 15 million would be an amount of money that would help, essentially, before this new law takes place, takes effect. That money will be used to prepare the State of New York, prepare the courts, prepare the stakeholders, to put everything in place so that it runs well.

As I said before, there's already -- there already are treatment courts in each county in New York State. One of the key components of the Treatment Not Jail Act is a transfer mechanism. What that means is that if you don't have a mental health court in your community, then you would be able to transfer your treatment to another community that does. And that's something that we can

discuss, if you'd like.

ASSEMBLYWOMAN KELLES: I would love to follow up.

And then just really quickly, in my last couple of seconds, one of the things we haven't discussed, and this I guess is for the whole panel, is support in workforce development for the population. So if someone wants to attack that issue, that would be great.

MS. MONTSTREAM: Just for myself, I mentioned that our non-for-profit organizations have been helping apply for Certificates of Rehabilitation or Certificates of Good Conduct once someone has a conviction.

And some of the mental health and substance abuse participants need their background cleared so that they would be able to be employed and become productive citizens in the community, and that holds them back. So that we have to obtain their rap sheet, we have to go through their rap sheet, and then they have to apply.

And so that's very emotional, also, for them to go back through and go -- writing personal statements, going back through their life experience, what had happened, and then applying for that.

But we do a lot of encouragement, we help them be positive, take classes, go into treatment and achieve those certificates of rehabilitation and succeed in life. So that is our goal, is helping the people become independent in their life.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

All right, I'm going to ask -- I'm going to thank this panel.

And I'm going to move on to Panel E, where we're starting with the Family Advisory Board, Care Design New York, Rachelle Kivanoski, member; Families Together in New York State -- actually, I think we have not heard from her, we'll see if she shows up -- New York Self-Determination Coalition, Susan Platkin; and the Self-Advocacy Association of New York State, BJ Stasio.

So we'll start with Rachelle.

MS. KIVANOSKI: Good afternoon, everyone. I am the parent of a 38-year-old son with autism and intellectual disability. I speak today representing not only Care Design but the Member and Family Advisory Boards of all seven Care Coordination Organizations and our 110,000 members and their families.

I want to thank Senator Krueger, Assemblymember Weinstein, Senator Mannion, Assemblymember Abinanti, and all the committee members here today for the opportunity to share our views on the proposed budget for OPWDD.

We are enormously grateful for the new spirit of collaboration displayed by Governor Hochul and Acting Commissioner Neifeld. We welcome their recognition of the needs of people with I/DD and also share their assessment of the severity of the workforce emergency we are confronting.

We applaud the proposed COLA, which will begin to financially stabilize I/DD

providers and enhance the resources available for people under self-direction.

The administration has proposed many potentially life-changing measures, such as the enhanced ISS subsidy, money for new supported housing, and plans for enhancing employment opportunities. The career ladders and enhanced educational opportunities for DSPs are also critical investments.

But the sad reality is that none of these wonderful new programs are viable without a stable workforce. It is unspeakably heartbreaking that many people with I/DD are now consigned to a quasi-institutional lifestyle. So many spend their entire days indoors, whether in their group home, their family home, their apartment, or a day hab program -- or sometimes, sadly, just stuck in bed. Access to programming is even more limited for those with the most complex needs or historic lack of access.

The resulting diminished self-esteem, loss of skills and behavioral regression is a

tragic byproduct of this staffing crisis.

We must, however, respectfully disagree with Acting Commissioner Neifeld. The proposed DSP bonuses will at best only help to maintain the unacceptable status quo. One-time funding does not raise the base pay above minimum wage and so will not significantly help recruitment. Taking care of this vulnerable and extremely diverse and complex population is clearly not a minimum-wage job.

We urge the Legislature to start the process of permanently increasing DSP wages by 20 percent this year. Convert the final proposed $3,000 bonus payment to a salary increase for these workers of approximately 10 percent now.

We also ask for an additional investment of at least $100 million in state funds -- 200 million with federal match -- and support OPWDD's proposal prioritizing part of the provider COLA to fund wage and benefit increases for their lower-paid workers.

Ultimately, establishing a permanently funded living wage is the only way to resolve this acute and chronic staffing emergency. We must have a concrete plan to phase in a true living wage for DSPs within the next three years. This would --

CHAIRWOMAN KRUEGER: Thank you. I'm sorry, you've used up your time. But we have the full testimony. Thank you.

Next is the New York State Self-Determination Coalition.

MS. PLATKIN: Hi. Good afternoon. Thanks for the opportunity to comment on the budget. I represent the New York Self-Determination Coalition, an independent group of volunteers who have been advocating for self-directed services for people with I/DD for over 10 years.

We appreciate the proposed increases in funding to OPWDD. However, there is more work to do. OPWDD's self-directed services represent the most authentic expression of the ADA, the Olmstead decision, and the HCBS Home and Community Settings Rule.

