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

JOINT LEGISLATIVE HEARING

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

Hearing Room B
Legislative Office Building
Albany, New York

February 16, 2023
9:37 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)

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

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

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

Assemblyman Angelo Santabarbara

Assemblywoman Mary Beth Walsh

Assemblywoman Chantel Jackson

Assemblyman Khaleel M. Anderson

Senator George M. Borrello

Senator Michelle Hinchey

Assemblywoman Anna R. Kelles

Assemblyman Chris Eachus

Assemblyman Alex Bores

Senator Gustavo Rivera

Assemblyman Brian Manktelow

Assemblywoman Jo Anne Simon

Assemblyman Brian Maher

Senator Lea Webb

Assemblyman Scott Gray

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Senator Kristen Gonzalez

Assemblyman Harvey Epstein

Senator Patricia Canzoneri-Fitzpatrick

Assemblyman Chris Burdick

Senator Peter Oberacker

Assemblyman Jarett Gandolfo

Assemblyman Keith P. Brown

Assemblyman Edward C. Braunstein

Senator Rob Rolison

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CHAIRWOMAN KRUEGER: Hi. If everybody would like to take their seats, particularly our three-agency panel, for the panel. And everybody else. Thank you.

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

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

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

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

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

the Governor's proposed budget 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 testimony there will be some time for questions from the chairs of the related committees and other legislators on the relevant committees for this hearing today.

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

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

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

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

Helene.

CHAIRWOMAN WEINSTEIN: Thank you.

We are joined by Assemblywoman Gunther, chair of the Mental Health Committee; Assemblyman Steck, chair of our Alcoholism Committee; Assemblywoman Seawright, chair of the Disabilities Committee; Assemblyman Braunstein, Assemblyman Bores, Assemblyman Burdick, Assemblyman Eachus, Assemblywoman Jackson, Assemblywoman Kelles.

Assemblyman Ra, would you like to introduce your colleagues?

ASSEMBLYMAN RA: Yes, thank you.

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

CHAIRWOMAN KRUEGER: And we were just

joined by Senator Gonzalez as well.

And Senator O'Mara, did you cover --

SENATOR O'MARA: No, I didn't yet. It's going to be a long day.

We're joined by our ranker on Mental Health, Patricia Canzoneri-Fitzpatrick; our ranker on the Substance Abuse Disorder and Alcoholism Committee, Peter Oberacker; and Senator Robert Rolison.

CHAIRWOMAN KRUEGER: Great, thank you.

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

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

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

questions.

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

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

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

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

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

And then, perhaps most importantly, when you ask a question, legislators, and the clock is showing three minutes, that's both for your questions and for the answers. So -- this is our pet peeve -- when you have 14 seconds left on the clock, please don't start a new question, because it's unfair to the panelists; they can't possibly answer.

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

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: 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 the respective committees, I want to thank you for the invitation to address the OMH proposed 2023-'24 budget.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Prevention services for New Yorkers.

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

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

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

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

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

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

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

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

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

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

confident as they do this incredibly important work.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRWOMAN KRUEGER: Thank you.

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

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

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

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

Our strategic plan is truly the

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

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

more than a decade.

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

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

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

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

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

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

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

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

Finally, the Executive Budget supports

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

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

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

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

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

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

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

SENATOR BROUK: Can you hear me? I

did this wrong yesterday. Is it on? Maybe? Okay, great.

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

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

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

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

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

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

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

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

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

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

as well.

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

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

OMH COMMISSIONER SULLIVAN: Oh, sorry.

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

OMH COMMISSIONER SULLIVAN: Sorry again. Is that better?

(Inaudible exchange.)

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

OMH COMMISSIONER SULLIVAN: Okay?

CHAIRWOMAN KRUEGER: That's working.

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

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

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

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

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

SENATOR BROUK: Commissioner --

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

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

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

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

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

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

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

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

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

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

SENATOR BROUK: Wonderful, thank you.

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

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

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

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

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

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

show up for a mental health crisis?

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

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

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

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

So we're trying to standardize across

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

SENATOR BROUK: I appreciate that.

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

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

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

(Laughter.)

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

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

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

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

SENATOR BROUK: Okay. So no diagnosing or --

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

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

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

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

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

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

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

SENATOR BROUK: Thank you, Commissioner.

CHAIRWOMAN KRUEGER: Thank you.

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

Thank you. Assembly.

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

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

Also I believe Assemblyman Santabarbara is joining us.

ASSEMBLYWOMAN GUNTHER: Good morning.

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

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

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

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

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

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

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

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

communities.

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

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

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

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

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

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

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

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

And I know that we're beginning to

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

OMH COMMISSIONER SULLIVAN: Thank you.

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

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

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

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

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

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Just to

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

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

OMH COMMISSIONER SULLIVAN: I know.

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

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

OMH COMMISSIONER SULLIVAN:

Absolutely. Agreed.

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

ASSEMBLYWOMAN GUNTHER: (Inaudible.)

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

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

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

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

(Laughter.)

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

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

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

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

Commissioner Neifeld used certain

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You know, we're partnering with the National Association for Direct Support Professionals, which, you know, as you know, is a nationally, you know, renowned organization that supports DSPs. We're working with SUNY, we're on the precipice of really launching with the new chancellor on an opportunity for our DSPs to become micro-credentialed. In addition to that, you know, working with SUNY Empire, we're offering opportunities for our DSPs to receive college credits that, you know, that are for the training that they receive to be DSPs, to be able to get college credits for that that they can put towards a degree, you know, if they're pursuing, you know, additional studies.

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

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

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

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

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

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

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

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

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

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

an external.

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

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

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

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

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

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

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

care is a vehicle that can support that.

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

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

SENATOR MANNION: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

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

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

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

OASAS COMMISSIONER CUNNINGHAM: Thank you for that question.

So there are two large areas that are

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

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

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

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

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

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

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

OASAS COMMISSIONER CUNNINGHAM: No, I

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

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

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

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

treatment is made available while in the system.

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

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

OASAS COMMISSIONER CUNNINGHAM: Yes.

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

health system, is that correct?

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

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

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

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

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

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

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

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

very important part of the team --

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

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

ASSEMBLYMAN STECK: The peers are not CASACs, correct?

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

ASSEMBLYMAN STECK: Thank you.

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

OASAS COMMISSIONER CUNNINGHAM: The COLAs?

ASSEMBLYMAN STECK: Yes.

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

important to our system.

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

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

OASAS COMMISSIONER CUNNINGHAM: Yes.

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

that is a little bit greater.

What are your thoughts on that suggestion?

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

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

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

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

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

ASSEMBLYMAN STECK: So you're saying

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

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

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

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

And we've been joined by Assemblyman Anderson.

And we go to the Senate.

CHAIRWOMAN KRUEGER: Thank you very much.

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

OASAS COMMISSIONER CUNNINGHAM: Office of Addiction Services and Supports.

CHAIRWOMAN KRUEGER: Thank you.

Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much.

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

The Executive Budget proposes an

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

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

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

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

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

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

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

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

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

SENATOR FERNANDEZ: A hundred

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

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

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

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

SENATOR FERNANDEZ: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So I hope that we can explore that after.

I yield the rest of my time. Thank you.

CHAIRWOMAN KRUEGER: Okay, thank you very much.

Next, Assembly.

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

ASSEMBLYWOMAN SEAWRIGHT: Thank you, Chairs Weinstein and Krueger.

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

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

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

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

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

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

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

CHAIRWOMAN WEINSTEIN: Yeah. Add 8 minutes, actually.

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

(Laughter.)

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

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

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

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

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

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

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

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

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

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

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

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

But certainly, you know, we are

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

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

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

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

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

requirements there.

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

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

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

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

OPWDD COMMISSIONER NEIFELD: So these

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

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

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

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

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

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

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

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

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

I can get you -- again, in the

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

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

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

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

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

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

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

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

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

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

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

closely with her.

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

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

CHAIRWOMAN WEINSTEIN: Thank you.

To the Senate.

CHAIRWOMAN KRUEGER: Thank you.

To the ranker, Senator Canzoneri-Fitzpatrick, and she is the ranker for Mental Health.

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

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

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

CHAIRWOMAN KRUEGER: Oh, better. better.

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

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

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

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

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

SENATOR CANZONERI-FITZPATRICK: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

the Governor's proposal.

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

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

SENATOR CANZONERI-FITZPATRICK: Okay. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

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

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

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

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

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

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Yes.

ASSEMBLYMAN GANDOLFO: All right, great.

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

OMH COMMISSIONER SULLIVAN: Mm-hmm. Yes.

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Yes. Yes.

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

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

(Laughter.)

OMH COMMISSIONER SULLIVAN: But it's 3500 units.

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

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

ASSEMBLYMAN GANDOLFO: All right, great. Thank you.

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

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

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

half.

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

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

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

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

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

ASSEMBLYMAN GANDOLFO: All right. Thank you very much.

CHAIRWOMAN WEINSTEIN: To the Senate.

CHAIRWOMAN KRUEGER: Thank you.

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

SENATOR OBERACKER: Thank you,

Madam Chair.

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

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

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

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

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

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

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

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

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

SENATOR OBERACKER: Thank you.

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

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

SENATOR OBERACKER: Very good.

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

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

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

SENATOR OBERACKER: Thank you for that.

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

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

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

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

CHAIRWOMAN WEINSTEIN: Thank you. We

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

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

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

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

ASSEMBLYMAN KEITH BROWN: Great.

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

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

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

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

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

ASSEMBLYMAN KEITH BROWN: Right.

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

ASSEMBLYMAN KEITH BROWN: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

A couple of my questions refer to

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

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

Thank you so much.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

To the Senate.

CHAIRWOMAN KRUEGER: Thank you very much.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OPCs work. We should fund them. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

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

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

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

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

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

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: You go

first, I'll --

OPWDD COMMISSIONER NEIFELD: Sure. And I -- Dr. Sullivan and I have been colleagues for a long time, and I think that our two agencies have been working together for a long time. But I think over the last, you know, several years we've seen, you know, even greater collaboration between our two agencies. We're talking constantly. We're working together constantly, both on case-specific issues and systemwide issues.

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

staffs are working together really daily on --

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

OMH COMMISSIONER SULLIVAN: Thank you.

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

ASSEMBLYMAN EACHUS: Thank you.

CHAIRWOMAN WEINSTEIN: Senate?

CHAIRWOMAN KRUEGER: Thank you very much.

Senator Gonzalez.

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

(Exchange off the record.)

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

CHAIRWOMAN KRUEGER: Yes.

SENATOR GONZALEZ: Great.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRWOMAN KRUEGER: I'm sorry --

OMH COMMISSIONER SULLIVAN: We'll get

it to you.

SENATOR GONZALEZ: Thank you.

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

Thank you, Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Gray, three minutes.

ASSEMBLYMAN GRAY: Thank you very much.

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

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

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

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

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

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

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

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

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

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

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

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

varies by need of services.

ASSEMBLYMAN GRAY: Sometimes weeks also, Commissioner.

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

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

ASSEMBLYMAN GRAY: Okay. Thank you.

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

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

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

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

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

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

percent.

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

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

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

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

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

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

SENATOR BORRELLO: Thank you, Madam Chair.

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

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

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

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

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

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

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

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

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Yes.

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

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

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

OMH COMMISSIONER SULLIVAN: Thank you.

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

SENATOR HINCHEY: Thank you very much.

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

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

I have here they allocated -- there

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

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

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

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

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

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

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

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

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

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

SENATOR HINCHEY: Thank you.

CHAIRWOMAN KRUEGER: Thank you. Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Maher.

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

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

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

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

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

How is that going? And what can we

expect with hopefully this new round of funding?

OASAS COMMISSIONER CUNNINGHAM: Thank you for those questions.

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

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

for and when and how.

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

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

So thank you for your time.

CHAIRWOMAN WEINSTEIN: Thank you.

To the Senate.

CHAIRWOMAN KRUEGER: Thank you. Senator Lea Webb.

SENATOR WEBB: Is it working? Yes? Okay. Good morning --

(Inaudible exchange.)

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

Well, good morning. Thank you so much

to the commissioners for being here.

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

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

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

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

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

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

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

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

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

SENATOR WEBB: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Simon.

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

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

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

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

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

will, and the LGBTQ community of teens.

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

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

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

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

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

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

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

On the housing side, there are various

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

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

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN KRUEGER: Senator Rolison.

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

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

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

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

creates a challenge for the municipalities and our first responders.

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

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

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

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

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

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

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

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: We go to Assemblyman Burdick.

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

And thank all of you for testifying.

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

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

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

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

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

ASSEMBLYMAN BURDICK: Okay, fine.

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

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

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

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

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

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

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

ASSEMBLYMAN BURDICK: Forgive me.

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

OPWDD COMMISSIONER NEIFELD: Thank you.

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

CHAIRWOMAN WEINSTEIN: Senate?

CHAIRWOMAN KRUEGER: Thank you very much.

Senator O'Mara.

SENATOR O'MARA: Thank you.

Good afternoon. Thank you for your testimony here today.

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

OMH COMMISSIONER SULLIVAN: For?

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

OMH COMMISSIONER SULLIVAN: Yes. Yup.

Across different agencies, yes.

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

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

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

OMH COMMISSIONER SULLIVAN: -- community-based services.

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

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

OMH COMMISSIONER SULLIVAN: Yes.

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

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

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

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

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

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

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

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

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

SENATOR O'MARA: How much is that?

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

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

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

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

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

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

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

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

SENATOR O'MARA: Thank you. I disagree.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman

Anderson.

ASSEMBLYMAN ANDERSON: Thank you, Madam Chair.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

that those resources should be used for block grants attached to hospitals, to ensure that there are mobile crisis units either by van or RV reaching out into areas that have a high level of individuals with propensity for crises -- near downtown centers and so on.

So I think that that's something you all should take back to the Executive.

Thank you.

CHAIRWOMAN WEINSTEIN: Senate.

CHAIRWOMAN KRUEGER: Thank you. I'm going to take my 10 minutes. Thank you so much.

So for the Mental Health commissioner, help me understand this beds story for inpatient, because we're desperate for them in New York City. I think we're hearing the rest of the state is also.

So last year the Governor put money in for I think 850 beds, but this year she's talking about 850 plus another 150. Did we get any of those from the current year's budget?

OMH COMMISSIONER SULLIVAN: I don't --

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

Now, the state side --

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

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

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

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

Then there's -- yup.

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

OMH COMMISSIONER SULLIVAN: State hospital facilities, yes.

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

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

But yes, we will get you the information.

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

psychiatric beds in the state?

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

CHAIRWOMAN KRUEGER: Psychiatric residential.

OMH COMMISSIONER SULLIVAN: Yes, beds.

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

OMH COMMISSIONER SULLIVAN: Yes.

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Yes,

absolutely.

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

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

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

OMH COMMISSIONER SULLIVAN: Yes.

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

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

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

requests for proposals.

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

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Yes, you're correct.

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

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

OPWDD COMMISSIONER NEIFELD: Sure.

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

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

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

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

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

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

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

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

CHAIRWOMAN KRUEGER: Thank you.

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

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

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

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

CHAIRWOMAN KRUEGER: Right. But

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

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

CHAIRWOMAN KRUEGER: Oh, sorry.

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

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

OMH COMMISSIONER SULLIVAN: Something like that, yes.

CHAIRWOMAN KRUEGER: We're adding 850.

OMH COMMISSIONER SULLIVAN: Yes.

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

OMH COMMISSIONER SULLIVAN: Yes. Yes.

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

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

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

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

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

OMH COMMISSIONER SULLIVAN: Absolutely.

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

OMH COMMISSIONER SULLIVAN: Yes.

CHAIRWOMAN KRUEGER: Thank you.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

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

ASSEMBLYMAN EPSTEIN: Thank you, Madam Chair.

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

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

ASSEMBLYMAN EPSTEIN: It's fine.

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

issues.

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

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

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

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

go outside.

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

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

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

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

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

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

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

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

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

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

ASSEMBLYMAN EPSTEIN: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

To the Senate.

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

SENATOR MANNION: Thank you, Chair.

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

for adolescents and children.

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

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

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

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

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

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

SENATOR MANNION: Thank you.

I'm going to stay with you,

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

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

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

SENATOR MANNION: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

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

ASSEMBLYMAN RA: Thank you.

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

ASSEMBLYMAN STECK: Naloxone.

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

My understanding is that would be something between both OASAS and the Department of Health to update that, but that it hasn't been since 2016 and that there are a number of new, you know, products that have come on the market that are not available as a result of that.

Can you comment on that?

OASAS COMMISSIONER CUNNINGHAM: Sure.

So the Commissioner of Health actually expanded the standing order for naloxone last year. And really that was to expand that to all pharmacies across the state. Previously

there had been -- it was a limited number of pharmacies.

I'm not sure if you're getting at specifically the dosing of naloxone.

ASSEMBLYMAN RA: Well, yeah, I mean the -- so my understanding is there's some new products that are 8-milligram doses.

OASAS COMMISSIONER CUNNINGHAM: Right.

ASSEMBLYMAN RA: And, you know, we're dealing with, as you know, the potency of fentanyl that sometimes the basic kit I believe just has two 4-milligrams and sometimes it's not enough because of the potency of the fentanyl we're seeing.

OASAS COMMISSIONER CUNNINGHAM: Right. So yes, they are new products. Data have not shown that these new products work any better than the existing products.

And I think really this speaks towards the poly-substance issues around the overdose epidemic. And so, you know, in many of these cases there's a lot of questions about whether it's really opioids that are, you know, leading to the sort of less response to

naloxone or if there are other things like xylazine, which has certainly been more and more in the drug supply. Or, you know, others.

And so I think for this reason, it's very important to have this expansion that we have right now with fentanyl test strips and with drug-checking machines, so that we can pick up changes in the drug supply, so people can change their behaviors, so that we can, you know, make sure that the public is educated about what's happening.

ASSEMBLYMAN RA: Yeah, and I just hope we continue to, you know, evaluate that, because I believe it's offered by the VA, Medicaid, Medicare, private plans. So it may be a good option given the issues we're dealing with. But thank you.

With regard to mental health, Commissioner Sullivan, so I know there's this proposal regarding insurance for behavioral health and substance use parity in the budget proposal. So what would that allow? How does that work relative to our current

behavioral health parity laws?

OMH COMMISSIONER SULLIVAN: One of the major pieces of the proposal is to put into regulation network adequacy for plans. Network adequacy means that they have the services available equally for mental health as they would for medical services.

Also, geographic time it would take for someone to get the mental health services. And also some standards around utilization review, that they all be equal to the way individuals with medical illness are treated.

Similarly, making clear and clarifying that certain mental health services should be paid for by commercial insurers. And that includes things like school-based services and crisis services.

ASSEMBLYMAN RA: Okay. And how does that proposal interact with the $74 million in funding in the Aid to Localities for managed care behavioral health transition funding?

OMH COMMISSIONER SULLIVAN: Those

dollars would largely come from an increase in the Medicaid budget, for Medicaid, or commercial insurers. The Aid to Localities dollars are state funds that go separate from insurance to the localities.

ASSEMBLYMAN RA: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you for -- thank you. We're going to go to the Senate in a moment.

CHAIRWOMAN KRUEGER: Just one moment. And it will be Senator Brouk up on deck.

All right, Senator Brouk, three-minute follow-up.

SENATOR BROUK: Thank you so much.

You all are almost there. Maybe. I don't know. Could be much longer.

(Laughter.)

SENATOR BROUK: But I want to ask of course my dear commissioner here, Commissioner Sullivan, again in these last couple of minutes -- it might seem off-topic, but you probably know where I'm going with this. Do you know what the number-one pregnancy complication is for birthing

people?

OMH COMMISSIONER SULLIVAN: I'm sorry, I just didn't hear you.

SENATOR BROUK: The number-one complication for pregnant people.

OMH COMMISSIONER SULLIVAN: Since you're asking me, I'm wondering if -- there are -- it's definitely significant issues with depression in women, pregnant women.

SENATOR BROUK: Yeah. And that's the thing I think is really interesting. So the most common complication for pregnancy with birthing people is actually maternal mental health conditions. And this is why I bring it up to you.

