

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

3 JOINT LEGISLATIVE HEARING

4 In the Matter of the
5 2024-2025 EXECUTIVE BUDGET ON
6 MENTAL HYGIENE

7
8 Hearing Room B
9 Legislative Office Building
Albany, New York

10 February 13, 2024
11 9:34 a.m.

12 PRESIDING:

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

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

17 PRESENT:

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

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

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

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

1 2024-2025 Executive Budget
2 Mental Hygiene
2-13-24

3 PRESENT: (Continued)

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

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

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

10 Assemblyman Angelo Santabarbara

11 Assemblywoman Mary Beth Walsh

12 Assemblyman Khaleel M. Anderson

13 Senator Michelle Hinchey

14 Assemblywoman Anna R. Kelles

15 Assemblyman Chris Eachus

16 Assemblyman Alex Bores

17 Senator Gustavo Rivera

18 Assemblywoman Jo Anne Simon

19 Assemblyman Brian Maher

20 Senator Lea Webb

21 Assemblywoman Taylor Darling

22 Assemblyman Jake Blumencranz

23 Senator John C. Liu

24 Assemblywoman Jodi Giglio

1 2024-2025 Executive Budget
2 Mental Hygiene
2-13-24

3 PRESENT: (Continued)

4 Assemblyman Harvey Epstein

5 Senator Patricia Canzoneri-Fitzpatrick

6 Assemblyman Chris Burdick

7 Senator Peter Oberacker

8 Assemblyman Jarett Gandolfo

9 Assemblywoman Karen McMahon

10 Assemblyman Keith P. Brown

11 Senator Jacob Ashby

12 Assemblyman Edward C. Braunstein

13 Assemblywoman Emily Gallagher

14 Assemblyman Sam Berger

15 Senator Rob Rolison

16 Assemblywoman Monique Chandler-Waterman

17 Assemblyman Philip A. Palmesano

18 Senator Julia Salazar

19 Assemblyman Manny De Los Santos

20 Senator Bill Weber

21 Assemblyman Michael J. Norris

22 Senator Jessica Scarcella-Spanton

23

24

1 2024-2025 Executive Budget
 2 Mental Hygiene
 2-13-24

3 LIST OF SPEAKERS

4		STATEMENT	QUESTIONS
5	Ann Marie T. Sullivan, M.D.		
6	Commissioner		
6	NYS Office of Mental Health (OMH)		
7	-and-		
7	Chinazo Cunningham, M.D.		
8	Commissioner		
8	NYS Office of Addiction		
9	Services and Supports (OASAS)		
9	-and-		
10	Kerri Neifeld		
10	Commissioner		
11	NYS Office for People With		
11	(OPWDD)	12	36
12	Denise M. Miranda		
13	Executive Director		
13	NYS Justice Center for the		
14	Protection of People with		
14	Special Needs	246	251
15	Courtney L. David		
16	Executive Director		
16	NYS Conference of Local		
17	Mental Hygiene Directors		
17	-and-		
18	Matthew Shapiro		
18	Senior Director of		
19	Government Affairs		
19	National Alliance on Mental		
20	Illness of New York State		
20	(NAMI-NYS)		
21	-and-		
21	Glenn Liebman		
22	CEO		
22	Mental Health Association		
23	in New York State (MHANYS)	265	276
24			

1 2024-2025 Executive Budget
 2 Mental Hygiene
 2-13-24

3 LIST OF SPEAKERS, Continued

4 STATEMENT QUESTIONS

5 Mike Alvaro
 6 President
 6 New York Disability Advocates
 -and-
 7 Page Pierce
 8 CEO
 8 Families Together in
 New York State
 9 -and-
 Ronald Richter
 10 CEO
 JCCA
 11 -and-
 Maria Cristalli
 12 President and CEO, Hillside
 Board Chair
 13 NYS Coalition for Children's
 Behavioral Health
 14 -and-
 Jennifer March
 15 Executive Director
 Citizens' Committee for
 16 Children of New York
 -on behalf of-
 17 Healthy Minds, Healthy Kids
 Campaign