For example, my daughter Ruth, 35, has used self-directed services since finishing high school. Despite being challenged by a rate genetic disorder causing significant intellectual disability and hard-to-treat bipolar disorder, and requiring her to have 24/7 support, she lives in a regular house with a roommate. With the help of staff, she shops, cooks, cleans, does laundry, takes out the trash, says hi to her neighbors just like the rest of us. Despite all her challenges, Ruth is living a good life with friends, a part-time job, and hobbies in the community where she grew up and went to school.

To live safely and productively, most people with I/DD needs staff. Even as our lives now are starting to open up, many people with I/DD are still in virtual lockdown without staff to support them. New York State needs to pay a living wage to all direct support staff.

Parents of neurotypical children worry about where they'll go to college, will they find love. Get any group of parents of kids

with I/DD and ask them their worst fear: It's "Where will my child be when I'm gone?" For parents over 60, this fear keeps us awake at 3 a.m.

In the past, the solution was get your kid into a group home. But we've moved on from this for most people with I/DD. We applaud the proposed increase in the ISS housing subsidy in the Governor's budget. Increasing subsidies to the HUD fair market rate will allow people with various support needs to better afford to live where and with whom they want. People will no longer have to give up living in neighborhoods that they know and where people know them.

Next I want to talk about access to self-direction. The Department of Health's CDPA program allows consumers or their representatives to recruit, hire, train and supervise staff to do health-related tasks. But people who use OPWDD's self-directed services are unable to use their direct support staff for these tasks. That means if someone needs assistance taking medicine or

insulin shots, for example, they must either live with their parents or in certified housing. They have no other options.

These are not highly technical tasks; they're things that people usually do for themselves. There's no medical reason not to extend what has been working so well for personal care to people with I/DD by amending Section 6908 of the Nurse Practice Act.

Finally, more than any other group, people with I/DD need an independent ombudsperson. Because of their disabilities, they're even more challenged to deal with the complex and often inefficient systems they're forced to use. Such a program would provide individual assistance to people with I/DD, family members and associates statewide, advise and advocate on individual cases and concerns, and provide accessible training on navigating the system.

Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

And our last on this panel, BJ Stasio,

Self-Advocacy Association of New York.

MR. STASIO: Hello, everyone. Thank you for having me here today. Our president, Tony Phillips, sends his regrets; he could not be here today. That's why I'm here. I'm the co-vice president of the board of directors for SANYS.

And our points are we would like to thank the Governor for the proposed budget. It is clear to see that New Yorkers with disabilities are once again a priority, and we ask that you stand with our Governor on many areas of the proposed budget that will help improve our lives.

The Governor is taking our direct support professional workforce crisis seriously, and we ask that you approve the following proposed investments in healthcare:

Worker retention bonuses that would help incentivize DSPs to remain in their current positions;

A much-needed cost of living adjustment;

Pathways to promote new skilled

workers in the DSP workforce, such as the SUNY for All Partnership; the Direct Professional Career and Technical Education Program at BOCES; and the Connect Immigrant New Yorkers to Direct Support Professionals Program.

These are all important, but they are not enough. We need investments to increase personal care assistance wages for people. Many New Yorkers with developmental disabilities depend on CDPA staff to meet their personal care needs, and many of us are in trouble. Even if the other investments happen, if we don't address the issue with CDPAP many of us will have our most basic needs not met and we will continue to suffer at home or end up falling into hospitals, nursing homes, or many traditional services.

This situation cannot stand anymore. It has taken years for New York State to understand and begin to respond to the DSP staffing crisis. You must also respond to the personal care crisis. People are really suffering, and it is our duty to act. The

time to act is now. We ask that you add an increase to the CDPAP personal care assistant wages in the New York State budget.

Last, I would like to -- I would like to congratulate the Governor on the appointment of the disability officer today. I read it, and it was good to see that.

However, once again, this is not enough. New Yorkers with developmental disabilities need an ombuds office to ensure that our rights are being honored and that our services are of the highest quality. And we ask that you recognize and fund this need in the new budget.

Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

All right, I don't see Senate hands up. I do see an Assembly hand, Helene.

CHAIRWOMAN WEINSTEIN: Yes. So we go to -- first to Assemblyman Epstein.

ASSEMBLYMAN EPSTEIN: Thank you, Chair.

And thank you, panelists, for being

here, and your testimony.

Winnie {sic}, if -- I just wanted to turn our attention just to employment opportunities for people with disabilities. What do you think the state needs to do to strengthen those so we can employ more people with disabilities across the state? I know I only have a couple of minutes, so if you could be short on your answer, I'd appreciate it.

MS. SCHIFF: So should I comment? Because this is not my panel.

ASSEMBLYMAN EPSTEIN: Oh, sorry.

CHAIRWOMAN KRUEGER: Oh, no, no, no. Winnie will come back when you're in the right panel.

ASSEMBLYMAN EPSTEIN: Sorry about that, Winnie, I apologize.

(Laughter.)

ASSEMBLYMAN EPSTEIN: Can I just -- for the other panelists, I just want to also raise the issue about the 24-hour work rule for care for people with disabilities.