So 20 percent, or one in five people having a child, are also dealing with a maternal mental health condition. The thing that I think is even more surprising and really kind of upsetting is that here in New York State, per actually information from our own State DOH, the third leading cause of pregnancy-related deaths in New York is a maternal mental health condition.

So because of that, last year I introduced a bill to create a maternal mental health workgroup so that we could really study these issues. However, it was vetoed by the Governor. So I'm curious to know what OMH is doing currently to tackle this crisis, knowing that it really feeds into our existing maternal mortality and morbidity crisis.

OMH COMMISSIONER SULLIVAN: One of the major issues in the healthcare community with women who are pregnant and depressed is whether or not they can take antidepressant medications. And there's an issue with this, because some -- there's a knowledge gap, I think, among both OB-GYN providers and among some mental health providers, as to the safety of prescribing these medications. And when you look at the report from the Department of Health, one of the complicating factors was women who were taken off their medications because of a fear that it might affect their pregnancy.

And so what we've established in the

Office of Mental Health is something connected to what we've done for pediatricians for individuals working with maternal health called Project TEACH. And Project TEACH now has available statewide a consultation line for medical providers, whether they're psychiatrists or OB-GYN or -- to call and, say, get an expert to discuss with them exactly what medications are safe, et cetera. They can do video consultations also to help people understand how the depression needs to be treated. This is funded by the state and available statewide.

SENATOR BROUK: Thank you. And I didn't want to cut you off but -- in the last 20 seconds, because I think there probably is more to share. Can you follow up in written form so that we can have a better understanding of what the state is currently doing for maternal mental health conditions? That would be really helpful. Thank you.

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

CHAIRWOMAN WEINSTEIN: We go to

Assemblyman Braunstein, three minutes.

ASSEMBLYMAN BRAUNSTEIN: Thank you all. It's the third hour, so we appreciate your time.

My first question is for Commissioner Sullivan. One of my colleagues touched on this earlier. I'd be interested to hear any insight you might have on the impact social media is having on mental health, particularly with young people, and if your office is responding to that in any way.

OMH COMMISSIONER SULLIVAN: A lot of the work that we do on prevention in schools focuses on the impact of media, especially the impact of the bullying that can happen on social media, often some youth being scapegoated in some ways for various things.

So we do a lot of what we call mental health first aid -- it teaches about mental health conditions -- but at the same time we work with the schools about working with youth about the dangers of certain -- that kind of behavior on social media.

We also set up peer programs -- not as many as we need, but we will be growing peer programs to work adolescent-to-adolescent on things like mental health, suicide prevention, bullying, just a culture of respect for each other. And that's a big piece of what we're doing.

In addition, we work with SED on a respectful culture in some of the schools which have given -- we've given out grants. So there's a number of programs. What happens on social media is kind of a symptom of other things that are going on, so you can't just say ban social media, you have to help the cultures --

ASSEMBLYMAN BRAUNSTEIN: I'm not saying ban social media, but some kind of awareness or education campaign --

OMH COMMISSIONER SULLIVAN: Yes, exactly, that's what we're doing. That's what we're doing.

ASSEMBLYMAN BRAUNSTEIN: You know, particularly with young women, there are self-esteem issues and depression. And, you

know, I think addressing these issues in school and explaining to people the potential for problems is a good first start. So you're working on those things.

OMH COMMISSIONER SULLIVAN: Yes. And what we do when we put in our school-based clinics, they also work with the schools on these issues. And that's when -- when they're in there, they then work with the teachers.

ASSEMBLYMAN BRAUNSTEIN: Thank you.

And I have one more question, for Commissioner Neifeld.

You referenced earlier that for people with I/DD for residential opportunities, there's 1200 people on the emergency waitlist. What is the criteria to be on the emergency waitlist, and what are we doing to increase residential opportunities? I'm sorry there's only 30 seconds.

OPWDD COMMISSIONER NEIFELD: That's okay. And we can certainly get you in writing the specific criteria to the emergency needs list. It's not classified as

a waitlist.

But it's for people whose needs are, you know, most pressing -- people who are, you know, waiting for a discharge opportunity from another setting; people whose family members, if they've been living at home, are no longer able to care for them; people who are homeless; children who are aging out of residential schools and need to enter the OPWDD adult system.

But we have, you know, very specific criteria, and our Medicaid waiver that we can send you in writing.

ASSEMBLYMAN BRAUNSTEIN: Okay. Thank you.

CHAIRWOMAN WEINSTEIN: There are no other questions from Senators, so now we go to Assemblywoman Kelles. Oh, hold on.

SENATOR FERNANDEZ: I had a question.

CHAIRWOMAN WEINSTEIN: Oh, hold on.

SENATOR FERNANDEZ: May I? Thank you.

For my next three minutes, I want to go back to the discussion about the machines for Commissioner Cunningham.

Where are we in the state right now with the development of expanding these drug-checking services?

OASAS COMMISSIONER CUNNINGHAM: So we're working with providers so that we can get all of the providers that we fund for street-level outreach, in addition to all the providers that do outreach and engagement with mobile units, to provide drug-checking machines. So that's a total of 38 providers.

And we're working with them right now to see about their level of interest, and then provide the --

SENATOR FERNANDEZ: Thank you. Asking people to bring illicit drugs to a government entity will require significant trust between the organization and the people who use drugs. What's your plan for building that trust with the people who are using?

OASAS COMMISSIONER CUNNINGHAM: So this funding is actually for community-based non-for-profit organizations. So these are community-based organizations that have been providing services in these communities for

years.

And so this is in addition to a lot of the services that they already provide. And many of them provide harm reduction and treatment services. So this is an additional sort of option of services. So for many of them, they have been in the community and have, you know, really had trust in those communities that they serve.

SENATOR FERNANDEZ: Has any organization not wanted to partner with this? And what is the -- I guess requirements to have an organization be a part of this program?

OASAS COMMISSIONER CUNNINGHAM: I think a lot of the questions are really about the specific technology. That these are -- you know, it's new technology. They're handheld machines. We're getting them from Canada. So people just have a lot of questions about what exactly the substances are, how accurate the technology is, and really providing the training and technical assistance for them.

SENATOR FERNANDEZ: Thank you.

I mentioned before I was developing a bill to create a program for the drug-testing machines. And we have a bill number that came while we were waiting. That is S4880. So I implore us to explore this program to make sure that those that are going to test are not put in any danger afterward.

Thank you.

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

ASSEMBLYWOMAN KELLES: Thank you all for being here. It's very, very clear how much you care about the work that you do. So thank you first for that.

And I also want to thank you for the focus on harm reduction. All the research shows that you focus on building trust, you focus on building self-efficacy, and you get better outcomes. Particularly with peer work, that's so critical for building relationships and trust and working. So thank you for that.

UNIDENTIFIED LEGISLATOR: We can't

hear you up here.

ASSEMBLYWOMAN KELLES: I'm going to start yelling and maybe people can -- you can hear me now?

UNIDENTIFIED LEGISLATOR: Now we can.

ASSEMBLYWOMAN KELLES: All right. I might lose my voice halfway through, but I'll try.

So the second thing I wanted to mention, some of you mentioned working to build microcredentials and certificate programs in order to get more staff into these fields. One of the main issues are that those aren't eligible for TAP funding, and the people that we are looking at are -- tend to be low-income people who then can't afford it if it isn't TAP-eligible.

I'm working on a piece of legislation. I'd love your input before I put it in. But I think that that is a major issue, so I just wanted to point that out.

We've all brought up wages, and I'm not going to beat, you know, beat this to death more than we already have -- except to

note that we're -- I don't think anyone is saying that you all aren't doing your best. You know, you put in a COLA last year, you put in a COLA this year, you are absolutely doing things.

The question that -- the issue is, is it keeping pace with the actual need in the community? So if it is not keeping pace with inflation alone, and the rate that we were giving prior to issues with inflation were already lower than what was needed, or the cost, cost of living, then we are going to go in the wrong direction. So even if we're putting in -- so I just wanted to note, mathematically speaking, that is the direction we're heading.

So I have situations in my facilities. One, they told me they have a shortage of 25 percent staff; another, they have a shortage of 40 percent staff. And the issue is we have directors even doing some of the work.

So I did want to point out that one thing. And here's two questions.

Commissioner Cunningham, you stated before that spending the Opioid Settlement funds have been delayed because you are waiting on the Opioid Settlement Advisory Board. But I understand they're waiting on full reports on existing programs and also on the RFAs. Are those forthcoming?

OASAS COMMISSIONER CUNNINGHAM: Yes. So we received the report on November 1st of last year, and so we did not make funds available until then. So as soon as that report was reviewed by the Legislature and the Governor, yes, we've made the funding available.

ASSEMBLYWOMAN KELLES: Great.

And then another question, in respect to Dr. Sullivan, one of the major things that I'm hearing is with the aging population in facilities, that you can't really have beds that are short-term because the populations are aging and that there isn't staffing to address the aging needs because they end up being in the beds long-term. And part of the issue is that some of the beds are restricted

for specific populations.

Would it be helpful if there was an ability to have some discretion in releasing some of those beds?

CHAIRWOMAN WEINSTEIN: You'll have to let us know in writing for that question.

ASSEMBLYWOMAN KELLES: I will email them. Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

We go to Assemblyman Manktelow. Is he -- there he is.

ASSEMBLYMAN MANKTELOW: Thank you, Chair, Chairpersons.

Good afternoon, ladies, and thank you for sticking this out.

Commissioner Sullivan, a question about the Dwyer funding. Do you envision any changes or additions to the program moving forward to expand the capacity of this program?

OMH COMMISSIONER SULLIVAN: I think we're really looking at it, now that we've got it in -- it's in all the counties and it's growing across all the counties. I

think we'll continue to look at it and see what the needs are and learn from that.

So at this point in time, there's not. But I think we have to look at the needs and after we've made sure that it's adequate across all the counties, what else might be needed.

ASSEMBLYMAN MANKTELOW: So by doing that, Commissioner, how will that be done? Will you reach out to all the counties and --

OMH COMMISSIONER SULLIVAN: Yes. Our team has been working with all the counties and speaking with them about what they do, what their needs are and, as we've set up the new programs, looked at how successful they've been.

So we're beginning to get data too from the Dwyer programs. It's a great program.

ASSEMBLYMAN MANKTELOW: Yeah, it absolutely is, especially the peer to peers. That's the best thing we --

OMH COMMISSIONER SULLIVAN: That's the best.

ASSEMBLYMAN MANKTELOW: -- could ever do for these individuals. Thank you.

Commissioner Neifeld, a question on our frontline workers. I've met with the frontline workers on many occasions. Some of these frontline workers in the homes are working doubles and -- are you aware of triples? I know they're frustrated. They do an awesome job. They're even leaving their young families home to take care of these residents. And my hat's off to them. They do a great job.

What are we doing -- when the raises come into play and they're getting the raises, why does it take so long to get that money into their pockets?

OPWDD COMMISSIONER NEIFELD: So agree a hundred percent that our staff are doing incredible jobs, and our providers as well, to meet the needs of people across the state.

You know, there's -- we're talking about, you know, various different funding streams, you know, and it's hard for me to sort of answer your question specifically.

We can certainly talk more offline.

But we do get the funds to our providers as quickly as possible and work with them to ensure that they have that funding available to get to them. And, you know, there's been various bonus programs, there's been COLA programs, there's been sort of various different funding streams that we could talk a little bit more about offline to sort of sift through some of that, if that would be helpful.

ASSEMBLYMAN MANKTELOW: Yeah, yeah, that would be great. I will do a follow-up with you. I'll speak to the workers again just to be sure I know where I'm coming from.

OPWDD COMMISSIONER NEIFELD: Sure.

ASSEMBLYMAN MANKTELOW: But I do have grave concern for them and their families and everything they provide.

And my very last question, just to all of you, as you do so many different programs throughout the years, and we all become complacent sometimes -- do you ever take a look back at some of the programs that have

been in the system for a while, evaluating them to see if there's savings that we can use there and take some of that money and possibly use it in other locations, especially in Mental Health?

OMH COMMISSIONER SULLIVAN: Yes. Yes, we do. And we also look back and see if there are improvements that we need to make in programs that are there, yes.

ASSEMBLYMAN MANKTELOW: Thank you, ladies.

CHAIRWOMAN WEINSTEIN: Thank you.

So now we go to our chairs for their second round of three minutes.

Assemblyman Steck.

ASSEMBLYMAN STECK: Thank you, Madam Chair.

I have one question for Commissioner Cunningham and one for Commissioner Sullivan.

For Commissioner Sullivan, how many people have to go out-of-state to receive mental health treatment that the state is paying for because that treatment's not available here?

OMH COMMISSIONER SULLIVAN: I'll have to get back to you on that. I don't know of the number for mental health treatment that go out-of-state.

ASSEMBLYMAN STECK: Okay. And then for Commissioner Cunningham -- I don't mean to pick on you for this one; anyone could answer it. But is there really any enforcement mechanism, when we do these COLA increases that are supposed to go to staff, to see if the agencies actually pass it on to staff?

OASAS COMMISSIONER CUNNINGHAM: I'm not sure if there are specific enforcement efforts. You know, I can certainly get back to you and touch base with our staff. But obviously the intent is for the staff to receive additional funding and support.

ASSEMBLYMAN STECK: Thank you.

CHAIRWOMAN WEINSTEIN: The final questioner on the Assembly side, for a second round, Assemblywoman Seawright.

ASSEMBLYWOMAN SEAWRIGHT: Thank you. I think this mic is -- (inaudible).

Thank you.

I want to just raise again direct support wages. Why not include the nonprofit-employed DSPs, especially considering the stated goals of the strategic plan and that these employees provide services to 85 percent of the people with disabilities in the state?

OPWDD COMMISSIONER NEIFELD: Sure. You know, as discussed, the COLA in this year's budget, the 5.4 percent and the proposed COLA, the 2.5 percent, the appropriation language does strongly suggest that at least a portion of those funds go to staff wages. And OPWDD has an attestation out to our providers now to understand how they're using those dollars.

We understand that there are, you know, multiple ways that providers need to use those dollars to cover operational costs and staff wages. And so our attestation is trying to ascertain how those funds are being used.

ASSEMBLYWOMAN SEAWRIGHT: Do you

believe that the 2.5 percent COLA is adequate to address the placements outside of OPWDD's system?

OPWDD COMMISSIONER NEIFELD: I think, you know, as we've talked about this morning, the 5.4 percent in this year's budget and then building on that with an additional 2.5 percent yields over $700 million for our not-for-profit sector just within the OPWDD system, which is a significant amount of money to be able to increase, you know, staff wages and also to provide services.

ASSEMBLYWOMAN SEAWRIGHT: We regularly hear reports from parents and people receiving supports that the quality of life in residences has deteriorated significantly in recent years, many resembling institutions rather than residences. Examples that we've heard include the deteriorating physical condition of homes, inadequate staffing levels to support individuals to participate in their communities, staff turnover that causes many people receiving supports to be unable to remember the names of staff,

et cetera.

What data measures does OPWDD have on the quality of the lives of people receiving supports and whether that has indeed deteriorated over time? And what in this budget do you believe will help improve the quality of life of people in residences?

OPWDD COMMISSIONER NEIFELD: There's a lot to unpack in your question, and we can certainly continue the question offline.

But, you know, quality of life, health and safety, is of utmost importance to OPW. We spend a lot of time out in the field understanding, you know, what are the conditions that people are living in. Certainly if there are health and safety concerns, physical plant concerns, those are addressed by our Division of Quality Improvement.

You know, over the course of the pandemic certainly, you know, access to the community, ability to be engaged in the community, staffing concerns have all, you know, worked against, you know, people having

that extreme quality of life. But those are issues that we are, you know, constantly working on with our providers.

Medicaid CMS has new standards for quality that we're beginning to understand and we're to implement. And we can continue to talk about that offline. It's very important to OPW.

ASSEMBLYWOMAN SEAWRIGHT: Thank you.

CHAIRWOMAN KRUEGER: Thank you. We're finished, I believe. We have closed for the Senate and the Assembly.

We want to thank you all for being with us today, and for the work of you and your agencies. Please let everybody know how much we do appreciate everything you are trying to do for so many New Yorkers.

And we're going to now can ask you to leave and we'll be very rude and say do not talk to other people when you are walking out; they can find you in the hall if they need to.

So legislators, if you feel a need to grab -- no, you can't grab any of them. So

let me rephrase.

(Laughter.)

CHAIRWOMAN KRUEGER: Helene will holler at me about that.

(Laughter.)

CHAIRWOMAN KRUEGER: If you feel a need to reach out to any of them right now -- please, in the hallways. Thank you all.

And next I'm going to call up our next panel of just Denise Miranda, New York State Justice Center for the Protection of People With Special Needs. Thank you.

(Off the record.)

CHAIRWOMAN KRUEGER: Giving everybody a chance to get back in their seats. Okay.

And just to clarify, for this witness, the chairs of the committees are Gunther and Seawright for the Assembly, Brouk and Mannion for the Senate. And the rankers are Fitzpatrick and Weber for the Senate and Gandolfo and Giglio for the Assembly. So just for checking what amount of time you're all going to get, now you have actually been told.

And good afternoon, and welcome. And you have 10 minutes to present to us. And again, we all have your testimony. So if you can summarize your key points if you think you can't get through the testimony, which most people can't, that would be great.

Thank you.

EXECUTIVE DIRECTOR MIRANDA: Good afternoon, Chairs Mannion, Brouk, Krueger, Seawright, Gunther, Weinstein, as well as other distinguished members of the Senate and Assembly.

My name is Denise Miranda, and I'm the executive director --

CHAIRWOMAN KRUEGER: Can you pull the mic a little closer?

EXECUTIVE DIRECTOR MIRANDA: Sure.

CHAIRWOMAN KRUEGER: Thank you.

EXECUTIVE DIRECTOR MIRANDA: My name is Denise Miranda, and I'm the executive director of the New York State Justice Center for the Protection of People with Special Needs. I'd like to thank you for the opportunity to testify regarding Governor

Hochul's Executive Budget proposal.

I come to you today on the cusp of an important anniversary for the Justice Center. In June, the agency will mark 10 years since we began operations. That means a decade has passed since the Legislature created the strongest protections in the country for individuals with special needs.

By creating the Justice Center, New York State overhauled a system that allowed abusers to commit bad acts, to move from facility to facility, and to abuse and neglect vulnerable people time and time again. These bad actors can no longer hide in the shadows.

There is no stronger example of the Justice Center's work than the agency's Staff Exclusion List. Eight hundred and seventy people have been barred from the service system for their horrific acts of abuse. Without the changes ushered in with the creation of the Justice Center, these 870 people could have continued their despicable behavior, leaving countless

victims in their wake.

I would love to come before you today to say that our mission has been completed in the last decade, but we know our work must continue. The strain put on the workforce by the pandemic, and magnified by the staffing crisis, is having real impacts on the quality of care in the service sector. This only underscores the importance of the Justice Center's independent investigations and systemic reviews.

In order to carry out those investigations, the Justice Center looks for opportunities to leverage technology to make our processes more efficient and effective. This year we created a virtual reality training video for Justice Center investigators. This immersive experience takes viewers into an incident as it unfolds. The user has a 360-degree view of the situation and gets a feeling for just how quickly issues can develop and escalate.

The innovative training helps investigators identify all the areas of

concern and avenues to pursue during their investigations. We believe this training also has potential for providers to use for their workforce trainings.

As we know, the Justice Center's mission goes beyond investigations. The agency has taken on several initiatives to help stop abuse and neglect before it happens. At the top of that list is the Justice Center's prevention work. The agency analyzes data from our cases to spot trends. We use this information to create toolkits that providers, family members, and staff can use to prevent abuse and neglect from occurring.

This past year, data analysis told us more guidance was needed for medical emergencies, so the Justice Center produced a new toolkit on that topic. We also continue to enhance our offerings on one of the most prevalent issues we encounter -- maintaining professional boundaries.