315

330

18
 19
 20
 21
 22
 23
 24

2024-2025 Executive Budget
Mental Hygiene
2-13-24

LIST OF SPEAKERS, Continued

STATEMENT QUESTIONS

Toni Smith
New York State Director
Drug Policy Alliance
-and-
Allegra Schorr
President
Coalition of Medication-Assisted
Treatment Providers & Advocates
(COMPA)
-and-
Harvey Rosenthal
CEO
The Alliance for Rights and
Recovery
-and-
Drena Fagen
Licensed Practitioner
New York Creative Arts
Therapists
-and-
Michael Seereiter
President & CEO
New York Alliance for
Inclusion & Innovation

354

371

1 2024-2025 Executive Budget
2 Mental Hygiene
3 2-13-24

4 LIST OF SPEAKERS, Continued

5 STATEMENT QUESTIONS

6 Erik Geizer
7 CEO
8 The Arc New York
9 -and-
10 Sebrina Barrett
11 Executive Director
12 Association for Community
13 Living (ACL)
14 -and-
15 Tom Harris
16 President
17 Times Square Alliance
18 -and-
19 Jim Karpe
20 Steering Committee Member
21 Coalition for Self-Direction
22 Families

415 427

23
24

1 SENATOR BROUK: Good morning,
2 everyone. I am not Senator Liz Krueger, but
3 sitting in today for our dear Finance
4 chair -- Senator Samra Brouk, chair of the
5 New York State Senate Committee on
6 Mental Health, and cochair of today's budget
7 hearing.

8 Today is the 11th of 13 hearings
9 conducted by the joint fiscal committees of
10 the Legislature regarding the Governor's
11 proposed budget for the state fiscal year
12 '24-'25. These hearings are conducted
13 pursuant to the New York State Constitution
14 and Legislative Law.

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

24 Following each testimony there will be

1 some time for questions from the chairs of
2 the fiscal committees and other legislators.

3 I'll now introduce members of the
4 Senate. Today we have with us the chair of
5 our Disabilities Committee, Senator Mannion.
6 We are joined by Senator Webb and we are
7 joined by Senator Rivera. I think I got
8 everybody.

9 I will now hand it over to
10 Assemblymember Helene Weinstein, chair of the
11 Assembly Ways and Means Committee, to
12 introduce her members.

13 CHAIRWOMAN WEINSTEIN: Thank you,
14 Senator.

15 So we have with us Assemblywoman
16 Gunther, chair of our Mental Health
17 Committee; Assemblyman Steck, chair of our
18 Alcoholism Committee; and Assemblywoman
19 Seawright, chair of our Disabilities
20 Committee.

21 We're also joined by Members Bores,
22 Braunstein, Burdick, Eachus, and Simon. And
23 Mr. Epstein.

24 So Mr. Ra will be here shortly. And I

1 will introduce the members of the Minority in
2 a few moments.

3 Back to you, Senator.

4 SENATOR BROUK: Thank you,
5 Assemblymember.

6 I also want to say Senator Fernandez,
7 our Alcoholism chair, has also joined us.

8 And now I will hand it over to
9 Senator Tom O'Mara, ranking member of the
10 Senate Finance Committee, to introduce
11 members from his conference.

12 SENATOR O'MARA: Thank you,
13 Chairwoman.

14 Good morning, all.

15 On our side, we have Ranking Member
16 Senator Peter Oberacker and Senator Rob
17 Rolison.

18 Thank you.

19 SENATOR BROUK: Wonderful.

20 Representing each of the agencies, I
21 would like to welcome Dr. Ann Marie Sullivan,
22 commissioner, New York State Office of
23 Mental Health -- good morning -- Dr. Chinazo
24 Cunningham, commissioner, New York State

1 Office of Addiction Services and Supports;
2 and Kerri Neifeld, commissioner, New York
3 State Office for People with Developmental
4 Disabilities.

5 After the final question-and-answer
6 period, there will be an opportunity for
7 members of the public to briefly express
8 their views on the proposed budgets under
9 discussion.