And I just wanted to get a sense of

how people felt about the split shifts or the 24-hour work cycle and whether people felt like it was helping -- is it having a negative impact on the people -- the recipients in the industry, or a positive impact?

(No response.)

CHAIRWOMAN KRUEGER: I guess nobody wants to take you up on that one, Harvey.

ASSEMBLYMAN EPSTEIN: Well, okay. All right, then I'll come back for the next panel, then, Liz. Thank you.

CHAIRWOMAN KRUEGER: You're welcome.

Helene, I think you have another member with a hand up?

CHAIRWOMAN WEINSTEIN: Yes, Assemblyman Burdick.

ASSEMBLYMAN BURDICK: Thanks very much. And I want to thank all the panelists for their advocacy and for taking the time to meet with us.

I have a question for Susan Platkin. And you mention in here in your testimony advocating an increase in the ISS housing

subsidy. And I'm wondering if you could be more specific about that.

MS. PLATKIN: Sure.

ASSEMBLYMAN BURDICK: And also whether you happen to have any members in the Senate or in the Assembly that are trying to urge an increase in that, either through the 30-day amendment or by going through the one-house budget route.

MS. PLATKIN: Yeah, I do believe it's in the Governor's budget. I could be incorrect, but I believe that it is.

And, you know, I think Senator Mannion --

ASSEMBLYMAN BURDICK: And are you satisfied with the proposal of the Governor that's in the budget?

MS. PLATKIN: Yeah, to my understanding it's basically a housing subsidy that allows people who don't want to live in a group home to be able to --

ASSEMBLYMAN BURDICK: Sure. No, I'm familiar with it, I just wanted to know whether you're satisfied with that.

MS. PLATKIN: I believe that it's not really completely clear that it is going to the -- I've heard talk that it will go to the HUD rate, and that would be great. It's been 10 years since it was increased.

ASSEMBLYMAN BURDICK: And then you also -- is there legislation that you're advocating for amending the Nurse Practice Act?

MS. PLATKIN: Yeah, it -- I don't believe it's -- I think it's been -- it was -- I don't believe it's in front of anyone at this point. But we're moving towards that. It's not going to be a budgetary increase.

ASSEMBLYMAN BURDICK: No, no, no, I recognize that. It looks like a legislative -- you also -- ombudsperson needed. There is legislation afoot for that --

MS. PLATKIN: Yes. Yes.

ASSEMBLYMAN BURDICK: -- that perhaps you can help support.

MS. PLATKIN: Oh, yes, absolutely.

Yes.

ASSEMBLYMAN BURDICK: Great. Thank you.

CHAIRWOMAN WEINSTEIN: To the Senate.

CHAIRWOMAN KRUEGER: Thank you.

I don't think that we have any Senate hands up. Do you have any others, Helene?

CHAIRWOMAN WEINSTEIN: No. No.

CHAIRWOMAN KRUEGER: All right, then I'm going to thank this panel very much for your very effective advocacy, day in, day out, on behalf of so many people. So thank you for being here with us today.

And now we are going to jump to Panel F: The Arc New York, Erik Geizer; New York Alliance for Inclusion & Innovation, Michael Seereiter; InterAgency Council, Winifred Schiff; YAI, George Contos; and the Association for Community Living, Sebrina Barrett.

And we'll start with Erik from The Arc.

MR. GEIZER: Thank you, Senator.

I'd like to take the opportunity to

thank the esteemed members of the Senate and the Assembly for the opportunity today to provide feedback on the Executive Budget and the impact on our field and the people we support.

My name is Erik Geizer. I'm the CEO of The Arc New York. Our organization is a family-led organization that advocates and delivers essential supports and services, and our mission is to provide people with intellectual, developmental and other disabilities with the ordinary and extraordinary opportunities of life.

We are the state's largest voluntary I/DD provider. We support more than 60,000 individuals, and we employ more than 30,000 people at 36 operating chapters, and we're in every county of the state.

For years we've come to you advocating for investment into our system. Inflation has risen nearly 25 percent in the past decade, yet our field has received only a 1.2 percent COLA over that same period, with little other meaningful investment. This

lack of funding has resulted in wage stagnation for our staff and the inability of providers to maintain their basic physical infrastructures.

This decade-long lack of investment, compounded by COVID-19, has driven us to a crisis point that threatens the safety and well-being of the vulnerable New Yorkers we support and the future viability of the programs and services they rely on.

We have sat at this very table, although virtual this year -- and we've called for change, year after year after year, while our system eroded underneath us. Today, finally, I come to you with hope, not in desperation.

The proposed budget includes a 5.4 percent statutory COLA, investments in workforce bonuses, recruitment and retention initiatives, capital funding, and special education funding. It includes promise for the people with I/DD. Finally, our need has been heard. Finally, our workforce and services are being recognized as an integral

part of the healthcare system. Finally, New Yorkers with I/DD are being recognized as worthy of the care and opportunities we strive to provide them.