Preventing abuse and neglect is not possible without the partnerships we have

formed in the last decade with families and provider organizations. Our outreach to these communities remains vital to our success. This year, the Justice Center hosted a virtual summit. Eight workshops held across four days took a deep dive into topics such as our support available to individuals and families, investigative techniques, and trend analysis. In total, nearly 1,000 people across 53 counties registered to attend.

The agency is already working on a similar event for 2023.

When we engage with both families and providers at events like our virtual summit, the workforce crisis comes up frequently. We hear about the challenges being faced in the service system and the strain being put on the workers who show up day in and day out to support vulnerable New Yorkers. We have started a series of roundtable discussions with providers across the state to discuss ways the Justice Center can support them and the dedicated staff they employ. Supporting

the workforce through careful evaluation of the Justice Center processes will be a priority as we work through 2023.

A decade ago, the state made a promise to a million vulnerable New Yorkers: To maintain the nation's highest standards of health, safety, and dignity for individuals with special needs. It was a goal unlike any other across the country. The Justice Center appreciates your partnership in our relentless pursuit to fulfill this mission.

I now welcome your questions.

CHAIRWOMAN WEINSTEIN: Thank you very much.

Our first questioner will be Senator Samra Brouk.

SENATOR BROUK: Thank you.

Good afternoon. Thank you for being here. I just have a couple of more general questions for some of the work you do.

First of all, and I don't know if you covered this, but how many investigations did you all undertake last year?

EXECUTIVE DIRECTOR MIRANDA: Sure.

So we run a 24-hour, seven-day-a-week operation call center which receives all of the incidents of abuse and neglect that are called in. We receive approximately 90,000 calls a year --

SENATOR BROUK: Ninety thousand?

EXECUTIVE DIRECTOR MIRANDA: Ninety thousand calls are processed through the call center. Obviously the overwhelming majority of those calls are not abuse and neglect cases, thankfully. But when we look at the numbers for '22, what we see is approximately 10,000 to 11,000 incidents of abuse and neglect that are categorized as abuse and neglect and therefore handled within the Justice Center.

SENATOR BROUK: And do you notice any trends in terms of what agencies you see cases from more often?

EXECUTIVE DIRECTOR MIRANDA: Sure. So I believe the trends are really attributable to the amount of people who are receiving services in those state oversight agencies, so the majority, about 60 percent of the

cases, flow from OPWDD.

SENATOR BROUK: Sixty percent for --

EXECUTIVE DIRECTOR MIRANDA: About 65 percent from OPWDD. What would be the next.

SENATOR BROUK: What would be the next --

EXECUTIVE DIRECTOR MIRANDA: Sure. So the stats that we have: OCFS, 18 percent; OMH, 11 percent; OASAS, 3 percent; SED, 3 percent. And DOH represents a very small number, less than 1 percent.

SENATOR BROUK: And one thing that -- you talked about some of the methods for training the folks in the Justice Center. How does that process work in terms of when these violations are occurring, kind of the rehabilitative side of that in terms of giving best practices to agencies or to individuals?

EXECUTIVE DIRECTOR MIRANDA: Sure.

So our investigatory process involves the investigators going out, speaking with providers, speaking with witnesses, speaking

with the subjects of an investigation as well as any witnesses and the individual who is receiving services.

Throughout that period of time the investigators also oftentimes are going to the actual physical facility, and they will make observations with respect to quality of care. They can bring those observations back to the Justice Center, and we can incorporate those into our investigative summary report, which gives us an option to request for corrective action plans to be put in place.

So those corrective action plans occur on every single substantiated matter, and we have the ability to actually audit those, which really is a great prevention tool. That allows us to go into the provider setting, sometimes unannounced, and look and ensure that implementation has actually occurred on those corrective action plans.

SENATOR BROUK: And this I think is my final question. When you think about how COVID has affected everything, right -- it's affected our mental health, the mental health

of our workforce doing this work, the mental health and well-being of individuals getting services from these different agencies -- how have you seen either cases going up or different types of cases, how have you seen the effect come through your work since 2020?

EXECUTIVE DIRECTOR MIRANDA: So I think the impact we see really is obvious in the workforce. Right? Workforce, the situations that have been exacerbated, the challenges that they were experiencing pre-pandemic were only exacerbated by this global pandemic. And so we see that there are many struggles for providers and facilities to really have adequate staffing, supervision levels. And obviously that affects quality of care.

At the Justice Center we have several different categories of cases when we substantiate a case. Category 4 is an important category, although it's a small number of cases. But there's real value in those Category 4 findings because they address systemic issues.

So a Category 4 case allows us to mitigate the conduct of an individual subject who might be part of an investigation and see that there were extenuating circumstances that really impacted. And so we're able to issue a finding against the provider and then really, again, that trigger for the corrective action plan and implementation. And so when there are adequate resources, I think it's fair and logical to say the systemic issues are down.

SENATOR BROUK: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assemblymember Gunther, chair.

ASSEMBLYWOMAN GUNTHER: Thank you. And, you know, when I think about like the incidents that happen in your facilities, and looking at the Justice Center, you know, a lot of the people that work there are women -- women that are paid lower wages, women with children. And a lot of those women work two to three jobs in order to survive. And I think that when we talk about incidents that happen or accidents that

happen, I think a lot of it has to do with this workforce. They're double-dutying just to survive.

And I guess when we talk about a 2.5 or 8.5 percent increase in salary, I would say that we need that 8.5 so women that are in this field, and men, can only work one job, not two. And that's what's happening. And when people are tired, accidents happen. We know that in the medical field.

So other than that, thank you for what you do.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

ASSEMBLYWOMAN GUNTHER: Mine is mostly a statement that we need corrective -- you know, we need to correct the pay so that people can work one job.

CHAIRWOMAN KRUEGER: Thank you. Short but sweet. Or not, as the case may be. But thank you.

(Inaudible exchange.)

CHAIRWOMAN KRUEGER: I'm going to now introduce Senator Mannion, 10 minutes.

SENATOR MANNION: Thank you, Chair.

Good to see you, Executive Director. And I apologize, I had my own event as these schedules overlap, so I appreciate your flexibility.

So the Executive has proposed an increase of a total of seven FTEs. Can you describe what the new employees -- you know, what their job titles are and what capacity they'll be functioning in?

EXECUTIVE DIRECTOR MIRANDA: Sure.

So the increase of those seven FTEs really reflect the expansion of our forensic work when it comes to monitoring and compliance.

SENATOR MANNION: Thank you.

And when you talk about forensic work, I think -- you know, I have an idea of exactly what that means. But can you give me some examples of how that forensic work is initiated and what they do?

EXECUTIVE DIRECTOR MIRANDA: Sure.

So the Justice Center monitors compliance as well as quality of care for

individuals who are in the mental health rolls at state prisons. So our forensic work was expanded inherently with the expansion of HALT, right, and those provisions. So our employees will go out to inspect the actual physical plants of state prisons. We will speak with inmates who are in the segregated housing unit, ensure compliance with HALT and those 15-day provisions. We'll also do cell-side interviews as well as private interviews, one on one.

This gives us an opportunity to really assess the programs and the resources that are being offered to those individuals. It also gives us an opportunity to really ensure that special populations that are designated -- women who are pregnant, individuals over the age of 55, individuals with disabilities, individuals under the age of 21 -- are excluded from those segregated housing and actually diverted into more rehabilitative programs.

So that's in a nutshell our forensic work. And as you know, implementation of

HALT went into effect in April, and so we have been monitoring compliance. And that's where the additional resources --

SENATOR MANNION: Thank you so much for that answer.

We've seen staffing issues across every state agency and department, it seems like. Have you seen rates of decline or unfilled vacancies? And has that impacted, you know, the rates or the number of reportable incidents and cases that have been taken up?

EXECUTIVE DIRECTOR MIRANDA: So the number of cases, interestingly enough, remains pretty static. And we're getting back to returning to those pre-COVID numbers, right, where we're talking about 10,000, 11,000 incidents of abuse and neglect.

We did see a slight decrease during COVID. We believe a lot of that is attributable to limited programming that was available, and so therefore there was less movement within a lot of these service sectors. But right now, based on the data

that we've collected, again, we're back to that 10,000 to 11,000 number.

I think with respect to the challenges and the staffing shortages, which I think we all acknowledge, the impact is real, as I stated in my testimony. You know, I spoke earlier about systemic issues. And I think one of the priorities for us this year as an oversight agency is to make sure that we're engaging with the workforce directly. So we have been hosting roundtable discussions with providers. I recently was in Rochester at a detention center and spoke with union members there. We have ongoing communications with all the various stakeholders that are involved, and parents as well, of course.

It's opening those lines of communication that's really key, but also making sure that we're listening to the workforce. So when our investigators are going out and conducting investigations, we ask that they look at the total of the circumstances. So if you have a situation where an event has occurred or perhaps

there's an allegation of neglect, it is important for us to look at the staffing plans, the supervision at the time, what training was offered when this person was on-boarded, how many overtime, so that we can make a decision that's fair and based on the realities that the workforce is often experiencing.

SENATOR MANNION: Thank you.

On March 30th of 2021, the Court of Appeals restricted the prosecutorial power of the Justice Center by finding that, you know, the Executive Law impermissibly vested prosecutorial power in an appointee of the Governor.

So that language -- I am not a lawyer. Can you describe the impact that that decision had, however, on the Justice Center and the work that you conduct?

EXECUTIVE DIRECTOR MIRANDA: Sure.

So the Court of Appeals in 2021 issued that decision and they concluded that the Justice Center's prosecutor did not have concurrent authority for prosecution. The

court went so far as to communicate to all of us, right, that -- the importance of the Justice Center and their ability to prosecute, given the specific expertise we have in dealing with cases of individuals who are receiving services.

So our prosecutorial authority remains intact. I think the challenge now is making sure that there are clear parameters with respect to how the county DAs can work with the Justice Center. We're very fortunate to have a very cooperative and collaborative relationship with DAASNY, as well as many of the county DAs, so we continue to provide them with technical support as well as prosecutorial support.

You know, that said, I know that, Senator, there was a bill introduced last year that was also sponsored by Assemblymember Gunther with respect to codifying that so, again, there are clear parameters on the issues of consent and delegation by county district attorneys' offices.

SENATOR MANNION: Thank you, Director, for your service and your answering my questions today. Thank you.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: We go to Assemblywoman Seawright, 10 minutes.

ASSEMBLYWOMAN SEAWRIGHT: Thank you, Chairs.

So I know you answered earlier how many investigations you do. Do all of those come to completion? And what are your metrics for success?

EXECUTIVE DIRECTOR MIRANDA: Sure.

So the statutory authority for the Justice Center is set out in the PPSNA, and so we're obligated to investigate any case that comes in that's classified as abuse and neglect. It's a question we often get. We do not have discretion. We are obligated, again, statutorily to complete those investigations.

Investigations will come in to the Justice Center; as I mentioned before, about 10,000, 11,000 cases a year are investigated. We review all of those cases. Current data reflects a substantiation rate of approximately two-thirds of those cases. And the overwhelming majority of those cases are actually Category 3 cases, which are our least serious cases.

ASSEMBLYWOMAN SEAWRIGHT: And congratulations on your upcoming June 10th anniversary. Thank you for your testimony.

CHAIRWOMAN KRUEGER: Thank you.

Nathalia Fernandez, three minutes.

SENATOR FERNANDEZ: Thank you so much.

You started saying -- well, with your testimony you started out explaining the mission of the Justice Center and the work to stop abuse for those with developmental disabilities. Forgive me for repeating if it did come up again, but has workforce diminished more from, one, trying to not have past abusers come back into the field, and, two, with the pandemic?

EXECUTIVE DIRECTOR MIRANDA: So we don't keep census data on workforce staffing levels at the various providers.

What I can say with respect to bad actors trying to reenter the system, we have a Staff Exclusion List that consists of approximately 900 individuals. These people have been substantiated for some of the most serious and egregious behavior -- sexual abuse, serious physical abuse. There is a permanent bar for those people to return to any settings under our jurisdiction.

What we have seen is that there have been approximately 280 attempts, individuals trying to reenter the workforce. So this is really one of our strongest mechanisms when it comes to prevention work and our efforts.

SENATOR FERNANDEZ: Thank you.

Has there been any, like, rate of recidivism of somebody reentering and continuing or doing harm again?

EXECUTIVE DIRECTOR MIRANDA: I'm sorry, can you repeat your question? I'm having trouble hearing you.

SENATOR FERNANDEZ: I said, has there been any questions where someone has left but was able to get back into the work field and had recommitted abuses and harm?

EXECUTIVE DIRECTOR MIRANDA: So the Staff Exclusion List is the first step in the criminal background check that's required before employment. So that is the safeguard. And it's been very successful in the 10 years that we've been operating.

SENATOR FERNANDEZ: Great. Thank you so much.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

CHAIRWOMAN KRUEGER: Assembly, anyone?

CHAIRWOMAN WEINSTEIN: No.

Oh, excuse me. Assemblyman Bores.

ASSEMBLYMAN BORES: Just a quick clarification based on Assemblymember Seawright's question.

You said the ratio of substantiated to unsubstantiated was --

EXECUTIVE DIRECTOR MIRANDA: Approximately one-third of our cases are

substantiated, the cases that are classified as abuse and neglect.

ASSEMBLYMAN BORES: Are unsubstantiated, okay.

EXECUTIVE DIRECTOR MIRANDA: Oh, I'm sorry, perhaps I misspoke. It's one-third of the cases are substantiated.

ASSEMBLYMAN BORES: Thank you.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

To the Senate now.

CHAIRWOMAN KRUEGER: Thank you.

I just have one follow-up question.

So it was with your predecessors, because you've been around a while now -- and I've been around a while -- and there was a lot of discussion about sort of the duality of both going after abuses in all these agencies or their representatives or their not-for-profits, but also of educating people to what is appropriate and what is not appropriate and what to do about it.

So now that we're years into the

operation of the Justice Center, do you know that statistically -- because you were already asked where do the complaints come from. But have they been going down over the years? And do you think that the sort of combined educational part of the assignment with the going after bad actors has actually helped us improve the quality of all these agencies and services?

EXECUTIVE DIRECTOR MIRANDA: I appreciate the question. It is rather complicated because the numbers don't remain static for the Justice Center. Right?

So while the number of cases that have been substantiated, the number of cases that we see coming in has remained pretty consistent, within ballparks, the number of people who are being served varies. Right? We heard earlier about additional beds being placed into the OMH system. That will impact the Justice Center. Staffing levels also can impact the Justice Center.

So it's very difficult for us to establish a point in time where we have, for

example, 1 million individuals who are receiving services and 100,000 workers. Those numbers are shifting constantly. But as I mentioned before, the level of substantiation remains very consistent throughout the 10 years.

You know, we do a lot of work with respect to prevention, and this is a question we, you know, are asked commonly. And I think, you know, what's important for everyone to understand is that our commitment to investigating abuse and neglect is a priority for this agency, but prevention efforts are a real priority. And so we do a host of different educational programs. We do trainings. We create toolkits. Ten years of existence provides us with data to analyze trends and to make sure that we are targeting specific areas where we're seeing increases.

So we've done caregiver fatigue, we did a recent toolkit on boundaries that was very successful. Medical emergencies. Wheelchair securement. That's the benefit of having 10 years of data and being able to,

again, target strategies with respect to prevention.

CHAIRWOMAN KRUEGER: Thank you very much.

I think the Senate is closed with questions.

CHAIRWOMAN WEINSTEIN: So is the Assembly.

CHAIRWOMAN KRUEGER: Well, then I want to thank you very much for your participation today. I want to thank you and the members of your agency for the fine work they do on behalf of very vulnerable New Yorkers. And we're going to let you escape. Thank you.

EXECUTIVE DIRECTOR MIRANDA: Thank you. Have a good afternoon.

CHAIRWOMAN KRUEGER: "Escape" perhaps is not that strong a word -- I don't know.

(Laughter.)

CHAIRWOMAN KRUEGER: And we are going to call up our first nongovernmental panel. So for those of you following along, we're now in Panel B, New York Conference of Local Mental Hygiene Directors; New York

Association of Alcoholism and Substance Abuse Providers; Mental Health Association in New York State; and National Alliance on Mental Illness.

And again, now everybody needs the new rules since we're on the nongovernmental panels. It's three minutes to present your testimony, and all legislators are now equal and they each get three minutes to ask their questions. And their testimony has been distributed.

So yes, chairs you're no longer chairs, you're just like everybody else.

The testimony is online, full testimony is online. And if you are a legislator and need a copy, we probably have a few we can hand you if you need them. Oh, maybe we don't. Hold on. Maybe I was too generous. No, I'm being told no, we don't have copies. But if you go online, you'll find it right now. Sorry.

All right, while we fight amongst ourselves, I'm going to ask you to start. Why don't we start on my left, your right, if

that's okay. Hi.

MS. HORTON: Good afternoon, Assemblywoman Weinstein, Senator Krueger, and members of the committee. I'm Sharon Horton, executive director at National Alliance on Mental Illness-New York State.

I speak on behalf of the one in four New York families who are affected by a diagnosed psychiatric disorder, and the increasing number of those facing mental health challenges every day.

Although I am new to this leadership role, I am not new to the struggles families face in accessing mental health services. I am a mother of an adult son living with a serious mental illness who has experienced incredible trauma within broken mental health and criminal justice systems.

For decades, NAMI-New York State has pled for significant investments to be made in both community-based and inpatient services. We are delighted to say now we feel heard and seen. We are beyond grateful for Governor Hochul's commitment to make

mental health a top priority.

I'd like to praise the Governor's intention to reverse the alarming decrease of psychiatric beds. Since 2014, New York State lost of 1,849 beds. A key component to recovery is accessing psychiatric services as quickly as possible, especially when hospitalization is required. We hear tragic stories from our members who had to wait days in an emergency room for a bed, to find it was located several hours away. Tragically, this separates an individual from their support network and places an incredible burden upon the family. We applaud Governor Hochul for seeing the need to return 1,000 psych beds.

NAMI-New York State also praises Governor Hochul for advancing measures to improve hospital admission and discharge practices. These reforms are grossly overdue.

I have seen firsthand the inadequacies of admission processes as well as a lack of competent discharge planning. On one

occasion in particular, after waiting hours for evaluation in the ER, my son loped past security outside his door, IV in his arm, in paper pants and bare feet -- which resulted in a traumatic outcome for him and our entire family, with a second pickup order involving untrained police, where my son was wrestled to the ground, cuffs on his hands and feet, asphyxiated from a sedative which his medical record stated could not be administered.

UNIDENTIFIED LEGISLATOR: Can you bring the mic a little closer to your face? It's hard to hear back here, I'm sorry.

MS. HORTON: Sorry about that.

This negligence happens every day and is unacceptable. We know hospitals do incredible work saving lives every day. There have been comprehensive guidelines created for 911 calls to treatment for heart failure and stroke. The same needs to be done for mental health emergencies.

Please follow the Governor's lead to hold hospitals accountable for providing award-worthy mental health care equal to

physical healthcare. As an advocate with NAMI-New York State and a mother who has been yearning for this historic moment of opportunity for so long, we can finally see a light, we can see recovery, we can see help and hope before us.

Now it's up to you. As we often say in NAMI-New York State, hope begins with you.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Next?

MR. COPPOLA: Good afternoon. Senator Krueger, Assemblywoman Weinstein, and panel, appreciate the opportunity to address you this afternoon.

As I start, I want to just focus on the human dimension for a second. I was looking at the newspaper over the weekend, and I saw a picture that stopped my eyes. It was a picture of Joseph Reyes, and he was holding a picture of Ralph Ortiz, who was a 60-year-old man who lived in the Bronx and who had overdosed. It was his father.

And there was a couple of quotes in

that story where Joseph said that people are dying at the saddest rate. And it struck me, "the saddest rate" is not a phrase that we often use. It's 47 percent, or 27 -- it's a number. And he said that overdose is happening and people are dying at a saddest rate. He said, A lot of people are losing, and it is sad.

And later on in the same story there was a description of government response, which was to start planning on how to address these overdoses and also to have a laser focus on inequity. And then one other quote that caught my eye, from the Bronx Opioid Collective Impact Project, which said, quote: "We lack resources in the community."