10 At this time I would like to begin
11 with Panel A: Dr. Sullivan, Dr. Cunningham,
12 and Commissioner Neifeld.

13 Dr. Sullivan?

14 CHAIRWOMAN WEINSTEIN: Just before you
15 go, I just want -- we should just review the
16 time frame for everyone.

17 But first I did want to just introduce
18 the members of the Minority who are here from
19 the Assembly, if that's okay. The ranker on
20 Mental Health, Member Gandolfo; the
21 Alcoholism ranker, Keith Brown; the
22 Disabilities ranker, Jodi Giglio. And
23 Mr. Blumencranz and Mr. Maher.

24 And just as a reminder, this panel

1 gets 10 minutes for each member to speak.
2 The chairs of the relevant committees will
3 have 10 minutes after the panel is finished
4 to ask questions of the panel. And we'll
5 review the rules once we get to the
6 nongovernmental witnesses.

7 And we just always encourage
8 everybody, the commissioners as well as the
9 members of the public who will be speaking
10 later, don't read your testimony. It's been
11 distributed, it's posted. Please use your
12 three minutes to tell us what's important.

13 Thank you, Senator.

14 SENATOR BROUK: Go ahead,
15 Commissioner. Thank you.

16 OMH COMMISSIONER SULLIVAN: Good
17 morning. I'm Dr. Ann Sullivan, commissioner
18 of the New York State Office of Mental
19 Health. Chairs Krueger, Weinstein, Brouk and
20 Gunther and members of the respective
21 committees, I want to thank you for the
22 invitation to address Governor Hochul's
23 fiscal year 2025 proposed budget.

24 I'm pleased to report that this budget

1 substantially builds on Governor Hochul's
2 \$1 billion plan to develop a truly
3 comprehensive mental health system.

4 We began this transformation last
5 year, building services to address the
6 post-pandemic needs of our youth, widely
7 expanding access to community services, and
8 expanding intensive treatment and supports
9 for the most seriously mentally ill. Our
10 staff traveled across the state, engaging
11 communities, to inform our efforts to
12 implement these newly funded initiatives.
13 All funds will be released by the end of
14 March.

15 The work was approached with a
16 particular emphasis on diversity, integrated
17 care, and the importance of peers in
18 delivering services.

19 As part of last year's plan, OMH added
20 150 new state-operated inpatient beds and
21 partnered with community hospitals to restore
22 nearly 500 beds taken offline during the
23 COVID pandemic. This year's budget will
24 build on this success by opening an

1 additional 200 state hospital beds, with a
2 focus on specializing them for individuals
3 with the most complex needs, and including
4 additional Transition to Home units for our
5 chronically unsheltered clients.

6 The expansion will also provide
7 capacity for youth with complex needs and
8 individuals with recurring criminal justice
9 involvement, and also an increased forensic
10 bed capacity.

11 Expanding inpatient capacity, however,
12 is only effective if it results in
13 individuals being successfully transitioned
14 back to the community. The budget fosters
15 connections between hospitals and community
16 providers, with a focus on communication,
17 planning, and data systems to improve patient
18 outcomes after they leave an inpatient or ER
19 setting. OMH will convene subregional
20 working meetings to ensure that these
21 connection efforts are focused on the unique
22 needs of each community.

23 Governor Hochul's continued commitment
24 to improving mental health also focuses on

1 addressing three key areas: placing the
2 spotlight on youth mental health, barriers to
3 care by insurance coverage, and the needs for
4 individuals with serious mental illness who
5 are not effectively engaged in treatment.

6 In March 2023, Governor Hochul
7 launched a Youth Mental Health Listening Tour
8 to hear directly from middle and high school
9 students about their experiences with mental
10 health. OMH partnered with the Office of
11 Children and Family Services to conduct
12 additional listening sessions. The Governor
13 listened when youth said they needed more
14 services in their schools, a voice in
15 developing those services, and when family
16 wanted more access to treatment and more
17 control over their child's access to social
18 media.