On behalf of our organization and the entire field, we ask that you support the Governor's proposed investments by including them in your one-house budgets. We ask that you consider these investments nonnegotiable. Specifically, the 5.4 percent COLA must be included in the budget. The workforce retention bonuses and recruitment initiatives must be included in the budget. Capital funding and special education funding must be included in the budget.

This will not mark an end to our crisis, but it will shift our course towards a solution. We will need sustained investment into our field to make sure we never hit this point again. Yet our basic call to you is this: Investment is desperately needed. Investment is finally proposed. Support that investment and continue to use your influence into 2023 and

beyond.

Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

And our next speaker will be Michael Seereiter -- I'm sorry if I'm saying it wrong -- New York Alliance for Inclusion & Innovation.

MR. SEEREITER: Thank you, Senator. It's Michael Seereiter, yes, from the New York Alliance for Inclusion & Innovation. We represent providers of services to people with disabilities and the individuals and families that they support. We are also a member of the New York Disability Advocates organization.

In past years we have appeared before you pointing to the dire consequences that a decade of intentional disinvestment was having on New Yorkers with intellectual and developmental disabilities supported by OPWDD. This year we have a remarkable turn of events -- an Executive Budget more positive than any we have seen in recent

memory. And what's the difference here? We have a new administration, in stark contrast to the previous one, that is making New Yorkers with intellectual and developmental disabilities a priority.

Overall, we are very pleased with the Executive Budget proposal this year. But it is not one year of prioritization and investment that will undo a decade's worth of neglect. Rather, we need sustained prioritization and sustained investments. This year's budget makes major strides towards stabilizing our system, while also beginning to work towards changes and investments necessary to sustain our system for the long term, and make it something that New York State can once again be proud of.

So let's talk about stabilization, workforce. We support the one-time direct support professional bonuses in the Governor's budget. But if there are going to be any conversations about sustained wage increases for frontline workers, we need to be at the table.

Secondly on workforce, we suggest an add to the one-house budgets for a tax credit for direct support professionals like that which is proposed by Senator Mannion.

Third, we would recommend including resources to expand the pilot BOCES and the pilot community college direct support professional recruitment programs currently underway. We recommend including resources to build a direct support professional credential and a career ladder, like those that are supported by Assemblymembers Abinanti, Gunther, and Senator Brouk.

And lastly on workforce, we would recommend expanding the eligibility for the Nurses Across New York loan forgiveness program, to include I/DD service providers.

Secondly, we support the COLA, the 5.4 percent COLA, as it would better support the infrastructure that serves as a foundation on which direct support professionals can be employed and can support people with disabilities. Importantly, though, we need both. We need both the

workforce investments and the COLA in order to keep up with our rapidly changing environment, while catching up for years of disinvestment.

Let me give you an analogy in an article from Auto Racing: "We can pay the driver all we want, but if we don't keep the brakes in good working order, put gas and new tires on the car, and have a pit crew that can do all that work to support the driver, the results can be catastrophic."

Lastly, we would recommend support for the Nonprofit Infrastructure Capital Investment Program and encourage the Legislature to amend the Statewide Healthcare Facilities Transformation Program to include nonprofit I/DD providers under OPWDD.

And on looking forward to the long term, we recommend supporting the $13 million for housing subsidies in the OPWDD's ISS and Self-Direction programs, like was mentioned before; adding resources for a specialized I/DD ombudsperson; and adopting a resolution acknowledging the importance of using

assistive and enabling technology to support people with disabilities.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Next is Winifred Schiff, from the InterAgency Council.

MS. SCHIFF: Thank you, Chair Krueger. And thank you to all the chairs and committee members.

I am Winifred Schiff, from the InterAgency Council of Developmental Disabilities Agencies. We represent about 150 not-for-profit providers of services in the metropolitan area, and our members provide services through the life span of people with developmental disabilities.

We are grateful to your continual support of our programs and services and people, and this year we're grateful to the Governor and our new Commissioner, also, who have given us hope for the future.

I will echo the words of my colleagues, and I can't say it any better than Michael. His race car driver analogy is

really perfect. After a decade of neglect, we're so grateful for the 5.4 percent COLA, which will help us to do a number of things, including raise DSP salaries, but it's employee health benefits, it's increasing wages for other frontline workers, and numerous other expenditures that help us provide quality services to people and their families. It all needs to happen at once.

As Michael mentioned also, the workforce bonuses we're greatly appreciative of, and the personal refundable tax credit and the Nurses Across New York tuition loan forgiveness programs. But absolutely, we need a correction in salaries. So if there's any discussion on increasing wages, DSP salaries and other frontline workers' salaries need to be part of that conversation.

I won't say too much more, although I could go on and on about employment programs. And I would like to answer Assemblyman Epstein's question. We have lots of work to do in residential and technology. We look

forward to participating in the 507 planning process with our new commissioner. And as I said, we're very hopeful.

In the area of employment, before I leave, I think things that would really change things for people with disabilities in employment would be to facilitate entry into the system and movement within the system. So right now there are so many barriers to becoming eligible and then moving from one funding stream to another, and even from service to service within the same state agency. Also working with kids during their last three years of high school would really assist in helping them to transition into adult services and employment.