The disconnect between the sadness expressed by Joseph, the planning and laser focus, and the community saying "We have a lack of resources," is the same disconnect that's contained in the Governor's budget proposal. We requested an 8.5 percent increase for the workforce. We got 2.5 percent. That is grossly inadequate,

okay? Grossly inadequate. And the fact that there was an increase last year to build upon is ancient history in the midst of the rising costs that are impacting our workers.

The $500 million that was requested across the board by mental health and addiction service providers -- which could have been used to really strengthen the foundation of the service delivery system, strengthen the foundation of programs, and increase the fiscal viability of many failing agencies -- is just not something that can happen.

The number "minus 240 million" should not be in this budget next to local assistance in the middle of a pandemic of overdose and addiction. And just my plea to all of you is that when you do your budget, you look at that number. It should not say minus 240 million. It should say something much better than that, because I think you have the creativity to come up with solutions that will address the public health crisis before us. 240 million minus is not

acceptable.

CHAIRWOMAN KRUEGER: Thank you.

MR. LIEBMAN: Well put.

Thank you. I very much appreciate being here. Thank you to the chairs. My name is Glenn Liebman. I'm the CEO of the Mental Health Association in New York State for many years. And our organization represents 26 affiliates in 52 counties, most of whom provide community-based mental health services.

First I just want to reiterate what Sharon said about what -- you know, as I said, I've been doing this a long time. And the fact that we have the resources in this budget, it's a real credit to the Governor, to Commissioner Sullivan. Whatever we're talking about in terms of service structure, when we're talking about parity, when we're talking about children's services, kids' services, beds, hospitals, et cetera, et cetera, it really is an all-encompassing budget that we're very pleased about.

I made the analogy in my report that

said it's like -- almost like the Beatles' greatest hits, it's like it keeps going on and on.

But using that same analogy, I will say that for our workforce it's been a hard day's night, and they've been working like dogs.

We are -- these workers, as John said, are the heart and soul of the work that's done every day. And for them to get a 2.5 percent cost of living adjustment -- that's also for providers as well. It's not just for the direct-care workers. But for them to get a 2.5 on top of a 5.4 last year -- yes, we acknowledge that the Governor -- that's the first governor to do it two years in a row. But we're really hurting.

That 8.5 is a desperate need. It's a clarion call for us to really make sure -- and everybody in our entire human service system is calling for that 8.5. And we've had 15 years, essentially, of neglect. We've not had any cost of living adjustments at all

except for maybe one or two times over the last 15 years. That's 30 percent relative to the CPI. That's over $600 million lost to the system. Think of what the system would look like. Think of how much less deaths of despair we would have, how many people would -- there would be less who would be incarcerated, who would be homeless, who would complete suicide. It's just -- it -- it's so essential.

The Governor's laid out a great vision, but if you don't have the workforce to operate within that vision, then there's a lot of things that are failing.

And I will say that there is also hope in terms of -- I mean, you all have been incredibly innovative and supportive of COLAs over the years. And there is a $24 billion Rainy Day Fund this year. I've never seen anything like this in all my years. And so there's money that's there. And I will say we're talking about less than $500 million to go from a 2.5 to an 8.5.

So within the structure of this, we

certainly can advocate strongly that we get from the 2.5 to the 8.5.

So thank you very much.

CHAIRWOMAN KRUEGER: Thank you.

Courtney?

MS. DAVID: Thank you. Can you hear me? Okay, great.

Thank you, Chairs Krueger and Weinstein, and good afternoon, everyone. I am Courtney David. I am the executive director for the New York State Conference of Local Mental Hygiene Directors.

The conference represents the directors of community services, the DCSs for the 57 counties and the City of New York. The DCSs have statutory responsibility under Mental Hygiene Law for the planning, development, implementation and oversight of the mental health system services for adults and children suffering from mental illness, substance use disorder, and developmental disabilities.

My testimony today focuses on the conference's priorities to reform the state's

competency restoration process, provide an 8.5 percent COLA for the human services workforce, and maintaining the role of the local governmental units in local service planning.

Strategic and thoughtful planning will be critical to approaching the Governor's budget proposals seeking to add new services or expanding existing services in the current operating environment. We must shore up the foundations of the local systems. Without it, these systems will continue to collapse, and we will see more individuals with mental health conditions interfacing with law enforcement and the court system.

The conference and our colleagues over at New York State Association of Counties are advocating for amendments to Section 730 of the Criminal Procedure Law to provide much-needed improvements to the state's current restoration framework. We sincerely thank Chairs Brouk and Gunther for their sponsorship of this bill.

Competency restoration are services

provided to an individual charged with a crime who is found to lack the capacity to participate in their own defense due to an active mental illness or intellectual disability. Many judges believe that they are helping a defendant with mental health treatment by ordering 730 restoration, but this is simply not the case. Restoration is not treatment.

While the majority of these defendants can be restored within 90 to 150 days, there have been cases of individuals languishing for periods of three, six or 10 years.

The daily cost of restoration is over $1100 per day, and the statute requires the counties to pay 100 percent of these charges.

Enactment of these reforms as part of the final budget will not only assure these defendants have the ability to receive the most appropriate pathway to care, it will provide a mechanism for local reinvestment.

Each and every day the county directors work to find solutions to help support strong mental health services.

However, one of the most significant barriers to access, as everyone else has mentioned, is the workforce crisis. Experienced clinicians are leaving for higher-paying jobs, and the staff left behind are overburdened. That is why we are asking for your support of an 8.5 percent COLA increase in this year's budget.

Finally, we raise concern with pending proposals and legislation that seeks to remove the LGU's legal authority for local service planning. Each LGU develops and submits an annual Local Services Plan to the state, which strategically develops through feedback garnered by a diverse range of stakeholders that include but are not limited to providers, peers, recipients of services, family members -- all of which shape their community services boards.

Thank you. I thought I could do it in under three minutes.

CHAIRWOMAN KRUEGER: Do we have any Senators who wish to ask questions?

We do. I see like all of you. No one

was texting. Sorry.

Senator Mannion first.

SENATOR MANNION: Thank you, Senator Krueger. I'm afraid of who that text went to, then.

(Laughter.)

SENATOR MANNION: This is for anybody on the panel. I asked a question previously about CPEP programs. You know, due to the challenges that we're facing, do you know of CPEP programs that have reduced their number of hours or closed or have, you know, longer wait times?

MS. DAVID: I don't have specifics on the numbers, but obviously I think we've seen around the state that the availability for beds in those CPEP hospitals has been very difficult to obtain for folks.

MR. LIEBMAN: I don't have an answer, but this is certainly something we can look into as well. I don't have an answer.

SENATOR MANNION: And can you provide for me a list of reasons why that has occurred, in your opinion or otherwise?

MS. DAVID: Well, I think from the county perspective obviously, you know, there's -- there's a myriad of reasons, right? We have an intense demand for crisis services while exceeding the availability for capacity in these hospitals. We have a workforce crisis that we're also facing.

And so, you know, I think the capacity level at the hospitals, you know, even not just these 939 hospitals but just across the board, is, you know, driving up -- driving up the need. As well as, you know, there's a real backlog on being able to have, you know, that immediate access to service. So ultimately it's -- it's just following through the system, so --

SENATOR MANNION: Sure. And I ask that with good intentions and to make sure that I provide the opportunity, in the short time that you have up here, to explicitly state where we are and then, you know, help us advocate for significant investment.

MR. LIEBMAN: It is, again, as Courtney said, it's -- as you know, Senator,

so much of it is workforce. It's just workforce. And it's, again, a great vision that we're talking about more CPEPs coming into the system. We applaud that. But if you don't have the workforce to hire, we already see what's going on with existing systems.

So again, that's why we really implore all of you -- and you know, you all get it, that we really have to move that 2.5 to an 8.5.

SENATOR MANNION: Yes, agreed. And do you believe it would be more effective to focus less on the creation of new CPEPs or expand the existing ones? Or because of the crises that are existing, you know, those workforce challenges are going to persist?

MS. DAVID: I mean, to my knowledge, I don't know the number of CPEPs around the state, but it's not many. So not every county has a 939 hospital. So I think creating access -- you know, expanding access to more counties and to more regions I think would be helpful.

SENATOR MANNION: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly?

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTHER: Thanks for being so patient today.

So, you know, we talk all the time, Glenn, and each one of you, and honestly, you know, the 2.5 was absolutely an insult. Eight-point-five is what we need.

You know, many of the people -- I don't know people out here, but they don't work one job, but they have to go to two jobs. And, you know, incidents happen when people are tired. And honestly, a lot of them are women, people of color. And it's time for the second floor to start listening, listening to the fact that they're saving lives, they are preventing people from going to jail more than anything -- our jails are full, and a lot of times it's because people don't get the healthcare that they need.

And at this point, you know, we have a

$24 million Rainy Day Fund. You know, we have to address the homelessness and make sure that people have the access to the care that they need. And I know all the work that you do, we appreciate it, but we also would appreciate if the Governor would increase the amount of money to save lives and to get people home where they belong. That's it.

MR. COPPOLA: Assemblywoman, if we're serious about addressing workforce, it provides us with an opportunity to address structural racism and structural sexism. Because you're absolutely right that the workforce we're talking about is predominantly women and predominantly people of color in many of our programs.

ASSEMBLYWOMAN GUNTHER: That deserve a living wage, that deserve to go home to their families after eight hours of work.

MR. LIEBMAN: Absolutely. I just want to add real quickly to that as well as that, you know -- and obviously we've talked about this a lot. But there's got to be a real -- you know, we shouldn't be coming back year

after year for a COLA. That's why we love your bill in terms of like making sure it's there every year. Because we shouldn't have to fight for this. These are people who, as you said, two, three jobs. They're struggling. And they're doing great work. you know, we always say this is mission-driven work. But mission-driven does not put food on the table. You really have to employ our people, you have to give them the money to be able to live lives where they're doing -- they are doing great work, so we need to make sure they have protective factors around them.

ASSEMBLYWOMAN GUNTHER: We don't want to see these people in jail. I mean, a police force is not -- they go on a scene and people are acting out and it doesn't lead to good things.

So the fact of the matter is we need to invest in this community, it's important, and I think you'll see a decrease in people ending up in jail and a decrease of -- usually mental health folks are the people

that are attacked, and it will lessen the attacks on those that are vulnerable.

CHAIRWOMAN WEINSTEIN: Thank you.

To the Senate.

MR. COPPOLA: Thank you.

Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much.

What do you think about criminalizing fentanyl? And will it help combat the crisis against opioids? And secondary question, when has penalizing drug users ever been helpful before?

MR. COPPOLA: So I didn't understand the second part.

SENATOR FERNANDEZ: When has penalizing drug users ever been helpful before in our battle with addiction?

MR. COPPOLA: I think the answer to both of those questions is what we're talking about is a public health problem. We're talking about people who have an addiction. Many are people who were prescribed into addiction, who have a legitimate health concern and who were prescribed an opioid and

became addicted. That's what happens.

And so I think that the approach that we take should be to really look at the availability and the underutilization of medication-assisted treatment as a response to that crisis, and to look at treatment as an alternative to incarceration.

The highest-risk group for people to overdose are African-American men coming out of the correctional system. We don't need -- and coming out of the correctional system is an important piece of this. We don't need approaches that put more people in prison. If it's a public safety issue, okay, that's a different conversation. But the public health issue, we should be treating it in the public health system and investing in treatment, investing in harm reduction, investing in prevention and recovery work.

SENATOR FERNANDEZ: Thank you.

And with my other time, there's been a lot of conversation and maybe this is a bigger conversation for another day, about the merger of the two agencies. But today,

right now and in this budget, what can we do to ensure that services are being provided for those that might need substance use disorder help and also mental health aid?

MR. COPPOLA: Well, I think there's a lot of work going on right now that's looking at this whole issue of integration of services and to what extent do we ensure that there's an expertise, a clinical expertise in mental health programs to address the addiction needs of the people that are sitting in front of them.

And similarly, to address the mental health, I thought that Commissioner Cunningham, when she addressed the issue, she highlighted the importance of the -- and the number of people coming into our system. And so I do think that it's an important thing that the training for the people working in our programs has to be across both issues.

SENATOR FERNANDEZ: Thank you so much.

MR. LIEBMAN: And I think that --

SENATOR FERNANDEZ: Go on. Go ahead and answer.

MR. LIEBMAN: Thanks, John.

I think that where it really -- where the rubber meets the road seems to be around 988. There seems to be this recognition through 988 and recognition through the urgent care centers within the framework of behavioral health that there is the mental health component and the substance use component. And I hope that drills down to other areas. I hope it certainly drills down in school settings as well, where I think we're really missing the whole discussion around school mental health and substance use services.

SENATOR FERNANDEZ: I agree. Thank you so much.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Gray.

ASSEMBLYMAN GRAY: Thank you very much. I appreciate you all being here this afternoon. We'll move quickly here.

Homelessness: It is driven by

substance use and behavioral health issues as well as cost. And then housing instability also perpetuates substance use. Do you think -- do you think we're doing enough in this budget to address that? I think we have $6.4 million in this year's budget. That would be number one.

And then for Director David, if you could speak to what do you think we should do on CIT to get more participation from law enforcement.

And lastly, first of all -- and then, first of all, I'll address that I think the 2.5 percent inadequate; I support your efforts there.

And telehealth for substance use, that's -- you know, that community is very manipulative, and so I think it's -- to me I think it's a danger. But if you have comments on that, I'd like to hear it.

And then vaping, if you have any comments in terms of would you support licensing retail outlets that sell vaping products?

Thank you.

MS. DAVID: Any takers?

CHAIRWOMAN KRUEGER: Thank you.

Senator Oberacker.

MS. DAVID: I think -- can I answer him?

CHAIRWOMAN KRUEGER: Oh, I'm sorry, you had time. I apologize. Yes, please answer.

MS. DAVID: So real quick, just with regard to the housing question, I think obviously all of our county directors realize that there is a real need for housing from all sides, right. And, you know, I know that the Governor has supported the supportive housing for another year. I know that they're still severely underfunded, but, you know, obviously we support increases to those services.

As far as CIT, on the county level I -- a lot of law enforcement are already being trained in CIT. Obviously, you know, our counties will work with the state on pushing out those programs, but -- I get so

nervous by that bell. And so yes, we will always support, you know, more funding and access for CIT programs.

MR. COPPOLA: I think to add to the housing dimension of what you were talking about, I think that it's critical that we look across systems. When people who are housing-insecure, when they get treatment for their addiction, they're able to move into supportive housing and then into permanent housing and from unemployment to employment. So we're underutilizing, I think, the OASAS system in helping to address the needs of people who are unsheltered.

MR. LIEBMAN: And also just quickly, when you asked your first question, is this enough funding -- there's never enough funding. I think that the mental health budget is funded like we'd never seen it before, but as we've talked about, the workforce is integral to all this. And again, it's a great budget, best I've seen in my 20 years here. But if we don't have the workforce to, you know, take care of all the

work that's got to be done, then ...

CHAIRWOMAN KRUEGER: And now I'm going to stop you. I apologize, before.

Thank you. And now Senator Oberacker.

SENATOR OBERACKER: Thank you, Madam Chair.

I don't know who's more excited, me to ask my question or for you to have me ask my question. But I thank you for that. And thank you all for coming this afternoon.

You know, we talk a lot about database decisions and harm reduction. I'm a member of my local EMS squad. And one of the interesting parts about it is we really don't have true numbers as to the number of overdoses that we see, and it's because of how we calculate that. Overdoses are not calculated -- in our county, at least, and I'm sure across most -- if they don't result in death.

And so one of the areas that I'd really like to expand upon is I'm thinking I have it worked out in my mind, if you will, on how to really get the actual number. And

for me it would be potentially Narcan that is used in the field. I was on a recent call where we had two that we actually brought back. And to me, that's an overdose.

But until we really get the true number, until we really get what is really going on out in the field, so to speak, I don't think we can fully address it. Nor is that reflected in our budget.

So I'm just wondering, is there some way you can help me to help you get that number?

MR. COPPOLA: I think we have to look at the lack of coordination from one county to the other across the state. Some counties are plugged into national networks, some counties are not.

The lessons learned from COVID in terms of being able to talk about statistics that happened yesterday, by far, you know, sort of outweighs what's been achieved relative -- it's not okay to be talking about 2021 rates. What about last week? What about last month? What about two months ago?

Two months ago is even not adequate.

So we've really -- I think the idea of standardizing how it's approached so that we're not just talking about deaths, we're talking about -- how many people are in hospitals with brain damage as a consequence of an overdose? How many people, as you pointed out, have been saved by their friends because of the availability of naloxone? It has to be standardized and it has to be a concerted effort.

SENATOR OBERACKER: Thank you for that. And off this hearing, I would love to have a further discussion on that to be to maybe construct some piece of legislation that would address that.

Again, thank you, and I cede the rest of my time.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Steck.

ASSEMBLYMAN STECK: Yes, thank you, Madam Chair.

I happen to be a dissenter in this Legislature; I do not believe there's adequate revenue in the state. I believe that for the last 40 years the financial industry and the Bezoses and the Musks of the world have been siphoning off most of the resources of this society. I think New York is an extreme case of that. We are pouring money into so-called public-private partnerships which benefit the private and the public gets screwed.

But that all having been said, I don't realistically see that changing. The New York State budget is a series of partially funded programs.

So here's the question. The question is if I wanted to make a recommendation of an amount of money to be put in the budget -- not for all the things that you would like, but for an increased reimbursement rate for those in the substance abuse field who would treat mental health disorders, co-occurring disorders as well, would you be able to put a number on that? And if so, what would it be?

MR. COPPOLA: So the number would be 500 million. The number was arrived at by a cross-section of addiction and mental health providers who looked at workforce as a primary issue and would -- and also the challenges of creating more funding equity and addressing underserved communities. And it was seen as a way to get at addressing some of the huge gaps in services, the disparities across systems, et cetera.

But that was a consensus, I believe consensus opinion on the part of a good number of advocacy organizations.

MR. LIEBMAN: Yup. Well said. I agree.

One other thing, though, Assemblyman. This is just kind of -- kind of a long-term-vision piece, is that, you know, in terms of dollars, John's right, we reached a consensus around 500 million and certainly going to 8.5 percent around the COLA.

But one of the other things that we should be looking at -- and I don't think it's necessarily aspirational -- but I think

we should be looking at what do we do long term for our 800,000 people in the human service sector. Why don't we have, much like state workforce does, much like the police, much like firefighters, much like teachers, why don't we have some sort of pension system? Why don't we have the ability for us to -- in order to retain and recruit quality staff, why don't we have some sort of stepladder of -- a ladder where people can move up and say, I've now been with this nonprofit for 10, 15 years and I get X amount upon my retirement? We should be looking at things like that.

ASSEMBLYMAN STECK: Revenue.

CHAIRWOMAN WEINSTEIN: Senate?

CHAIRWOMAN KRUEGER: Thank you.

Senator O'Mara.

SENATOR O'MARA: Thank you.

Mr. Coppola, you've mentioned some 200-and-some-million-dollar cut. Can you -- I missed it when you said -- what aspect is that?

MR. COPPOLA: That's the OASAS local

assistance budget. And again, I think the commissioner explained that the -- there was a -- part of that was the Opioid Stewardship Fund and it was going to spread out over five years. So there's a mathematical explanation for why there's $240 million less in local assistance.

And I'm suggesting that if indeed it was the case that you could take $246 million, because you already have it someplace, and move that 240 someplace else, I say, well, before we do that, we should ask an extraordinarily simple question: Are there any needs in the addiction service delivery system right now that would benefit by us using that $240 million a little bit differently?

And I'm not talking about the 240 that got shuffled in other places or got used differently, but --

SENATOR O'MARA: Is some of that money money that wasn't spent last year that's being reappropriated for this year?

MR. COPPOLA: Well, the category of

Aid to Localities minus 240 is -- is -- I'm not sure of the mechanics. It might be that -- I think if it was a reappropriation, it would have showed up on that line and you wouldn't have a minus 240.

SENATOR O'MARA: Okay. Because my notes are showing some reappropriation of about 200 million --

MR. COPPOLA: But I do think that we have the creativity to ask that very simple question. Like could this funding -- before we go someplace else with it, could it be used, could we use it for a different purpose?

SENATOR O'MARA: Well --

MR. COPPOLA: Productively.

SENATOR O'MARA: I think we know the answer to that, and there's a great need, and it's there. You know, we can -- we can find a billion dollars to support migrants in a sanctuary city that invited them, but we're not funding mental health programs.

MR. COPPOLA: And there was a billion dollars, a billion dollars of new money as a

consequence of the expansion of gambling. A billion dollars of new money into the state.

SENATOR O'MARA: In the last minute, if you can, dual diagnosis, co-disorders. Are we making progress on getting practitioners in the field to enough levels to be dealing with this? Because these dual diagnoses, in everything I'm hearing, is kind of some of the root causes of homelessness and crime that we're seeing.

So what kind of progress are we making in that area?

MR. LIEBMAN: I think there's progress being made. I think there's one thing in the budget that I am excited about -- well, I'm excited about a lot of things. I think there is -- and Commissioner Sullivan referenced it this morning -- there is a sort of a version of a CASAC for mental health. This is something where paraprofessionals can be working in the mental health field, coming up and rising up the ladder in terms of the progression in terms of, you know, moving up, not necessarily with a college degree.

And I think that OMH -- I mean, OASAS has a CASAC program that's very successful. So as much as we can replicate that through mental health, I think that's a way to move forward.

SENATOR O'MARA: I think we should be focusing on that. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly. Oh, you're done? Okay.

Senator Samra Brouk.

SENATOR BROUK: Thank you.

Good afternoon. Thank you all for being here.

First I really just -- I'm looking at four faces of partners in this work, and I want to thank you for all the work that you do. And also because I think in this field especially we do have a lot of people with shared lived experiences. And so hearing your experience, Sharon, with your -- is it your son? You know, that always really makes it real, I think, for people sitting in a hearing room to really know that the decisions we make affect people's lives.

And I, like you, am encouraged and enthusiastic that things have changed and that we are having very real conversations about how to improve our mental health industry, really.

So I want to pick up on something that you mentioned, Glenn. And surprise, it's about workforce and it's about the COLA. And the reason I want to bring it up is because you said something that I think is worth repeating. And it's this notion that in a field where my fellow chairperson Assemblywoman Gunther mentioned, it is a lot of times women, a lot of times people of color, a lot of times folks with multiple jobs.

There's this notion that we believe, the powers-that-be believe you have to be passionate for this work. And I used to work in the nonprofit sector and I remember thinking, well, you're just so passionate and you love what you do; you're not here for the money. But it turns out you need the money to support your family and to support

yourself and to pay back your student loans and your rent and your groceries and the like.

And so I am encouraged to hear you talking about that, because I think we need to get away from this idea that the passion can pay the bills.

So I would love for you quickly to put a fine point on why we need a higher COLA and why it needs to be yearly.

MR. LIEBMAN: Well, I think we need a COLA because, again -- and thank you for the question, because our workforce is desperately in need of support. As you said, we can't just rely on mission. Mission has to pay more than $15 an hour.

We have people -- we are asking people across the human service sector, across the mental health sector, to do incredible work, to do, you know, as you said, working two jobs, doing all this stuff. And what they're doing is they're helping the most vulnerable New Yorkers. People with very difficult, complex cases, they're helping them and

they're {unintelligible}. And as a family member myself, we rely on those folks to be doing it. And we're relying on them as they're being paid $15 an hour? I think we have to do much better.

And I know your leadership, I know Assemblymember Gunther's leadership -- I know we will get there. And I know with the help and support of the Assembly and Senate, we'll hopefully get there.

SENATOR BROUK: Thank you.

For my last few seconds, it will be a follow-up -- a written follow-up, hopefully, Courtney, from you.

You know, you talked about the local service plans, and I definitely think that there's work to be done there, and I hope that we can work together on that. The last thing I'll say is, you know, I think a lot of times a lot of these services aren't taking into account the crisis of mental health and substance use, and unfortunately that usually ends up with someone losing their life.

So I would love for us to keep working

together to make sure that your voices are heard in that as well.

MS. DAVID: Absolutely. I'll definitely follow up with you on that. Thanks.

CHAIRWOMAN KRUEGER: Thank you.

No other Assembly? Thank you.

I do have one question. So the mental health commissioner earlier today testified that they had a new program planned on mental health associates, I believe is the term she used. And she referenced that they were taking a good idea from the substance abuse world. So since you're all here together and we know we have a desperate shortage of mental health providers, is it a good idea?

MR. LIEBMAN: I have a bias because my son is a CASAC, so I have a CASAC bias that my son, as somebody who didn't traditionally go to college or anything like that, went through the paraprofessional approach and went through and now he's in college, which is great. But this was a line for him to be able to go through. He was able to get his

CASAC, he was able to get -- go to school, get his CASAC. Now he's actually on the job training to get his -- move from a CASAC-T to a full CASAC.

It is something that we've wanted to see in mental health for many years. There are many paraprofessionals in mental health. We often talk in mental health about the clinicians, the social workers, the psychologists, the psychiatrists -- absolutely. But we need those other folks to be in there every day.

So I think -- personally, it's an idea I applaud. And I think that, again, it also creates gradations where people can move up the ladder, which I think is very hopeful. And again, it's going to take time to mature and figure it out, but I am very enthusiastic about it.

CHAIRWOMAN KRUEGER: Anyone else?

MR. COPPOLA: I think if it's modeled after the CASAC, it provides an opportunity for people to come into the field.

But many times people with lived

experience who potentially were in a peer role and want to move into a more clinical role, it's an excellent opportunity to compound the workforce.

It also gives people who have lived experience in multiple systems, including the corrections system, where I think OMH needs to have much more flexibility in terms of employing people who have had experience in the justice system, in the criminal legal system -- to make sure that they have access to jobs as well.

MR. LIEBMAN: Very good point.

CHAIRWOMAN KRUEGER: In my, oh, few seconds left -- is that okay?

CHAIRWOMAN WEINSTEIN: You're okay.

CHAIRWOMAN KRUEGER: So the Governor vetoed a bill that surprised me, which would have simply required that when courts were ordering people with a substance abuse issue into some kind of drug treatment plan, that they weren't going to have to offer non-religious-based programs.

So we know a lot of the 12-step

programs out there have a religious theme. And it works great for some people, but not everyone's comfortable with that.

Do you understand why the Governor would veto simply saying you should have on your list providers that are not religiously based?

MR. COPPOLA: It doesn't sound to me like it gives all of the options that people should have. It would seem to me that if some people feel comfortable in a different kind of 12-step environment, that that would be something -- and I think, right, it would be -- I think it's helpful to offer people all of the options.

CHAIRWOMAN KRUEGER: Thank you. My time is up perfectly. Thank you.

Assembly?

CHAIRWOMAN WEINSTEIN: Yes, Assemblyman Brown for three minutes.

ASSEMBLYMAN KEITH BROWN: Thank you, Chairwoman.

John, if I may, I'd like to drill down on some of the numbers that you talked about

in your opening. You talked about the minus 240 million. When the commissioner was here, Dr. Cunningham was talking about the fact that it was caused by Opioid Stewardship funds. She didn't elaborate because we didn't have time.

But could you like explain that a little bit to members?

MR. COPPOLA: So my understanding is that the Opioid Stewardship Fund was to collect $200 million. I believe that that was kind of a one-time collection, which to me I don't understand that at all. It seemed to me like, well, why not every year?

But my understanding is that the intention was that it be spent over a five-year period and that the sort of the decrease in the total number in the budget accommodates the moving forward into future fiscal years some of the $200 million.

ASSEMBLYMAN KEITH BROWN: So was that state money that was allocated previously, or --

MR. COPPOLA: It was money that was

garnered from the pharmaceutical industry and created this fund, and then the fund was allocated to OASAS. And so I think the budget process includes along with any other funding that comes into -- that has OASAS's name on it.

ASSEMBLYMAN KEITH BROWN: So -- but that's different than the Opioid Settlement money -- that since has come.

MR. COPPOLA: Correct. Correct.

ASSEMBLYMAN KEITH BROWN: And then you mentioned something about half a million dollars across OASAS. I wasn't sure -- I'm not sure if I caught it completely, but you were talking about the deficiencies in the budget, what you meant by that.

MR. COPPOLA: So -- I mean, I think OASAS has been underfunded for decades. It was unusual that it would be the only state agency cut in the years where things were, you know, okay.

So I think, you know, you have a commissioner, new commissioner, who's done a really good job establishing an Office of

Diversity and an Office of Harm Reduction. And my concern, is she going to be given the resources that she needs to do both of those really well? They were criticized when they weren't doing it well, and then when they get a commissioner who helps to create those offices, does she get the resources to do it adequately?

So again, I think that there is -- you know, if you look at any part of the system -- say, let's talk about recovery homes -- and this is one of the problems I have with this hearing. The commissioners are in a position where the only thing they can do is tell you all the good things that are going on. They can't talk to you about gaping holes in the system. So we talk about recovery and all the nice recovery deals we're going to do.

Well, how many counties do we have -- how many recovery centers should we have in New York City? I think a lot. Not one in each borough. Not 10 in each borough. We should have a lot of recovery centers. They

should be all over the place. And we're talking about 36 or 27 -- we're talking about low numbers.

Harm reduction we've talked about forever, and we do next -- the commissioner was talking about thirty -- a small number of programs. We need a lot more. There's so many holes in the system that need to be filled.

ASSEMBLYMAN KEITH BROWN: Great. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

I believe we are now both closed, both houses. Yes?

CHAIRWOMAN WEINSTEIN: Yes.

CHAIRWOMAN KRUEGER: Okay. So I want to thank you all very much for your hard work on behalf of New Yorkers every day, and for your testimony here this afternoon.

MR. COPPOLA: Thank you.

MS. DAVID: Thank you very much.

CHAIRWOMAN KRUEGER: I'm going to excuse you, call up the next panel, which is -- sorry, as we're moving along --

Citizens' Committee for Children, New York Creative Arts Therapists, New York State Coalition for Children's Behavioral Health, and New York Association of Psychiatric Rehab Services.

Good afternoon, everyone. Thank you for being with us. Okay, let's start with my left, your right, with Harvey first.

MR. ROSENTHAL: Good morning -- actually, good afternoon.

CHAIRWOMAN KRUEGER: Yup, afternoon.

MR. ROSENTHAL: So I put this on a laptop; I kept cutting it to try to get to three minutes. Wish me luck.

So I am Harvey Rosenthal. I'm a person in recovery, long-term recovery. I began my career in a mental hospital as a patient in 1970. I've worked in the field for 45 years since. I've been an advocate for 30. And I represent people with -- tens of thousands of people across the state who are deemed to have serious mental illness.

And I will tell you that the perspective that they have right now is

feeling blamed for the problems we're dealing with. They're called hard to serve, frequent flyers, noncompliant, public safety threat, treatment resistant to people of color. This is our job for not -- it's our failure to engage people. And to help them live and thrive in the community, and to see them as people who need public health help as well.

In terms of the COLA, I've been helping a woman who's had major symptoms. She's had trouble, you know, with her thinking and where she's going to live. She was terrified of being in a hospital and injected involuntarily. We couldn't find crisis services in Albany or in Warren County. They had the beds but they didn't have the staff. She's in the hospital, she got injected with medication. Shouldn't have happened.

In terms of hospitals, I'm going to take a different view here. I don't think we can hospitalize ourselves out of this. I don't think this is about more and more beds. Change doesn't happen in a hospital. In some

cases it's $3,000 a day to get medication. It doesn't really cause change.

And more beds -- you have failed discharges. The revolving door in these hospitals is so cyclic. People are in and out of these hospitals in 20 -- you know, they're back five, 10, 15 times a year.

CHAIRWOMAN KRUEGER: (Mic off.)

CHAIRWOMAN WEINSTEIN: Pull the mic closer.

MR. ROSENTHAL: They're back -- did you get any of it? Want me to start again? Okay. Five, 10, 15 times a year. So if hospitals were working, you know, then why are people leaving? It's the failure of the discharge plan. The failure of the community services.

And if I have a little time, I guess I'll say when people leave, they need something than they get now. When they leave and it's not a failed discharge, they leave with a person who will support them and follow them into the community. That's a peer bridger. We don't need warm hand-offs,

we need somebody to stay with people for a period of time.

If people are in a crisis, we have crisis stabilization centers, but that's only for one day. We have peer crisis -- I'm sorry, respite programs that will be for 28 days. We need more of them. I have the cost of those in here.

We need -- and when people are discharged during crisis, they need pathways home. Housing often excludes people if they're using or symptomatic. We have models -- all of these are in New York, made in New York. We have models that will take people; we don't have enough of them. Not just housing, but housing first.

We need a place to go. So a person to be with, a place to live that will take you, and a place to go. There's clubhouses programs being increased in the city. We don't have any upstate. They were all killed off. So we need more of them.

And there's a bunch of criminal justice bills that I -- that are in my

testimony that we should be also approving.

But we can do this in the community. This obsession with hospitals is not going to get it done. It's costly. Change doesn't happen. We can help people before they go to the hospital. And after, in a much better way.

CHAIRWOMAN KRUEGER: Thank you.

Next?

MS. FAGEN: Hi. Thank you so much for having me. I'm really happy to be able to provide testimony today.

My name is Drena Fagen. I am a licensed clinical social worker and a licensed creative arts therapist. I've been in the field for about 23 years. I'm a co-owner and director of a private creative arts therapy practice based in Brooklyn and the Hudson Valley. We have 20 creative arts therapists.

I'm so grateful, our whole team is so grateful for this bill and efforts by the Governor and the Legislature to close the provider gap and to expand services. This is

a relentless mental health crisis, and we are feeling it as an outpatient mental health provider. Even though we are private, we feel it too.

It's been really interesting to sit here today and listen to all the discussion about paraprofessionals and mental health associates, and that's -- I'm actually here to talk about a provision of the bill that I find very concerning, and those two things seem to be related.

Part Q intends to amend the Social Services Law to allow Medicaid reimbursement for licensed mental health counselors and licensed marriage and family therapists. Our concern is that the entire profession in which I am licensed, licensed creative arts therapists, is excluded from this bill.

There were four mental health practitioner licenses all licensed at the same time in 2005. We all have, at this point, almost 20 years of experience in the field. The other field that I'm not representing but is also missing from this

bill is licensed psychoanalysts.

Not including qualified, licensed therapists who already are licensed in this state -- this seems to undermine the state's effort to solve the current crisis.

Creative arts therapists are on the frontlines after tragic events like mass violence, natural disasters. They commonly work with veterans with PTSD. They're in all these hospitals that he's talking about.

One of my early jobs was working with sexually abused kids in an outpatient mental health facility. And the only reason I could work there was because it was grant-funded. It was grant-funded by an international organization, not even a national organization. That may actually still be going on, because there is no line of funding for us within the clinic model.

After 9/11, our therapists were the first to be activated to provide immediate support and their services were covered by commercial insurances -- and that was before we were licensed.

So our value as clinicians is known, but it's not being leveraged in our state, and it's very confusing to me. We have master's degrees and specialized skills that are effective for folks where talk therapy may not serve them well. Or they may feel stigmatized by the standard mental health model, especially children, people from different cultures, immigrants, et cetera.

In my quick last little bit here, I want to read an email that we get so many of these at our practice: "I'm a foster mother to a 4-year-old girl. We've been trying to get her into therapy for months, and her law advocate just recommended we reach out for creative arts therapy services. She is on MetroPlus Medicaid. Can you accept it? If not, can you prorate your rate so we can be seen?"

I have more, but that's my time. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Good afternoon.

MS. CRISTALLI: Thank you. Good

afternoon. I'm Maria Cristalli, and I serve as the president and CEO of Hillside and the board chair of the New York State Coalition for Children's Behavioral Health.

Our coalition represents approximately 40 provider organizations serving youth and families throughout New York State. And here, on behalf of them, we're thrilled with the investments that the Governor and her budget is making in mental health. Certainly concur with lots of the programs that were highlighted by the commissioner this morning.

But I do want to emphasize a few areas that were part of my written testimony.

First and foremost, parity. A parent called me last week from the emergency room. We've heard a lot about that in the newspapers and stories today. She's been out of work, her husband out of work, to try and manage her son's behavior. She's been unable to get services. She has commercial insurance, and she's not able to access some of the services that families that utilize Medicaid are.

We can change that with parity. It's very important. We have a wonderful service array called the Child and Family Treatment and Support Services, and that allows for peer support, assessment, skill building. Let's expand the access to include more families, to avoid going to the hospital and costly out-of-home placement.

The other point that I want to emphasize today is workforce. Workforce at our organization -- and I know I speak for many of my colleagues that are part of the coalition -- we have several hundred openings and, for Hillside, several hundred out of 1800 staff. We can't deliver current services and the future services that the Governor is looking to expand.

What should we do? The 8.5 percent COLA, thank you for the support today for that. It's really important. Let's include more disciplines in there, though. Let's also include domestic violence workers. Let's include prevention workers and health home care managers. Critically important to

the services that are provided for children.

Loan forgiveness. The commissioner -- I was delighted to hear that she talked about expanding mental health practitioners in the loan forgiveness program. We need to make sure that happens. That is really important for our staff of color that want to move on to roles that require education. It's also important to have programs for them and our direct service workers that fund full scholarships for underserved communities.

We at Hillside have a workforce that represents the populations that we serve. Many organizations do the same. However, their mobility into leadership roles needs to be resourced.

And we really appreciate the support of the Legislature and are happy to take questions when it's time. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And last? Hi.

MS. BUFKIN: Good afternoon. 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 dedicated to ensuring every New York child is healthy, housed, educated and safe.

We also help lead the Healthy Minds, Healthy Kids Campaign, which is a statewide coalition of families, advocates, providers focused on ensuring every child has access to the behavioral health services that they need.

Thank you, chairs and members of the committees, for holding today's hearing. I want to first echo what so many before me have said, which is it is significant and meaningful to have behavioral health elevated in the way it is in the Executive Budget. And it gives hope for a truly transformative system moving forward.

In particular, CCC supports funding targeted towards children and adolescents, including funding for school-based mental health clinics, HealthySteps and home-based crisis intervention, youth suicide prevention and wraparound services. However, we must

also underscore the reality facing thousands of families across the state, a result of chronic underinvestment in the children's behavioral health system.

Children are sitting on waitlists for months, half a year, a year -- and some of them won't get off those waitlists until it's too late. Death by suicide is the second leading cause of death for children age 15 to 19. Rates of anxiety and depression have risen significantly during COVID. Provider shortages are overwhelming, and --

ASSEMBLYWOMAN GUNTHER: Can you slow it down just a little bit?

MS. BUFKIN: Sure, I'm sorry. It's that three-minute mark, trying to hit it.

ASSEMBLYWOMAN GUNTHER: (Inaudible.)

MS. BUFKIN: No, of course, I'm so sorry.

Provider shortages are overwhelming, and finding timely mental health supports for families is isolating, exhausting, and often impossible.

This is why we first ask that at least

half of the proposed billion dollars for behavioral health funding be invested in services for children and families. It's clear that we have inadequate funding across the board. But it is a historical reality that when funding amounts are unspecified, the minority goes to children and families.

Our state is unfortunately in a never-ending cycle where children and young people fail to get the mental health supports they need, they cycle in and out of ERs and hospitals, and then they become adults who also can't get the mental health supports they need. We have to break this cycle by investing in more upstream services.

We also want to reiterate what so many have said and will say again. We cannot address chronic waitlists and access issues without having the staff to provide services. We join others in supporting the 8.5 percent human services COLA, having reimbursement rates that match the cost of care, and having recruitment and retention strategies,

especially those that support bilingual and BIPOC staff.

We also strongly support providing $5.5 million for flexible state funding for family and youth peers that are providing services outside of Medicaid.

And finally, we greatly appreciate the Governor's proposal to address issues of network adequacy and parity. Commercial insurers continue to operate with impunity in our state, maintaining deeply inadequate rates that result in a deeply inadequate provider network, ultimately contributing to the number of children who are sent to ERs, forcing families to choose between therapy and basic needs, and subsidizing their practices on the backs of Medicaid.