And then of course extra funding for wages -- you know, DSPs absolutely deserve additional salary enhancements, but the employment staff have to have additional expertise. It's a very nuanced and interesting but not so easy position, and those staff really also deserve more money.

And then we love the idea of the pilot

programs that OPWDD is suggesting too.

Thank you.

CHAIRWOMAN KRUEGER: Our next up is George Contos, from YAI.

You're silent -- oh, there you go.

MR. CONTOS: Okay. Hello. Thank you, and thank you for this opportunity.

I'm the CEO of YAI, and since 1957 YAI has been providing innovative services to the intellectual and developmental disability, I/DD, community. Today I'm testifying on behalf of YAI's more than 4,000 employees who, every year, support more than 20,000 children and adults with I/DD and their families.

I'm testifying to help spotlight the reality that New Yorkers working in the I/DD field need your help. YAI, like every other I/DD agency, is experiencing a workforce crisis. Our program staff are struggling. According to a 2021 survey by the New York Disability Advocates, 25 percent of I/DD provider positions are vacant. More than 90 percent of agencies are showing a decrease

in job applicants, and nearly 40 percent seem unable to open programs due to staff shortages.

More than 70 percent of senior staff report covering multiple shifts a day, working overtime, to ensure that the people we support are receiving quality care. But the reality is that by virtue of residing in one of the highest cost-of-living states in the country, many of our staff need the overtime hours to pay their bills.

In what seems like a lifetime ago, working as a DSP meant earning above minimum wage and feeling respected by a government that acknowledged their challenging work. Fortunately, with New York's new administration and a united legislature, opportunity and ability exist to right the wrongs of the last decade. The 5.4 percent COLA increase for the I/DD sector and additional incentive payments for frontline staff included in the Governor's budget are greatly appreciated, but a true game-changer for the I/DD field and workforce would ensue

by realizing the wage increase in the proposed Fair Pay for Home Care legislation supporting salaries for home care aides at 150 percent of minimum wage.

I urge the Legislature to move forward in securing the Fair Pay for Home Care language in the final budget and ensuring that it applies to the OPWDD-funded workforce. With overwhelming support in both chambers, in concert with a state budget containing higher-than-expected revenue, a Fair Pay for Home Care wage increase would be a catalyst in reinvigorating and revolutionizing New York's system of I/DD supports.

Our staff gave tirelessly throughout the pandemic, risking health and safety to provide best-in-class services to the children and adults we support. The time has come for the great State of New York to recognize their efforts by providing them with base compensation that's competitive and commensurate with the constant challenges that a frontline healthcare worker faces.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And our last panelist, Sebrina Barrett, Association for Community Living.

MS. BARRETT: Thank you for this opportunity.

On this Valentine's Day, let me say that we love the proposed Executive Budget. Specifically, we support the two-year commitment of 104 million for community-based mental health housing, the 5.4 percent COLA for human services, the funding to support 988, and the property pass-through for supported housing.

Many of my colleagues who have been in the field for decades characterize these new dollars as unprecedented, and they are. But I prefer the term "game changer" because if these funds become reality, housing providers may, for the first time in decades, be able to move from feeling helpless to hopeful, from anticipating crises to embracing certainty, from struggling to survive to seeing programs thrive.

And for our weary frontline staff and our resilient residents, these funds say that they are seen after decades of underfunding. It says they matter, recovery matters, mental health matters. And so we thank Governor Hochul, and we urge that these allocations be fully funded.

For years we've advocated for modernization of the mental health housing models, some of which were created nearly 40 years ago. In short, costs have risen, clients need a higher level of care due to multiple co-occurring mental and medical conditions, and we can no longer pay staff a living wage.

First let's look at costs. Since the '80s, health insurance has risen more than 740 percent. It costs about $50 today to buy the same amount of groceries that $20 bought in the '80s. Rent has skyrocketed, not to mention new costs related to technologies, charity, privacy and, with the pandemic, PPE, tests and cleaning supplies.

Second, today's residents require 12

to 15 medications daily, up from one or two in the '80s. And they face multiple co-occurring medical conditions. We surveyed our members about residents who are aging in place. More than 40 percent of our residents are age 55 and over, and they are experiencing a total of 166 different medical conditions. Highest reported include hypertension, diabetes, COPD, heart disease, arthritis, cancer and dementia.

For these individuals, transition into a nursing home isn't a possibility. Nursing homes won't take people with severe mental illness. And even if they were to, they don't have the ability to care for their needs.

However, more than 75 percent of the housing providers who responded to our survey said that they also are not equipped to assist their residents with their aging medical concerns. They need nursing staff, on-site health aides, ADA-compliant space, additional staff and better pay.

Finally, our members have reported a

near 25 percent average statewide vacancy rate, with some having as much as 50 to 60 percent. Since the '80s, the work has gotten more challenging, but the pay has diminished. Many of our direct care staff make just minimum wage. They can't afford rent, food and childcare. And for the past two years, they have put their lives at risk to care for others.