To truly ensure these practices are addressed, the state must invest more in parity and network adequacy enforcement, and hold managed care companies responsible for the contracts they've committed to, including enforcing the COLA from last year.

And I'll just say in general we really

urge the parity between commercial insurance rates and APG Medicaid rates.

Thank you so much for your time.

CHAIRWOMAN KRUEGER: Thank you very much.

Our first questioner, Senator Samra Brouk.

SENATOR BROUK: Thank you.

Hi. Good afternoon. I have to start with a shout out to my Rochester rep here. Maria, thank you for joining, thank you for being a voice for Hillside and so many children who get such good care through Hillside, but also in your position here as board chair.

And it's so great to see Harvey. I'm sorry I missed your speaking portion, but I do have a question for you. And it's great to see everyone else as well.

I do have a question, Harvey, specifically about peer programs. I know that we were very encouraged to see the inclusion of INSET in the Governor's budget, but I know that we've also discussed the need

to include peers in more places, right, of intervention. Can you talk about some places you see where we could expand peer services?

MR. ROSENTHAL: Absolutely.

First I want to thank Mrs. Gunther. You funded the peer INSET program for three years, the Governor picked it up finally. It's a big coup for peer engagement, engaging people who otherwise would have been in, under Kendra's Law, forced treatment.

So everything I mentioned earlier, Senator, is really peer-run, and they are a gamut, if you engage people voluntarily. But these are peer-run, the agencies are peer-run. And that's the difference between inserting a peer, you know, anywhere and calling that a peer program. It's not.

So I would say the engagement service, like INSET, is really critical. I would say also the crisis respite program we mentioned earlier. You funded the subsidization centers, but again it's only one day. There are respite programs for 28 days where people should go. We need a lot more of them.

We also need -- where did I have it here. The peer bridger programs, which we created, helped thousands of people who left state hospitals but also local hospitals. People need to leave with a peer bridger from a local hospital. They keep sort of coming back. We've got to find a way to fund a lot of them.

And clubhouses and recovery centers are places where people need to go during the day. All of them are peer-run.

SENATOR BROUK: Thank you.

My next question is to Maria. You know, speaking about the mental health loan repayment program -- and I know that there was a request to try to expand that program. Can you go into a little more specifics -- as much as you can in 40 seconds --

(Laughter.)

SENATOR BROUK: -- about who that would include and how that helps?

MS. CRISTALLI: Well, you know, Senator Brouk, thank you. I would tie it back to our expanded scope of license -- so

licensed mental health practitioners, our licensed clinical social workers, our licensed marriage and family therapists, behavioral health analysts. We want to make it as wide as possible, because all of the services that were talked about most from this morning utilize multidisciplinary teams. So we need to make sure they have an avenue for getting their education and repaying back their loans.

SENATOR BROUK: Well done.

In my last seven seconds, I just want to put a finer point on that. I think what we've seen is these kind of artificial boundaries, right, around who gets paid more and who doesn't, and clearly that doesn't work.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTHER: So I'll be quick.

You know, we talk a lot about hospitalizations, we talk about chronic -- the emergencies that happen. You know, if we would invest the money at the beginning when people need help, we could keep people out of beds in OMH, we could keep people out of hospitals and the emergency room, which is really expensive. Add on the ambulance, keep adding it on.

And instead of providing safe housing -- safe housing where, you know, the ultimate goal would be to have someone in that safe housing that would know how to work with people that had disabilities or mental health -- a history of mental health issues.

You know, I think that other countries have really done things like this. They've done that. And, you know, I'm hoping that Kathy Hochul is listening, because I'd rather invest our taxpayer money in the health and safety of people, rather than see them in jail because they're combative when someone goes after them and they're paranoid.

There are so many things we could talk

about. And we've seen it happen where someone's dragged into the emergency room. It's all terrible, and it's more and more traumatic for the person that's suffering.

So I just think it's so important to think about putting the money in on the front end. Give people places to live, get them access to the care that they need, you know, and we'll stop seeing -- you know, to have a man in uniform -- I like police officers; my dad was. But to have a man in uniform come up to you and be the person first on the scene is frightening for so many. And it isn't because -- I just feel that. And Harvey, I don't know if you disagree or agree with me --

MR. ROSENTHAL: No. Well, I just want to say, Senator Brouk has a bill called Daniel's Law that would -- it wouldn't be the police that would come out, it would be mental health workers, EMTs --

ASSEMBLYWOMAN GUNTHER: But they're still, in small communities, coming. And you know that.

MR. ROSENTHAL: Yeah.

ASSEMBLYWOMAN GUNTHER: You know, and they get the call, you know that they come to the scene.

But I just wish we'd invest our money appropriately.

MR. ROSENTHAL: One last thing. You know, we spoke out against the mayor's proposal in New York. You mentioned it's international. I got interviews with Denmark, Spain, Germany -- people can't believe what we're doing in this country.

ASSEMBLYWOMAN GUNTHER: I know. In Europe they just -- it's completely, completely different.

CHAIRWOMAN WEINSTEIN: Senate.

CHAIRWOMAN KRUEGER: Thank you.

Senator John Mannion.

SENATOR MANNION: Thank you.

Hello, Maria, how are you?

MS. CRISTALLI: Good morning. Good morning.

SENATOR MANNION: I will give you as much time as possible to talk about -- as far

as 853 schools, the challenges as far as you face, how we fund them, and any recommendations you might make to the Legislature or the Executive regarding how best to fund them.

MS. CRISTALLI: Well, Senator Mannion, I appreciate that.

We operate 853 schools, and we're very pleased to see a study that's commissioned in the Executive Budget to study the rate methodology that is decades, years old. We were pleased -- parity is really important to us; we were pleased with the increases from last year.

But we need to be on par with our public school partners. We are serving children in those schools with complex needs, increased acuity, and that is just happening more and more. And those children, some of them are day students, some are residential students. But that study is ever so important to get commissioned so that we can work our way to a different rate methodology and at the same time parity with public

school increases are so critically important.

Thank you.

SENATOR MANNION: Thank you. And I stand with you and support that parity. And hopefully -- some of the issues that were lined out regarding the Executive Budget recommendation as far as that rate study goes are concerning. I'm sure they're concerning to you. Is there anything you'd like to share regarding what the cost-neutral dynamic of that would mean for schools like you, under your purview?

MS. CRISTALLI: Oh, my goodness, I'm not sure I've had the time to go into it today. But what I would say is it is so critically important when we think about what the students need and the resources that we're provided to serve them.

You know, one of the areas that I also want to highlight here in terms of workforce is teachers and competition, not only for the resources to serve these children but for the resources in teaching and teaching assistants. Critically important that we're

able to compete.

SENATOR MANNION: And as a result of the lack of parity over a period of time, regardless of the recent significant investment that has been committed to by the state, are you able to serve the, you know, population to the extent that the need is out there or that the requests come in for Hillside?

MS. CRISTALLI: We certainly are able to serve many children, but they're children with complex needs that we're not able to serve because of the resources that are part of that system, that is correct.

SENATOR MANNION: Thank you.

MS. CRISTALLI: Thank you.

SENATOR MANNION: And are you -- can you speak, in 15 seconds, to the number of 853 schools that have had to contract or close in the past 10 years or so?

MS. CRISTALLI: I cannot speak statewide, Senator. I can tell you that we closed an 853 school in that time period. But certainly we can get back to you with the

number statewide.

SENATOR MANNION: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Steck.

ASSEMBLYMAN STECK: Yes.

Mr. Rosenthal, I had a meeting recently with a man who's been in the field of housing for people with mental health conditions for a very long time. He runs an organization known as Rehabilitation Support Services. And he said about 20-some-odd years ago they used to operate 28-day or 30-day housing programs with support for people who had come out of hospitalization, weren't ready for outpatient treatment, and OMH did away with it on the ground of supposedly -- probably for monetary reasons -- but on the ground of supposedly encouraging independent living.

So I certainly would concur that a lot of the folks, including those which are under the jurisdiction of my committee -- that is, people with concurrent disorders -- are not

ready right away for independent living and outpatient treatment. They do need the support that you spoke of, and we're certainly trying to advocate for that.

MR. ROSENTHAL: I do want to say, though, that it's delicate because everybody can recover, and it's not like everybody needs to be put in a segregated environment. Maybe people need a bit longer and have it incremental. But I wouldn't want it to be people need to be in an institution in their community because they need so much support. We know how to move people along.

I know the housing program you're talking about. It was a good one. And I'm not sure why it was taken down. But right after that program there should have been more.

ASSEMBLYMAN STECK: Yeah, I think one of the difficulties, as Chairwoman Gunther said, is that if people aren't ready for independent living, they're out and they can -- they get them either if they're inclined -- in criminal activity or they're

back in the mental health ward of the hospital far too quickly. So there is a need for what I would call intermediate care.

MR. ROSENTHAL: There is. And we ran peer bridger programs in the city, engaged people, like you say, in and out, in and out, and engaged them with peer support and reduced their return to the hospital by 47 percent with community-based peer support.

So all along there's a spectrum of intensity.

ASSEMBLYMAN STECK: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

Senate.

CHAIRWOMAN KRUEGER: Thank you.

Senator Rolison.

SENATOR ROLISON: Thank you. Thank you, Chair.

The 39th District's in the Hudson Valley, and when I heard you say Hudson Valley, obviously it piqued my interest immediately, because I have not heard of the New York Creative Arts Therapists. I'd like to know a little bit

more about that.

MS. FAGEN: Sure. Well, we're a private -- we're a corporation licensed as a creative arts therapy practice. We originally started in Brooklyn, and then I moved to the Hudson Valley, so of course I expanded there.

We have eight therapists in the Hudson Valley location, and we have a waiting list. We always have a waiting list. So we're not even a clinic, and we have a waiting list. And we have nowhere to refer the people on our waiting list.

But we see children, adults, families, sort of a myriad of issues, whatever's coming our way. We're affiliated with the Philipstown Hub. Are you -- the hub is a nonprofit that popped up in Philipstown to help people find care. And we have a good relationship with them because we're one of the people they reach out to to find care. And then we often can't provide the care either. So they're sort of the hub of discovering places, and they've actually

submitted written testimony in support of what I'm here talking about, because it's frustrating for all of us.

I mean, I guess, to tell you more about it, we do take some commercial plans. We take --

SENATOR ROLISON: That's -- if I can interrupt for just one second, because we've got to make it in 40 seconds, on the funding.

MS. FAGEN: On the funding. So we're a private business --

SENATOR ROLISON: I know you were going there, so please --

MS. FAGEN: We're a private business, so we can't -- we're not nonprofit, so we can't get -- we can't get grants or anything like that. So we are primarily a fee-for-service kind of structure. All of our therapists are salaried. And frankly, we don't pay them enough money. But we pay them based -- we're capped at whatever the insurance companies are paying us.

And we do have a fair amount of people who self-pay. So that's useful. And a fair

amount of people who use out-of-network.

But for our particular license, licensed creative arts therapists, we actually are shut out from -- not shut out. I mean, insurance companies have the -- sort of the ability to decide whether they want to take our license or not take our license.

And that recently was derailed and vetoed out of a bill. So now we have this opportunity, I feel like, in this budget bill to kind of get that back. Because we're a resource that can take the weight -- if commercial plans are paying for our services, then that takes the weight off of the state paying for services, right? I mean, I don't really all the way understand that. But that sounds true to me.

We take one health -- we take one Medicaid plan. Healthfirst Medicaid does accept licensed creative arts therapists in network; all the other managed care Medicaid plans do not accept licensed creative arts therapists.

So there's essentially this patchwork.

So somebody might be getting care with us, with their creative arts therapist -- say it's a drama therapist or an art therapist -- it's going really well, their parent changes jobs and gets a new insurance, and suddenly their coverage has disappeared because that carrier doesn't have to cover us, versus the one that they had before that was covering us.

So it's really frustrating for us, because we don't want to dump those clients, so we end up sliding that fee a lot, and then that impacts our bottom line as well.

SENATOR ROLISON: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman Eachus.

ASSEMBLYMAN EACHUS: Thank you.

I want to plus-one with Assemblywoman Aileen Gunther. Prior to having access to multiple mental healths, I actually watched my own daughter handcuffed by the police in going through circumstances.

Harvey, I'm not sure whether I agree

with you or don't agree with you. So maybe there's going to be some clarification. I agree with you that we can't hospitalize this whole thing away. But I do believe that there is a place for hospitalization. I certainly feel very comfortable today knowing where my daughter is, she's safe, and that they have the ability to handle any situation that comes up. Where when she was put into group homes, where she was never successful, she was back to -- with the police and shipped back and all.

But the one thing I do want to say, and I'm glad you brought it up, is I did not get a chance to talk to Dr. Sullivan about the fact that in the hospital that I'm involved with, and that's the only one I can speak about -- and it's a big one, right, the Rockland Psychiatric Center -- they are not taking advantage of family, friends, caring individuals to help these people come out.

I haven't ever been called by the Office of Mental Health for my opinion and/or even told -- I'm told afterwards about the

medications, I'm told afterwards that she's shipped out to a group home. And it's one of those places where you can go -- I think what you were talking about -- to find help to have these people transfer out, you know, successfully and so on like that.

So I just wanted to mention --

MR. ROSENTHAL: I would like to talk to you about that, what you're talking about, that particular situation.

I wasn't trying to say hospitals are always wrong or we shouldn't have a thousand more beds. Let's not delude ourselves, though, that by getting somebody off the street and putting them in a hospital is going to work. The people are coming back too quickly. It's the discharge plan or what happens afterwards.

ASSEMBLYMAN EACHUS: Right, great. Great. Thank you.

MR. ROSENTHAL: Yeah, thank you.

CHAIRWOMAN WEINSTEIN: Senate.

CHAIRWOMAN KRUEGER: Thank you.

Senator Lea Webb.

SENATOR WEBB: Hopefully it's working. Can you hear me?

MR. ROSENTHAL: Mm-hmm.

CHAIRWOMAN KRUEGER: As close as you can get to the microphone.

SENATOR WEBB: Okay, I'll come in closer.

So thank you all for the great work that you do. I'm very familiar with Hillside and I've actually had family members who have utilized Hillside's services. And, you know, I know it's very challenging to navigate a lot of these resources, especially community members who are in underserved areas, whether it's rural -- and most certainly through a racial and ethnic lens.

I heard someone mention the crisis with the respite program. And so I wanted to ask what resources would be helpful to help to address this particular issue?

MS. CRISTALLI: Well, I think certainly rate adequacy is one of them. So when we think about the Medicaid services that were launched in 2019 as part of the

Medicaid redesign for children, we have benefited lately from a 25 percent enhanced rate.

But looking at those rates again is critically important for respite services, for youth peer advocacy, for the clinical services and for the skill-building services, because those services -- I go back to what Assemblymember Gunther also mentioned. If we have prevention and community-based services in homes that we can wrap around and support families, then they won't need or they may not need high-end services, including the removal from their own home with their family.

So taking a look at those services, making sure the rates are adequate -- I know as a provider, and I speak for my colleagues, the rates are not currently adequate. So we need to look at those. We need to look at urban versus rural differences and to take a look at them because they hold promise to helping families and young people in their homes, and also to make them available to

commercially insured individuals. That's key.

SENATOR WEBB: I think those are very valuable, especially when you think about the marketing of these services, because not many folks may be even aware that they actually could become a respite provider even within their own families.

Which takes me to my last question. I know I'm close to time. The commissioner mentioned earlier that there's a multi-million-dollar commitment for marketing. And I was just curious how those funds are going to impact, you know, the promotions for some of the services that you all are providing, to your knowledge.

MS. CRISTALLI: It's a good question. I'm not really sure how it's going to impact the providers. But we're certainly interested in learning more.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: Thank you very much.

I wanted to follow-up with -- Mr. Rosenthal, with your comment about the clubhouse model. As you know, in New York City there's been a proposal to deal with this issue of those people with serious mental illness who come in contact with the criminal justice system and are often homeless, et cetera.

MR. ROSENTHAL: Yeah.

ASSEMBLYWOMAN SIMON: And as you know, I have a bill to address, I think, some of those issues more productively.

But I do know that they have now just recently talked about the clubhouse model, which I had also talked about with the administration. And I'm curious if you're familiar at all with that proposal and how that model can be used effectively. So for my purposes, how I can kind of advocate with the administration for the appropriate -- or expanding the clubhouse model. If you have any comments on that.

MR. ROSENTHAL: Well, I'm not sure I got it, but clubhouses are well -- I ran a clubhouse for 10 years here in Albany. I think the clubhouses in New York City, which are going to be expanded, are really terrific. The mayor's behind it. And like you say, they've really grown to embrace wellness and criminal justice reform and things like that.

I'm not sure I -- I mean, in the city there's going to be money for that. Upstate is what I came to talk about. No money upstate.

ASSEMBLYWOMAN SIMON: Well, obviously I think it's a model we need to use in other places as well. But I was curious if you were familiar enough with the currently operating clubhouse --

MR. ROSENTHAL: I am.

ASSEMBLYWOMAN SIMON: There's Fountain House in my district, there's Greater Heights.

MR. ROSENTHAL: I'm very close with them.

ASSEMBLYWOMAN SIMON: And if you had any sort of guidance for us on that.

MR. ROSENTHAL: I'll come see you about that, yeah.

ASSEMBLYWOMAN SIMON: Thank you, I appreciate it very much.

MR. ROSENTHAL: I do a lot with them. I do a lot with Fountain House in particular.

Thank you for being a rights champion last year.

ASSEMBLYWOMAN SIMON: Thank you.

CHAIRWOMAN KRUEGER: Any other Senators? And any other Assemblymembers?

Then we are going to close this panel. Thank you very much for your participation today and for your hard work for New Yorkers every day.

I'm going to call up the next panel, Panel D, for those of you keeping track: New York County Defender Services; Center for Alternative Sentencing and Alternative Services; Coalition of Medication-Assisted Treatment Providers and Advocates.

And again, for those watching, if you

are on Panel E, you want to perhaps get into the room or closer to the front for when we call you up also. And that is Families Together in New York State; New York Alliance for Inclusion and Innovation; and the New York State -- I guess a New York State resident, excuse me.

Good afternoon. Let's start from your left, my right -- yes. No, your -- that's right? Yes. I may have said it backwards, but that's who I mean. My left, your right. Sorry.

MS. BAJUK: Hello. I'm Katherine Bajuk. I'm a 29-year public defender, the mental health attorney for New York County Defender Services, and a survivor of violent crime.

Passing the Treatment Not Jail Act and allocating another $60 million to expand treatment courts will build stronger and safer communities throughout the state. It's also less costly than incarceration. Per OCA, for every dollar invested in treatment, you yield $2 in savings. Treatment is more

effective and efficient, but we need to build that out. Just the other day in Mental Health Court, I had an incarcerated client's case adjourned seven weeks out. That is not efficient.

The act also reduces incarceration and involuntary commitment, which disproportionately affects people of color, LGBTQIA, and other marginalized communities that I represent. Our state needs this act. One out of five people, and over half our incarcerated population, have mental illness -- yet hundreds of thousands of people go without treatment every day.

And because of ignorance about and stigma around mental illness, people showing symptoms are overpoliced and criminalized. Then they're warehoused in violent and drug-filled jails and prisons, where people without preexisting conditions develop mental health issues and people with come out more destabilized. When released, it's without structured or sufficient discharge planning, without stable housing or healthcare. And

this is proven to create recidivism.

This is a public health crisis which must be met with a public health solution. And the Treatment Not Jail Act is that solution. It expands Article 216 to include anyone with a functional impairment.

I'm going to skip that and just tell you this. I'm also one of the 75 percent of crime victims who support treatment for people charged with violence. And that's because if I were to meet one of my assailants again, I know I would feel safer if they'd received treatment instead of more destabilizing jail.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

MS. SCHORR: Good afternoon. Thank you for the opportunity to testify here today. I'm Allegra Schorr. I'm the president of COMPA, which is the Coalition of Medication-Assisted Treatment Providers and Advocates.