Our members are seeing fewer qualified applicants, a sharp increase in interview no-shows, and senior-level staff are filling direct care shifts just to keep the doors open. This is unsustainable, and the funding in this proposed budget is crucial to the ability for these programs to survive.

Thank you.

CHAIRWOMAN KRUEGER: Thank you very much. Appreciate it.

I see Assembly hands; I'm just double-checking for -- oh, I see Senator Mike Martucci.

Hello, Mike. I'm going to give you the microphone first.

SENATOR MARTUCCI: Thank you, Chairwoman. I appreciate it.

Great to see everyone here. The first thing I will start off by saying is your voices are being heard loud and clear here. You are certainly some of the strongest advocates we always have in the budget process.

My question -- so you know that -- all of you that have been in contact with me know that I'm all in for the OPWDD-funded workforce being included with Fair Pay, because at the end of the day that's really what we need as a big part of the solution.

But my question is for Mike Seereiter. Michael, could you talk a little bit about the needs as you see them in that capital assistance program, sort of like where they are, broadly? Because that's sort of an area of interest that I want to give you another minute or two to talk about, because I think it's important.

MR. SEEREITER: I can do a little of this, but providers can do this even better,

and I'll ask George if he wants to jump in.

But, I mean, I'm thinking about all the -- any of the things that go into the general operating functions of these organizations, whether it's putting a new parking lot in, whether it's the new roof, the investments in IT, the investments in telehealth, the investments in any of the things that are like the new modern era. We need to keep these organizations and the services that they provide up with the modern era if people with I/DD and others are going to be participatory in that economy, in that service delivery mix, if you will.

So it's everything across the board. And organizations like YAI and others are gigantic organizations that can use those in a multitude of ways to support people from the things that Winnie was just talking about, from employment -- and using that technology to support people in maybe remote ways, when it comes to supporting people -- helping people pursue their employment goals, but also in that clinical space, in that

really heavily involved, supporting individuals with complex needs, et cetera.

These are -- it could be anything and everything in there. And here's an example of a place where that investment can also go an awfully long way for the entire sector.

CHAIRWOMAN KRUEGER: Okay. Thank you.

SENATOR MARTUCCI: Yeah, thank you, Chairwoman. And yeah, thank you, Michael. I just -- that's certainly what I suspected, and I think it is important that we make significant strides in that respect.

So I'll yield you back a minute. thank you, Chairwoman.

CHAIRWOMAN KRUEGER: Thank you, Mike.

All right, Assemblywoman?

CHAIRWOMAN WEINSTEIN: Yes, we have several Assemblymembers. We'll start first with Assemblyman Ed Ra.

ASSEMBLYMAN RA: Thank you, Chair. Thank you, everybody on the panel for -- Winnie and some of the others, I just wanted to see if you can elaborate on -- you know, I think it's been a theme of the hearing today,

both amongst legislators and advocates, that this is kind of a refreshing change to be talking about this budget in the context of making investments in this workforce, which is a great thing -- but the need that that continues in years to come.

So, you know, the COLA, the ARPA funds that are being used for bonuses and retention and all of that, all great. But what do we need to get to in the 2024 fiscal year, 2025, 2026, to actually get this workforce to appropriate wages and ultimately be able to retain and recruit new people to work with this population?

MS. SCHIFF: So just like lack of a COLA for over a decade forced us to allow our salaries to stagnate, we need continual COLAs every year to help us continue to face the increasing costs, continue to raise wages. You know, it can be an incremental thing.

On the other hand, like I said, we really do need a correction for that time period of neglect. And it's because the ARPA funds are wonderful for staff who currently

work for us, but it's not going to help us to recruit new people. So the $3,000 bonuses, that's something. But we need to absolutely raise higher in-rates for the DSPs and other frontline workers in order for us to be able to solve our staffing emergency.

MR. SEEREITER: Senator, I'd offer here that I think the prioritization point from before applies here. It's not one year of fixes, it's going to be multiple years of fixes.

And as an environment changes, and as that environment -- I mean, look at inflation. I mean, if inflation continues to do what it's doing now, we're going to need to have a very different conversation in a year or two. It's not like just picking a number and sticking with it, it's more of making sure that this remains -- these issues remain top-of-mind as we are talking about the budget for New York State and making sure that the services and supports for people with I/DD are there for years to come.

ASSEMBLYMAN RA: Great. I just -- you

know, thank you to all of you for your persistence. And you know you have partners in the Legislature who are going to keep this at the forefront. And it's great to be having this hearing, like I said earlier, you know, with some optimism that we're finally moving forward.

So thank you.

CHAIRWOMAN KRUEGER: Thank you.

I think it's still yours, Assembly.

CHAIRWOMAN WEINSTEIN: Yes, so we go first to Assemblyman Epstein.

ASSEMBLYMAN EPSTEIN: Thank you, Chair Weinstein.