COMPA represents medication-assisted treatment providers and opioid treatment

programs across New York State. That includes hospital-based as well as freestanding community providers.

Opiate treatment programs are the only providers licensed to provide methadone treatment. Methadone saves lives, and medication for opioid use disorder saves lives. And as you're aware, deaths from overdoses have increased drastically across our state. New York has exceeded the national average for overdose deaths, and it's crucial to recognize that while overdose deaths tripled for white New Yorkers, the rates increased fivefold for Black New Yorkers and quadrupled for Latino New Yorkers. We need -- it quadrupled, quadrupled for Latino New Yorkers. We need to do better. We have to do better.

New York needs to approach the opiate use crisis with a renewed level of urgency and investment. Our response must begin by addressing the workforce shortage and the skyrocketing operating costs, so that access to medications for opiate use disorder can be

maintained and expanded. And as you've repeatedly from my colleagues today, an 8.5 percent COLA and a $500 million reimbursement increase is required to retain our workforce and keep our programs open.

The Governor's budget includes provisions to address network adequacy. That's good news, but it doesn't go far enough. A person with commercial insurance in need of methadone treatment checks their policy coverage, and they find they're covered for methadone treatment. Then that person goes to an opioid treatment program and finds that the provider is not in network because there's no contract between the health insurance plan and the provider.

And that's not because the provider didn't ask for a contract. That's because there's no requirement that the health plan contract with the provider. So the person who has the coverage can't actually get the treatment that they need because the insurance plan has not contracted with the provider.

And I'm asking you to fix this. Please require commercial insurance plans to contract with all the opioid treatment programs and MAT providers in their area. Because we can't save lives if people can't access our treatment.

Thank you very much.

CHAIRWOMAN KRUEGER: Good afternoon.

MS. CHAIT: Good afternoon. I'm Nadia Chait. I'm the senior director of policy and advocacy at CASES. And thank you for the opportunity to testify today.

CASES serves over 9,000 New Yorkers annually, and we are dedicated to serving individuals who have both serious mental illness and involvement with our criminal legal system.

And as my colleague testified earlier, we strongly support Treatment Not Jails. And I want to talk more about what treatment looks like and why we believe supporting folks with serious mental illness and criminal legal system involvement in our community and not in our prisons and jails.

CASES is one of the largest providers of assertive community treatment in the state, and so we were very excited to see the expansion of ACT teams in the Governor's budget. But we encourage some of those ACT teams to be specifically dedicated to folks with criminal legal system involvement.

We operate an ACT team called Nathaniel Assertive Community Treatment. It's the only OMH-licensed alternative to incarceration in the state. It serves people who are facing felony charges and up to a year in prison, and we prioritize intakes from people who have been deemed incompetent.

This program is incredibly successful at helping those that we serve, and at creating true community safety. We see a 70 percent decrease in recidivism among those that we serve. And of those who enter the program on a violent felony arrest, less than 5 percent have a new violent felony arrest during their time in the program.

There's a 70 percent decrease in homelessness, a 49 percent decrease in

psychiatric hospitalization, and a 225 percent increase in employment. And yet there is only one of these programs in the entire state. We are only able to serve individuals in Manhattan and Brooklyn. No one else in the state who is facing these sorts of charges and this level of serious mental illness has access to this service.

So we strongly encourage at least two additional teams. We would like to serve more people in Brooklyn, and we see a significant need in the Bronx, where we have programs. Our programs are in New York City, so that's what I can talk about specifically for us. But I am sure there's a need for more around the state.

We also have Forensic Assertive Community Treatment teams. We have three of those. Those are folks who have criminal legal system involvement but might not be facing longer charges or might not have current charges but are kind of cycling in and out of our jails and prisons. And it funds additional staff to really bring and

integrate criminal legal services and mental health treatment. And those teams are very effective.

And in my little time left, I would also say that we strongly support the expansion of Certified Community Behavioral Health Clinics in the budget.

We were one of the providers that had a SAMHSA grant to implement that model for two years, and it really helped us to provide the holistic services that are needed for the individuals that we serve, specifically coordination with the criminal legal system, with probation and corrections and all of those different actors. And without that grant funding, our clinic operates at a $700,000 annual deficit, which leaves us struggling to keep our doors open.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much.

I just have to go back to the statement that you said in your opening,

Ms. Allegra, about the quadrupling rate of Latinos going through overdose and the five-time rate of black New Yorkers going.

Is there a -- I mean, I know there's many reasons, but is there a source or reason aside from just access as to how these numbers got so high?

MS. SCHORR: I'm sorry, I missed the last part.

SENATOR FERNANDEZ: Is there a source or a reason as to how and why these numbers got so high amongst these demographics?

MS. SCHORR: Well, I think at the beginning of the opioid crisis white New Yorkers, white Americans were hit hardest. But as time has gone on, that's clearly changed dramatically.

And the reason -- I'm not sure exactly what the reason is. I think it's multilevel, multifaceted. But the reality is we have to address those issues. Certainly poverty, certainly a lack to get to the kind of access and medication that's needed in the communities that are suffering. I think

those are critical items.

SENATOR FERNANDEZ: Thank you.

Second question, semi-separate from it. But has there been any research to emerging therapies in medicine, different I guess -- I guess different drugs, if you will, to help curb -- I know we said methadone is vital, and I agree with you it is lifesaving. But has there been any other trials done of different types of medicines and drugs?

MS. SCHORR: Yeah, there's -- I mean, there are the three medicines that are used for opioid use disorder. I'm sure there's some things in the pipeline right now. There's also different formulations. I know Sublocade was mentioned earlier today; that's a buprenorphine product that's injected. And I think that we're also finding that there is underutilization of medications for alcohol use disorder, which is separate from the opioid use, and there are some trials going on underway for medications for stimulants.

But at the moment, these are the three

that we have, and they're underutilized.

SENATOR FERNANDEZ: Okay, thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Steck.

ASSEMBLYMAN STECK: I would like to ask Ms. Schorr, you had indicated -- and I had statistics to this effect as well -- that nationwide, overdoses have been somewhat in decline but in New York, they've been increasing still.

What do you think the reasons are for that?

MS. SCHORR: Clearly the overdoses are -- the big driver is fentanyl. And we're not only seeing fentanyl in our programs -- and I would say that at the beginning, fentanyl -- many, many people talked about they didn't realize they were taking fentanyl, it wasn't something that they were seeking.

As time's gone on, we're seeing more and more people who are actually seeking

fentanyl. Which is really a function of how -- what the pull is for that kind of drug. And we're also seeing, I think as the -- we're seeing xylazine, more and more different illicit drugs combined into different kinds of drugs that people are taking, sometimes they're not aware of. So if you're not aware, then you're really at risk.

I also think that the need to make sure that these medications for someone who is in treatment, that they're really utilized and that they're accessible. Because if you're trying to do this on your own, or you're trying to do this cold turkey, you put yourself at much greater risk for overdose because your tolerance goes down, you think you're going to be okay, and then you go out because it's just too much to try to defeat on your own. And that's when you're really vulnerable to overdose.

ASSEMBLYMAN STECK: Why do you think New York is any worse in these ways than other places?

MS. SCHORR: Well, I mean, New York is certainly one of the bigger, larger states that we're seeing. I think that we have to really get behind our -- I don't think at this point that we've really put fully all hands on deck. And unfortunately, the Governor's budget really is a flat budget when you're looking at the treatment and the opportunities to reckon with opioid use disorder and substance use and these overdoses.

CHAIRWOMAN KRUEGER: Thank you.

Any other Senator?

Ah, Senator John Mannion.

SENATOR MANNION: Thank you all for being here today.

I have a bill that passed our house. It's a Narcan bill, basically. In all public settings where there is an AED required, they would also carry a supply of Narcan. Can any of you speak to -- you know, I know it's my bill, but the practicality or feasibility or availability of it being easily accessible for public institutions -- or not easily

accessible to be able to carry that product.

MS. CHAIT: Senator, I can say in our programs -- I actually don't know if we have AEDs, but I do know that we have Narcan available in every single one of our offices on every floor. We've had that for a number of years. It was not complicated to implement.

MS. SCHORR: Yeah, I totally support that bill, Senator. I think that Narcan is very simple, very simple to administer if you're in the unfortunate position of having to do so. Essentially it's a nasal spray.

And we need to take some of the mystery and the fear out of it so that people understand that this is a lifeline. So I would strongly support increasing that access.

MS. BAJUK: If I could just add, I think that we would all support that.

I think what needs to be done, though, is more education and more training of public-facing institutions of how easy it is use and how it's not going to cause legal

issues for the people trying to administer aid.

SENATOR MANNION: Thank you.

And I know that myself, my own office has conducted a Narcan training in partnership with volunteer fire departments, and I'm -- from my social media access I believe many of my colleagues have done that as well.

Not that this is anyone's area of expertise in front of me, but what would be the cost of one, you know, supply, one dose of Narcan, if you were to estimate?

MS. SCHORR: I actually don't know that number right now --

SENATOR MANNION: Sure. Sorry about that.

MS. SCHORR: -- but we can get back to you on it for sure.

SENATOR MANNION: Yes, that's fine.

Thank you. Thank you, Madam Chair.

CHAIRWOMAN KRUEGER: Assembly? You're done?

Senator Oberacker.

(Pause; laughter.)

SENATOR OBERACKER: It's okay, we're just carrying on a conversation, you know. So thank you, and my apologies to -- to --

CHAIRWOMAN KRUEGER: There are two Oberackers? No, no, no.

SENATOR OBERACKER: No, thank goodness there's not, Madam Chair. Thank you.

One of the questions I have, I think I heard recently that there was actually some work being done on a vaccine for fentanyl. Has anyone heard anything maybe potentially more about that? You know, as a food scientist and as an R&D, you know, guru, I guess, I'm really interested in that part of what's going on.

MS. SCHORR: I did see the media coverage on the vaccination idea. And I don't think that they're very far along at this point, but it's certainly promising. So we can only be hopeful that that will end up being successful.

SENATOR OBERACKER: Is that something we should be maybe looking at here too a

little bit? I know R&D dollars are usually hard to kind of justify in some way, shape or form. But, I mean, the overall good of something like this I think would far outweigh some of the dollars that would be put towards it.

MS. SCHORR: I think, to -- Senator, honestly, the issue I think is that we actually have very good medications. And they're very effective, they have been studied for years. The problem is we're not using them as much as we should. And we need -- so I think we're really looking at stigma, education and access. And those are the things that will I think turn the corner.

More medications would be great, but more medications that sit on the shelf and people don't use aren't going to help anybody either.

SENATOR OBERACKER: I agree with you on those notes. Thank you very much.

CHAIRWOMAN KRUEGER: Thank you.

Assembly?

CHAIRWOMAN WEINSTEIN: No more.

CHAIRWOMAN KRUEGER: And no more Senators. So I think -- just checking.

I thank you very much for your work on behalf of all New Yorkers, and thank you for being with us today.

ALL PANELISTS: Thank you.

CHAIRWOMAN KRUEGER: And our next panel -- actually, apparently No. 16 is ill and can't join us. So the New York Alliance for Inclusion and Innovation, and a New York State resident named Jim Karpe.

And for people who have been keeping their scorecards ready, the final panel is next, and so those people might want to start heading down. So Panel F: RISE Housing and Support Services; Association for Community Living; Care Design New York; New York Disability Advocates; and The Arc New York.

(Off the record.)

CHAIRWOMAN KRUEGER: And who are you, sir?

MR. KARPE: I'm Jim Karpe.

CHAIRWOMAN KRUEGER: Okay. So do we not have the New York Alliance for Inclusion

and Innovation? Did they not hear me ask them to come up? Perhaps we have mis -- we have mislaid them at the moment.

So why don't you start?

MR. KARPE: Okay. Let me just make sure the mic's okay.

CHAIRWOMAN KRUEGER: Yes.

MR. KARPE: Good.

So thank you so much for sticking around. This is obviously a marathon, and Senator Krueger, you have to do this I guess 19 more times?

So thank you all for being here. Thank you for your attention. You have my written testimony.

There's a lot of problems in the OPWDD service delivery system. I'm here with one very specific ask to the Legislature, which is that you end the authorization for managed care investigation. The Executive Budget calls for extending for yet another five years this investigation, which has already gone on for a decade and has distracted us from the real work of doing real improvement

in the lives of individuals. So please, don't extend it, end it.

There's block-and-tackle work that needs to be done, and we've been distracted from that by this tale that managed care is coming. The advertisement said managed care will solve all of our problems.

Unfortunately, the advertisement is not true. The evidence is in. Texas paid for and published two studies that looked at every example, every example across the country of applying managed care to long-term supports and services. And their conclusion was very simple. There's no consistent increase in quality, no consistent increase in access. Sometimes it makes things a little better, sometimes it makes things a little worse.

What it does every single time is increase cost. Here in New York State we paid Deloitte to do a study of what would happen if we moved long-term supports and services into managed care. Deloitte concluded it would cost $200 million extra

per year forever to pay for the small army of administrative people at the MCOs. That report was not released.

OPWDD itself did a study of PHP, the pilot program here in New York State. That report showed, among other things, that they achieved only about one-third of the expected enrollment. That report was not released.

We don't need more studies. The evidence is in. The stakeholders, the family stakeholders are united in their opposition.

So please, help OPWDD concentrate on their block-and-tackle work. Don't extend it, end it.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

I see that we've been joined I believe by the second panelist. Yes.

MR. SEEREITER: Good afternoon. I'm Michael Seereiter with the New York Alliance for Inclusion and Innovation.

My comments today will be focused on the OPWDD budget. I'd like to start by thanking the Governor for not continuing the

era of complete neglect under the previous administrations. The Governor's proposed 2.5 percent COLA is better than zero percent and the cuts that we've seen in previous years.

But 5.4 percent plus 2.5 percent is nothing to be proud of. Five-point-four percent last year was laudable and is a good start, as it was reflective of inflation. Two and a half percent, in the context of an 8.5 percent inflation environment, is frankly embarrassing. The Executive Budget doesn't even provide enough for I/DD services to keep up, let alone catch up from years of neglect.

Eight-point-five percent is the bare minimum needed, and we ask that you include that in your one-house budget proposals.

We also request that the Governor include a $4,000 increase for nonprofit-employed direct support professionals, or DSPs, to address the 17 percent vacancy rate and 30 percent turnover rate in nonprofit-employed --

ASSEMBLYWOMAN GUNTHER: (Inaudible.)

MR. SEEREITER: Four thousand dollar increase for direct support professionals, direct support wage enhancement. That's to address the 17 percent vacancy rate and the 30 percent turnover rate amongst nonprofit-employed direct support professionals.

These numbers are down from just six months ago, clearly demonstrating that the investments from last year's budget were effective. We had really high hopes, quite frankly, given that the Governor's own OPWDD published a strategic plan in November wherein it articulates as goal number one to improve the recruitment, retention and quality of the direct support workforce by, quote, investing in the workforce.

Instead, adding insult to injury, quite frankly, the Governor gave state-employed direct support professionals increases and left DSPs who work for nonprofits -- who also provide 85 percent of the services in our I/DD services system -- out in the cold.

Frankly, it's a slap in the face. And

it only exacerbates the exodus of direct support professionals from the nonprofit service delivery system.

But it's even worse than that. Fewer OPWDD-employed direct support professionals are Black and Latinx than among DSPs employed by nonprofit employers. And fewer OPWDD employed DSPs are female than among direct support professionals employed by nonprofits.

While maybe not intentional, the raises for state-employed DSPs without corresponding raises for nonprofit-employed DSPs is just another example of the bias and racism that has infected our society and now our government.

If it is not corrected in your one-house budget proposals, it will only exacerbate the generational cycles of poverty that trap these New Yorkers -- who are primarily Black, Latinx and female -- in low-wage work and feed the racial and gender disparities in our state.

Last year I shared with you stories of DSPs doing five consecutive 24-hour shifts,

people with disabilities hospitalized for bowel impactions and many other stories. If the DSP crisis is to be addressed, we're going to need at least the 8.5 percent COLA, and the direct support professional wage enhancement --

CHAIRWOMAN KRUEGER: Thank you.

MR. SEEREITER: -- would go further to address these issues.

CHAIRWOMAN KRUEGER: We'll have to cut you off, sorry.

MR. SEEREITER: Thank you.

CHAIRWOMAN KRUEGER: We have the full testimony.

I want to first just double-check with the Senate. Any questions?

Senator John Mannion.

SENATOR MANNION: Thank you both for being here today. And I appreciate all of your support and advocacy. I am going to avoid the 8.5 percent increase that we are discussing, as a year and a half ago, if I remember correctly, we spent five and a half hours discussing that. So now we're down to

2 minutes and 39 seconds.

So I'll direct this to Jim, which is in your testimony you reference a piece about long-term supports and services. And I just wanted to give you some time to at least speak to that element of, you know, the overriding picture that you led with.

MR. KARPE: Sure. I mean, long-term supports and services are the things that help people live in the community.

For example, I'm the father of two young adults with I/DD. My son is supported by a job coach and works at Trader Joe's. He's also supported by a housing subsidy from OPWDD. And these are the things that simply can't get managed down. No matter what happens, my son needs a place to live. He needs something to do all day.

The old adage that an ounce of prevention is worth a pound of cure? That thing which managed care is based on, it doesn't work when you apply it to housing and today's services.

SENATOR MANNION: Thank you, Jim.

Just a follow-up. In what you submitted you listed a number of organizations here in a box. So my guess is -- because I didn't get a chance to fly through it -- is that they have also signed on to your statement and request regarding managed care?

MR. KARPE: They have not. There simply wasn't time to organize that. We have the three letters which they did sign up to that are included in that testimony.

SENATOR MANNION: Yes. I didn't mean to put you on the witness stand. I just want it for clarification purposes, honestly, for myself as well. So I appreciate that.

You as a parent have seen -- staying on managed care, you as a parent have seen this sort of pseudo-transition into it. Do you believe that it has a direct impact, just the transition that we're going through, on services that are being provided to your children?

MR. KARPE: Oh, absolutely. I mean, it's been a tremendous distraction to the

system.

The family -- the independent family groups have submitted time and time again suggestions to OPWDD of things that could be done, and the response is we don't have the bandwidth to handle it. And the reason they don't have the bandwidth is they're dealing with things like the CCO transition, the -- so thank you.

SENATOR MANNION: Thank you. My apologies to Michael.

CHAIRWOMAN KRUEGER: Assembly? Any other Senators?

I just have one quick question.

So the reports that you were referencing, do you know, are those available on websites for us to find?

MR. KARPE: Yeah, the two Texas studies are in -- there's a link to them in my testimony. There's also a link to what I was able to FOIL of the FIDA evaluation. It doesn't make very much reading, though.

CHAIRWOMAN KRUEGER: Thank you very -- both of you, thank you very much for your

testimony today. Appreciate it.

MR. KARPE: Appreciate it.

CHAIRWOMAN KRUEGER: And our last panel: RISE Housing and Support Services; Association for Community Living; Care Design New York; New York Disability Advocates; and The Arc New York. We'll make sure everybody can get into their seats.

Good afternoon.

PANELISTS: Good afternoon.

CHAIRWOMAN KRUEGER: I don't think I've ever actually said good afternoon to a panel when it's still actually afternoon.

(Laughter.)

CHAIRWOMAN WEINSTEIN: Certainly not the last panel.

CHAIRWOMAN KRUEGER: Not the last panel. That's what I meant, the last panel.

So let's start with my left, your right, and introduce yourselves and we'll just go down the row.

MS. BARRETT: Hi, I'm Sebrina Barrett, the executive director for ACL. Thank you.

ACL members provide community-based

mental health housing for more than 40,000 New Yorkers with severe mental illness. Housing providers are persevering through many ongoing challenges such as crippling inflation, sustained workforce shortages, and serving aging residents who are experiencing significant medical concerns.

This is our reality. We face a $96 million shortfall, the amount needed to put us where we were years ago. Governor Hochul inherited a mental health system that boasts an exceptional mission powered by exceptional staff. But for many years our system has received inadequate resources. We support her plan to develop 3500 new housing units, but we need the staff to support them.

Also important: Governor Hochul has followed through on her promise to include 39 million for rate increases for existing homes. This is important because even though we're developing new beds, we can't risk losing the homes that we're currently operating.

And the risk is real. We face a

25 percent staff vacancy rate due to the inability to pay a living wage. We face numerous rising costs for operating expenses. And the people who depend on us require a higher level of care because they are experiencing more complex concerns due to multiple co-occurring mental and physical conditions.

The 39 million will help us close a 96 million gap. But we also risk making the gap bigger unless we address inflation. Let's talk about the COLA. While we are grateful for the 2.5 percent in the proposed budget, it isn't enough. We have bills to pay. We held a rally yesterday, and Assemblywoman Gunther was great to join us.

Our service providers told us that everything has gone up: Groceries, up 34 percent. Health insurance, up 11 percent. Transportation, 34 percent. Building maintenance, 35 percent. Utilities, 15 percent. Math is not my strong suit, but even I know that 2.5 percent won't cover the bills, let alone leave enough where we can

raise wages and help us recruit and retain staff.

Please build on the Governor's funding plan, which includes the 39 million for our rate increases. We need that 8.5 percent COLA.

Finally, more than 40 percent of our residents are age 55 and older and are experiencing significant medical conditions. Our housing models were not made to address these concerns. The only place for these folks to go are expensive hospitals, because nursing homes won't admit residents with a severe mental illness.

Last year the Legislature passed a bill to create a commission to study aging in place, but it was vetoed because it was not included in the budget. This year please include a task force on aging in place so that we can start to address these concerns. The number of residents with medical challenges is growing, and we can no longer delay the action needed to ensure they can age in place with grace and comfort, in their

homes, for as long as possible.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Next?

MS. NEWELL: Make sure you can hear me here. Good afternoon, and thank you all for allowing me to come speak to you today.

My name is Sybil Newell. I'm the executive director of RISE Housing and Support Services.

RISE has been helping people living with mental health, substance use and other life challenges for nearly 50 years. Our mission is to help these people remain safe and healthy and in the community through housing and other supportive services. During those almost 50 years, it's become obvious that we as a community could be doing a lot more to help that very vulnerable segment of the population.

So I've come here today to ask the Legislature to commit funding to support a new type of psychosocial program we're developing called Homebase. We've received

federal funding for the physical construction and now we're seeking support for the operations of programs like these.

Homebase is a low-barrier psychosocial program that will provide a supportive and safe community for vulnerable citizens. We'll use an evidence-based model to operate the program, which will address a key social determinant of health: Social connectedness.

As we know, people's relationships and interactions with community members can have a major impact on their health and well-being. Due to psychiatric disabilities, addictions, trauma or complex socioeconomic factors, these vulnerable individuals find it nearly impossible to hold a job, volunteer, attend school, or even participate in the more structured day programs that may be available.

Our hope is that the Homebase program will combat the stigma and isolation which has only been exacerbated by the COVID-19 pandemic and will provide opportunities for people to develop skill sets and a natural

support system to help create a path to recovery and success. In addition to reducing the use of more costly emergency services and enhancing public safety, other beneficial outcomes include a significant decrease in hospitalizations, incarcerations, and involvement with the criminal justice system, and improved mental and physical health and improved overall well-being.

These kinds of results are backed by statistics that demonstrate how providing opportunity and services to individuals in need is far more effective that treatment or incarceration alone. Investing in low-barrier psychosocial programs up-front will save the healthcare and law enforcement systems money overall.

Homebase will fill a conspicuous gap in the continuum of behavioral healthcare by creating a space that welcomes all individuals in need of a place to belong, regardless of their diagnosis, addiction, or other life challenges. We have to remember to provide services that address the whole

person, to provide opportunities for individuals to make connections, create pathways to success, and develop strengths and skills, not to simply provide treatment.

Thank you for our time.

CHAIRWOMAN KRUEGER: Thank you.

Next speaker?

MR. GEIZER: Good afternoon. Thank you. I'm Erik Geizer, CEO of the Arc New York, the largest provider of supports and services for people with I/DD in New York State.

You've been hearing all day how our system is in crisis. Quite frankly, you've been hearing it year after year after year. I'm here today to tell you what this crisis truly means for the people we support, what 20,000 direct support vacancies means to a single person, how one in three DSPs leaving the workforce devastates the people in their care.

We operate chapters in every county of this state. They are living this crisis. These are just a few of their stories.

Cole aged out of his school program in June 2020. He has been waiting for an opportunity to continue his life. As a young adult, imagine being confined in your apartment waiting for someone to help you explore your future. Now 22, Cole is unsure that will ever come.

One of our chapters hasn't been able to transition a single young adult from school to community supports in three years. A stack of requests goes unanswered.

David currently lives with his parents. They're in their nineties. They have failing health. Within a year, David has to decide whether he'll be placed in a residential home or try to live at home independently. Staffing shortages have prevented him from starting his community habilitation program. If he cannot develop these skills in a year, he will be forced into a residence. That loss of independence will be devastating to him and, furthermore, it will cost the state tens of thousands of dollars more every year.

Time and again we have not had enough staff to cover a home when someone needs to go to the hospital, so they go to the hospital for emergency care. They go alone. They go scared. They go confused.

Lauren refuses to bathe for days on end because she's uncomfortable with substitute staff providing intimate support.

Jacob, who started his life in Willowbrook, and struggles to trust people, will only eat with people he knows well. He relies on total support for eating his pureed diet. Strangers were filling in; he stopped eating.

This is not acceptable to me. It is not acceptable to the providers across the state who are trying to provide quality supports and services without the resources to do so. It's not acceptable to the people we support who see the system crumbling beneath them.

So today I ask all of you: Is it acceptable to you? Not just as a legislator, as a human being, is it acceptable to you?

It shouldn't be. Yet through underfunding and inaction, New York continues to accept it.

You are the ones that have the power to change this. You can stand up and say, this is not okay. You can include resources into our system. You can provide parity for our staff. You can go to the table and say this issue is non-negotiable. You can begin to restore dignity and care for New Yorkers with disabilities. So do that. Do it. Anything else is unacceptable.

Thank you.

ASSEMBLYWOMAN GUNTHER: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And our next witness is Veronica Crawford, a self-advocate from Care Design New York.

MS. CRAWFORD: Good afternoon, everyone. Hello. My name is Veronica Crawford. I am a self-advocate and I work at Care Design NY and lead our peer empowerment group.

Today I would like to discuss staff

turnover and how it is affecting the mental health of people with disabilities. I would like to give people with disabilities a voice.

Many people with disabilities live in residential homes. Some live in an apartment by themselves. And almost all rely on staff support for daily living skills. Staff provide the individuals with maintaining social, emotion, physical and medical needs. Staff also help the individual have a voice and help them advocate for what they want. The staff teaches the individual new skills and resources. People with disabilities need and rely on them for help.

There are just not enough direct support professionals to support people. With only one staff or no staff supporting them, they feel isolated and cannot be a part of the community. One staff member cannot support all individuals. During the pandemic, even now, people often cannot go to a program or leave the house to go out in the community due to lack of staff. They have no

social interaction the staff help to provide.

Being by yourself or in your home is a struggle for many people. This leaves the individuals feeling isolated. This increases anxiety, causes many unwanted behaviors, and increases mental concerns.

People with disabilities see their staff as a valuable resource. The staff are there to help them live a good quality of life. We want people with disabilities to be a part of the community and have new experiences, learn and feel a part of the world, and have good mental health.

Increasing hourly wages for DSPs would decrease staff turnover and promote positive everyday life for the individuals they support. I would like everyone to consider adding a $4,000 wage increase for the direct support professionals that assist the disability community every day. I would like this to be added to the 2023 budget.

Thank you for taking the time to listen, and I hope you can be a voice for the DSP staff and the disability community.

Thank you for your time in listening.

CHAIRWOMAN KRUEGER: Thank you for being with us. Thank you.

Next, and last on the panel.

MR. ALVARO: Okay. Good afternoon. I'm Mike Alvaro. My day job is with the Cerebral Palsy Associations of New York State. But I'm here on behalf of NYDA, which is a coalition of seven provider organizations. We represent 85 percent of the field, essentially all the providers in the disability field. We support about 115,000 people with intellectual and developmental disabilities.

I'm not going to add a lot to what you've already heard, but I just want to make sure that I follow up on some of the information you got from the commissioner this morning.

Yes, we were thankful to get two investments in -- through the COLA in the first two years of this administration. That's very, very helpful for us. But that came after 11 years and a total of a

1.2 percent COLA in investment in this field.

If we had been part of the Medicaid program, there would have been -- just gotten the regular increases that the Medicaid program got, there would have been a billion-dollar investment over those 11 years in our field. That did not take place.

The 5.4 percent is welcome and it is absolutely critical. We need to build on that. We are at a point right now where our staffing shortages are such that we have a 17 percent vacancy rate. That has gone down. It's gone down because we were able to add dollars to the salaries of the people that work for us.

However, there's still a 31 percent turnover rate. That costs the field about $100 million a year. That's an expense that we take out of what could be supports and services for people with disabilities. Thirty percent -- and there's a real-world impact on those vacancies. Having about one in five staff people not there has an impact. We are not able to open new programs. We

have 38 percent of our providers having reduced or closed services because of that shortage.

And the other point that I want to make is this is not a one-and-done kind of thing. Because of that long period of time where we didn't have the investments we need, we really need an investment now and an ongoing commitment. What we're looking for is the 8.5 percent. We think that, tied to the CPI, makes sense. It's a real world, we all live in the world, we know what's happening with expenses. We want to make sure that we get a full 8.5 percent.

But we're also looking for the investment that was just talked about. We need to invest in our workforce. The state found it within their plans to support their workers doing the same work that our guys do, and they gave them an investment, an increase, of between $4,000 and $6,000. Very similar to what we were asking for.

We're looking for that. That's a $2 an hour increase in the wages for our

DSPs. So it's the 8.5 percent COLA plus the $4,000 investment in our staff.

CHAIRWOMAN KRUEGER: Thank you.

I know that Senator Mannion has some questions, and Senator Brouk as well.

SENATOR MANNION: Thank you all for your testimony today, to everyone that testified today and, in a very short period of time, trying to articulate the crisis that we're in the midst of.

I can say for myself that in my budget priority letter I asked for an 8.5 percent cost-of-living adjustment and a $4,000 salary increase, and I encourage all my colleagues to do so.

Mike, I also don't envy you in having to follow Veronica.

(Laughter.)

SENATOR MANNION: But, Veronica, if you don't mind, can you share some of the changes or experiences that you no longer have the opportunity to participate in, or others that you know well have lost? Because what you hear, is there simply not enough

staff to provide these programs?

MS. CRAWFORD: Yes. Well, I imagine that a lot of people in the disability population are feeling very isolated, not available to go to day programs, and only being able to go and like access the community like just a one-and-done situation.

I would like people with disabilities to be able to do more than that, to be able to have more access to their communities, because their staff makes that available to them. Their staff is a valuable resource to them. Without that, they are -- like they're isolated.

SENATOR MANNION: And we know that when you're isolated, when you're not engaging in an enriched environment, it's all the other things that we have talked about earlier today as it relates to mental health. People who are in the disabilities population also suffer when they cannot have enriched experiences, and it is impactful.

Thank you, Veronica, for your testimony.

I can't emphasize enough the impact that not having staff has, and it is present today, as we do not see any DSPs testifying. Nor did we a year and a half ago when we conducted a hearing. And it is not without consideration for their input; it's because those that remain are working. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Eachus.

ASSEMBLYMAN EACHUS: Thank you.

Erik, just one explanation. You mentioned that it costs -- with the turnover it costs like $100 million?

MR. GEIZER: That's right.

ASSEMBLYMAN EACHUS: And which could be put into obviously programs and so on like that.

MR. GEIZER: Absolutely.

ASSEMBLYMAN EACHUS: Can you explain how the turnover costs that?

MR. GEIZER: Sure.

Well, obviously there are a lot of

requirements when we bring people on board -- extensive training, time to get people up to speed in terms of their job requirements. We're also, on the back end, covering those shifts. We are -- double-shifts, double overtime. So all of those things start to add up.

And a survey that we did in conjunction with NYDA did demonstrate that it was about $100 million in costs for the current turnover rate that we have.

ASSEMBLYMAN EACHUS: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator Brouk.

SENATOR BROUK: Thank you.

Hi, everyone. Thank you so much for taking this time to bring your testimony.

My question is going to go to Sebrina. You know, I think you were very informative around some of the housing initiatives that the Governor has put forward. But one thing that has come up several times as we've been discussing this budget amongst my colleagues, and with you as well, is the aging population

living in our mental health housing.

So I would love for you to expand a bit on how we could better serve that population through budget proposals this year.

MS. BARRETT: Yeah, we really need a task force that could start bringing together experts from not just Mental Health but Aging, Health, Housing, and have a conversation about what this population needs.

Our housing goes along an entire continuum. People start with 24/7 care, they end up in apartments. They're living longer, which is wonderful, but with that comes multiple co-occurring medical conditions. We surveyed our members; it's mobility, hypertension, dementia, COPD. Our models that were created in the 1980s and 1990s weren't created to -- with a staffing model to help these residents who are aging.

Nursing homes are not able to take these folks because they won't admit people with mental illness. I talked to a member --

there were two incidents where they tried -- examples they gave. A hospital made over 100 inquiries to a nursing home, could not place an individual. This was in New York City. An ACT team made over 200 inquiries to place someone in a nursing home. That person was not able to be admitted.

So what happens is they go to hospitals, they have hospital stays, try to stabilize them, and they come back to the residences. But, you know, we have residents who can't do fire drills because they have mobility issues. So we need to start putting together -- you know, home healthcare aides, they have a workforce shortage issue as well. So we're not able to really get those professionals into our programs. Our programs don't have nursing staff. We don't have professional staff. We have people with high school diplomas, by and large.

So we really need to enhance our models to serve this population.

SENATOR BROUK: Thank you.

And I just want to make sure I have

this number right. It's 40 percent of residents --

MS. BARRETT: More than 42 -- well, about 42 percent are age 55 and older, and then a third of them are age 65 and older. And that was a survey we did a year ago. Folks are going to continue -- we have 40,000 residents, and every year those folks are going to get older and older. So this problem's only going to exacerbate until we do something about it.

SENATOR BROUK: Thank you.

CHAIRWOMAN KRUEGER: Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTHER: (Mic off.) So about two weeks ago -- my daughter Mary Alice had a best friend, and her best friend was away at camp. And, you know, she came over all the time. So to make a long story short, while she was there her mother passed away. And after she passed away, this young girl was never herself.

So my daughter lives in Texas, but I

keep in contact with this girl because she came over all the time, we used to make movies. She was an amazing, brilliant girl.

So I talked to her last week and she lives someplace in Middletown, probably you know the place that she probably lives at. And she was asking me to come and pick her up for lunch and those kinds of things. And I'm thinking about that she has such potential to actually live on her own, to be able to not be in a group home, but there's nowhere for her to go. I mean, I'd like to wrap her up and bring her to my house, but I really can't do that.

But I was just thinking about her, and after I got off the phone I called my daughter Mary Alice and I said how sad I was, this vibrant young woman and she's in a place where she has no freedom -- I mean, they take her to the mall or to like a Shop-Rite. But like -- and occasionally a movie. But nothing really fun. And it's because they don't have a lot of direct care professionals -- that, you know, it's costly,

those kinds of things.

But I just -- you know, I think that sometimes we have a lot of money, we talk about the budget of New York State, but I think sometimes you have to really have interaction with these folks. And it gives you a sense of empathy. And, you know, I mean -- when I got off the phone I called my daughter Mary Alice and I said, I'm just like so sad, you know, that this is what Sabrina has at this point.

So, you know, I think that, you know, we do need more money but we need more people from the hierarchy to make this a focus. And, you know, it's about human life and it's about quality of life, it's about allowing people who have the potential to work to work and give them the transportation to get to work. And we're just not doing that right now.

That's all I've got to say.

CHAIRWOMAN KRUEGER: Thank you.

Senator O'Mara.

SENATOR O'MARA: Yes, thank you.

Ditto on what Aileen just had to say.

Thank you all for being here, for your advocacy today. I can assure you that you have a lot of advocates in this Legislature for these issues.

You know, I just met last week with a couple of ARCs in my district, which is a rural Southern Tier Finger Lakes district, with the talk of the homes being closed down because there's no bodies to service them -- lowering and lowering the amount of available spaces because of the lack of the workforce. It's very frustrating.

The budgeting process is all about priorities. Every year it is. And we say that every year in, year out. But it really is. Going to put our money where our mouth is? We're not. Frankly I'm astounded at what's been presented by the Executive at this point. And we will find out over the next month whether that's negotiating strategy, making the Legislature buy these things back, or whether she's just really that out of tune with the I/DD community and

the needs that are so great out there.

So we'll be fighting for you. Thank you.

MULTIPLE PANELISTS: Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

I think we have no more questions from either house -- oh, excuse me.

CHAIRWOMAN WEINSTEIN: Assemblyman Manktelow.

ASSEMBLYMAN MANKTELOW: (Mic off.) Thank you, Chairwoman. (Inaudible.)

(Exchange off the record.)

ASSEMBLYMAN MANKTELOW: It is now.

(Laughter.)

ASSEMBLYMAN MANKTELOW: Sorry about that.

Mike, back to what you said, 8.5 percent, what does that equate to dollarwise in our budget? How much money are you looking for?

MR. ALVARO: Okay. The 8.5 percent is the total investment of a hundred and -- wait a second, I got this. I had it here right in

front of me two seconds ago, so -- oh, here it is.

The 8.5 percent is $235 million state share for the COLA. And for the $4,000 investment, it's $126 million state share.

Now, that is in line with the $50 million that was found for the 15 percent of the state workers. If you take that 15 percent that that $50 million represents that was invested for them, this is what we're looking for for the other 85 percent.

ASSEMBLYMAN MANKTELOW: And your workers do the exact same thing as state workers, correct?

MR. ALVARO: It's similar. It's very close. What they ended up asking for ended up being very similar to what our ask was, yup.

MR. GEIZER: To put it in real dollar terms, the average DSP in the state-operated workforce makes about $24 an hour. The average DSP in the nonprofit sector makes 16. They make 50 percent more than we do for the -- basically the exact same work. It's

unconscionable.

ASSEMBLYMAN MANKTELOW: I would like to talk to you afterwards on -- really because we don't have enough time.

But -- and Veronica, I want to say thank you for your testimony this afternoon. And --

MS. CRAWFORD: You're welcome.

ASSEMBLYMAN MANKTELOW: And I know how important staff is. Can you explain to us again how important staff is, dependable staff, staff that's there all the time with you? Can you explain that to us?

MS. CRAWFORD: Yes. Basically the staff are just like a valuable asset to not just me but to the disability community. They're an advocate for them, they take them out in the community. You know, they help with transportation, appointments, their well-being.

We need them. One staff in residential homes cannot do that. Even two in staff, that's not enough taking care of everybody living in a residential home that

has disabilities.

We need to be the voice for them, and we need to make a change and be the voice.

ASSEMBLYMAN MANKTELOW: Veronica, thank you so much for your testimony and what you said here today. And it means a lot to all of us. And we do need to make this a priority in New York State for you and everyone else.

So thank you all for your testimony.

Thank you.

MS. CRAWFORD: You're welcome.

CHAIRWOMAN KRUEGER: So now I believe there are no more questions from the Assembly or the Senate, unless I'm hearing differently. And I want to thank all of you for your very hard work on behalf of vulnerable New Yorkers and for coming here today to testify. And I agree with all of my colleagues that the work you do is extraordinary and the amount of money we seem to have for you is never quite the right number.

So with that, I'm going to thank you

for your participation, and I'm going to officially close down this hearing and tell everyone that you don't have to come back here tomorrow, even though you're used to coming to this room each and every day, because our next hearing won't be until Monday, February 27th, 11:30 a.m., Higher Education.

I thank my colleagues as well and thank all the staff for their incredible work.

CHAIRWOMAN WEINSTEIN: Thank you all.

(The budget hearing concluded at 3:44 p.m.)