And Winnie, I'll try this time again, okay? So maybe we can talk about more of what we need to be doing for employment opportunities for people with disabilities to create better pathways for all levels of employment. And I know we don't have a lot of time, so ...

MS. SCHIFF: I mean, I think the first place to look is getting people into the system and helping providers to get them into

jobs. So there's so many kind of structural barriers to eligibility and moving people from one funding source to another, if it's a different state agency, like SED, ACCES-VR, and OPWDD.

And just moving from a service like day habilitation to employment. And I think what we're working on those things, like within OPWDD, but we really need a cross-systems facilitation of getting people eligible and moving them from one place to another.

And then, for sure, it's helping students in their last three years of high school prepare for employment by getting them engaged with providers of adult services and employment services particularly.

ASSEMBLYMAN EPSTEIN: And just so I can just go on. So are there enough resources? I know we're hearing a lot about resources and we're doing better this year than we've seen. But are there really targeted resources that we could be doing here?

MS. SCHIFF: So the other thing that I was mentioning before is that while DSPs need salary increases, employment staff have a more specialized, nuanced job that really requires additional skills. They have to have excellent communication skills, and they're really doing a lot of fine analysis and teaching and just facilitating the whole process. Not to mention the whole consumer service. We're relying on the business community to hire the qualified employees with disabilities. So those staff salaries should even be higher.

ASSEMBLYMAN EPSTEIN: Okay. So centralized process system, that would be really helpful. Additional resources to help get people in high school into these job training programs or readiness programs. additional money for resources as they go through college and beyond.

Is there anything else missing from that piece of the puzzle that we are -- that you see that we don't see?

MS. SCHIFF: Well, I mean, I think

pilot programs, especially those that are tailored to the expertise of particular providers. Because we've got tons of experience, many of us have been placing people in jobs for 35 and 40 years, and we have ideas about how to do things differently and better. And I think that the pilot programs is a great way to do something that's replicatable.

ASSEMBLYMAN EPSTEIN: Thank you.

And I know I'm almost out of time, so thank you, Chair. And thank you for answering those questions.

MS. SCHIFF: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

We go to Assemblyman Burdick.

ASSEMBLYMAN BURDICK: Thanks very much. And thanks to all of the panelists. You are doing heroes' work in continuing to advocate, and I think the timing is exquisite of a real opportunity that we have with the new administration. So please, keep that up.

I just have a couple of questions here. One's a quick one, for Michael

Seereiter, and maybe you can just email it to me: Just the Assembly bill number that's the companion to John Mannion's bill on tax incentives --

MR. SEEREITER: I do not believe there's an Assembly same-as.

ASSEMBLYMAN BURDICK: Okay, well, contact me. Maybe -- I work with John all the time. Maybe -- maybe I'll carry it.

MR. SEEREITER: Thank you.

ASSEMBLYMAN BURDICK: To Winifred Schiff, you mentioned the need to work in the last three years of school.

Do you think that it would be helpful to expand the transitional services of ACCES-VR working with school districts to help in that regard?

MS. SCHIFF: Absolutely. And what I didn't say is that providers can work with students in their last three years, but they can't get paid for providing those services during the school day, and that's what makes it hard.

So if we could, through ACCES-VR,

solve that problem, it would go a long way to getting more students -- they would graduate with jobs. And then all we would have to do is support them in those jobs. Because they can get all kinds of great experience while they're in school and get jobs.

ASSEMBLYMAN BURDICK: Great.

And George Contos, just a quick question for you. You -- if I understood you correctly, you're a little concerned about the language in the Fair Pay for Home Care bill, which I'm cosponsoring. Do you feel that we need to clarify that, to expand it?

MR. CONTOS: Well, not being an expert -- you know, so I'll start with that. But I believe, from what I've been told and from the conversations I've had, there's a little bit of a lack of clear definition as to whether or not the OPWDD frontline staff would fall --

ASSEMBLYMAN BURDICK: Would be covered?

MR. CONTOS: Yes. And -- and --

ASSEMBLYMAN BURDICK: Okay, so that --

I'm sorry, I only have a minute or two.

Here's what I might suggest on that. If you'd please work with others that are looking at this and let us know. Because those that are in this, members of the Senate and the Assembly, I know would be very interested in looking at this to see if something needs to be modified.

And whatever you find, if you could provide it to the chairs, Chair Krueger and Chair Weinstein, then they would be providing it to other members of the Legislature. That would be very helpful.

MR. CONTOS: Of course.

ASSEMBLYMAN BURDICK: Thank you so much. And thank you again, all of you, for your advocacy.

MR. SEEREITER: Assemblyman Burdick, I need to correct the record. It was Assembly 9200, I believe is the Assembly same-as for the tax credit bill.

CHAIRWOMAN KRUEGER: Thank you.

And thank you, Chris Burdick, for being trained so well to make sure everybody

knows to get the copies to Helene and I as well. Thank you.

CHAIRWOMAN WEINSTEIN: We have no other questioners.

CHAIRWOMAN KRUEGER: I guess I have just one question for this panel.

So there's been discussion at various times about sending younger people out of state when we don't have the right services and programs here. Do you think we're making any progress in getting the right match for our own citizens so that we don't have to keep sending people so far away from their families? Are there models, pilots, anything out there that are working?

MS. SCHIFF: You first, Michael?

MR. SEEREITER: No, go ahead.

MS. SCHIFF: I was just going to say that the tuition that the out-of-state schools charge is way higher than what New York State pays for our residential school placements.

If we raise the rate a little bit, then we could provide the intensive services

that some of these students need, and keep them in-state.

So as it stands, there aren't enough opportunities and there sometimes isn't enough support for certain people who have really high needs.

MR. SEEREITER: I would echo that similarly, Senator. I think we have made little progress on that front, but I think we have some of the tools that we need to be able to make some progress, including things like moving toward an acuity-based rate structure for services in the OPWDD sector that would adequately and appropriately reflect the needs of individuals with complex needs.

There are many provider organizations that I think are more than willing to stand up and support individuals with more complex needs, but they need adequate reimbursement to be able to do so safely and appropriately. I think if we can start to move some of those administrative pieces of this puzzle around, we can probably start to make some progress

on that front.

CHAIRWOMAN KRUEGER: And you're reinforcing something I believed I knew, that we are prepared to pay much more when we send them out of state. So that while we always claim it's a monetary issue, we could actually conceivably save money and keep people closer to their families and their homes.

And of course one of the issues with out-of-state placements is we have no regulatory authority over what's really happening once they go there. They're no longer in New York State and might not even let us come and visit.

So you are confirming my concern and that there is an answer.

MS. SCHIFF: And we get no federal Medicaid match either.

CHAIRWOMAN KRUEGER: Ah, thank you.

MR. GEIZER: So, Senator, I would agree. And by -- you know, whether or not we would save money by keeping individuals who are complex here in New York -- I think we

would save money. But even if we didn't, we would be investing into New York State providers and supporting them to continue to build up programs that can support more complex individuals.

So it's -- from my perspective, it's a win/win.

CHAIRWOMAN KRUEGER: Thank you all for that. Thank you all for your work.

If there are no other -- oh, I see Aileen Gunther has her hand up, Helene.

CHAIRWOMAN WEINSTEIN: Yes, she does.

ASSEMBLYWOMAN GUNTHER: You know, as I listen to the conversation -- I talked to a gentleman that runs a center for people with disabilities, and I think that one of the major investments they have to make in New York State is building facilities so that -- right now many of the facilities have bed blockers. They can't move their adult -- their adult folks into a permanent residence because there are no residences available.

And what's happening now is we're sending them out of state, spending boatloads

of money, double what you'd spend in New York State, rather than making the assessment now in New York State. It's a very big problem. It's been going on, Winnie, for 10 years right now. Nobody's listening. Nobody's counting their pennies.

And, you know, it's a much more efficient way to do business. Plus there's a relationship with the family that loves you. So this is just -- it's kind of a travesty what's happening right now. And, you know, we've called -- I mean, I've talked to people till I'm blue in the face. We -- me and Mike Martucci, we represent the Center for Discovery. They have a ton of older, elder people. They're -- you know, you have a 24-year-old with a 7-year-old child. It's an inappropriate placement. But because of the blood -- bred -- bed blockers -- it's like a -- it's a twist to my language -- there's nothing to do.

So I think that in the future one of the goals we should have is building those facilities for people that have come into

adulthood that belong in a different space than with a bunch of young children. And I think it's the most important thing we can do for people with disabilities, and we need to do it right away. And we've been talking about it for a while, Winnie. You know. It's really -- and it's so stupid. We're spending so much money. It's the dumbest thing I've ever seen in my life.

It's like you've got to put the initial investment in, and then we're going to be clear sailing -- or better sailing. That's all.

CHAIRWOMAN KRUEGER: Well, I think that's a very good place for us to end this hearing, Aileen Gunther. Unless Helene has another hand up somewhere that I missed --

CHAIRWOMAN WEINSTEIN: No, we do not.

I just want to thank this panel as well as all the other witnesses who were with us -- and the commissioners -- today.

CHAIRWOMAN KRUEGER: I want to join you in thanking all the panelists from the final panel and all the rest of the panels

today. You know, it's a lot of meat when you put all these issues together in one hearing. Although I do think they go together.

So I want to thank you all. I want to close down this hearing and tell everyone not to worry, you can come back 9:30 tomorrow morning for the Transportation hearing. And then Wednesday we'll have our final two hearings of this season's budget -- I don't know, is it like a -- it's not a rush, but what do you call it? It's a 26-mile run, the budget hearings. So we will complete then sometime Wednesday evening.

With that, thank you very much, everyone, for your participation. Thanks, staff of the Senate and Assembly, for making sure this all works every day. And we'll see you all tomorrow. Bye.

(Whereupon, the budget hearing concluded at 5:14 p.m.)