19 Given this input, Governor Hochul has
20 proposed establishing a Youth Advisory Board
21 to ensure that the voice of youth continues
22 to inform all our work. She also pledged to
23 provide startup funding for any school
24 wanting a school-based mental health clinic

1 and has promised enhanced reimbursement
2 rates, while also ensuring these services are
3 adequately reimbursed by insurance carriers.

4 The budget proposes legislation to
5 control addictive algorithms aimed at youth
6 and increase parental controls over social
7 media access. In addition, the proposed
8 budget will add state-operated psychiatric
9 inpatient beds to serve children and
10 adolescents with specialized needs.

11 This year's budget includes
12 \$20 million in new resources that will:

13 Add 12 new Youth Assertive Community
14 Treatment teams that will serve more than
15 1,000 youth;

16 Provide a 25-percent increase to
17 Medicaid rates for partial hospitalization
18 programs;

19 Expand youth-led peer programs,
20 including Teen Mental Health First Aid
21 training and safe spaces using peer
22 ambassadors to engage teens;

23 And expand specialized Children's
24 Community Residences focused on youth

1 transitioning into adulthood.

2 Maternal mental health initiatives
3 will also be funded with \$1.6 million in new
4 resources to ensure that service providers
5 engaging pregnant and postpartum New Yorkers
6 are equipped to provide the very best care.
7 Specialized training will be developed for
8 988 Suicide & Crisis Lifeline providers.

9 Training for Project TEACH Maternal
10 Mental Health will also be expanded and
11 offered to an array of frontline
12 practitioners.

13 Additionally, the Office of Mental
14 Health has been selected by SAMHSA to
15 participate in a National Learning
16 Collaborative on this maternal health.

17 One of the many tenets of the mental
18 health system is to engage individuals in
19 treatment that supports recovery and helps
20 them to live successfully in the community.
21 This also helps to reduce the need for
22 hospitalization and involvement in the
23 criminal justice system.

24 OMH will work intensively with

1 hospitals and emergency rooms to implement
2 new regulations for best practices in
3 admission and discharge planning, including a
4 requirement that ensures individuals are not
5 discharged without an appropriate plan and
6 access to follow-up services.

7 In addition, for arrested or
8 incarcerated individuals not effectively
9 engaged in treatment, this year's budget
10 includes \$24 million to fund criminal justice
11 and community mental health forensic
12 initiatives, including a dedicated OMH team
13 to work with regional field offices focused
14 on connections to services; mental health
15 navigators to work in county courts with the
16 courts, mental health coordination teams and
17 local providers, and referring individuals to
18 treatment and services; 100 new transitional
19 housing beds for individuals with mental
20 illness leaving the criminal justice system;
21 10 new Forensic ACT teams; a specialized
22 supportive housing program to help
23 individuals and staff support the needs for
24 those who have unfortunately experienced

1 repeated arrests and difficulty engaging in
2 mental health treatment; and an expansion of
3 CIT training.

4 Ensuring access to care. All insurers
5 must pay adequately for behavioral health
6 services. To ensure proper access,
7 commercial insurers will have to pay at least
8 the Medicaid rate for OMH-licensed clinic
9 services.

10 In addition, recently posted
11 regulations by the State Department of
12 Financial Services will require a 10-day
13 access to behavioral health appointments,
14 accurate provider directories, and easy
15 access to out-of-network services whenever
16 in-network services are unavailable.

17 Finally, the mental health workforce
18 is a vital component of any expansion and
19 improvement plan. As we continue to
20 implement and expand recruitment and
21 retention strategies -- including the Mental
22 Health Loan Repayment Program, which this
23 year reserves an additional \$4 million
24 investment for child-serving practitioners

1 specifically -- this year's budget also
2 includes a 1.5 percent cost of living
3 increase, additional funding for job
4 marketing, a job bank, a behavioral health
5 fellowship program, and a focus on rural
6 investments.

7 Again, thank you for the opportunity
8 to testify on the Executive Budget, and I am
9 happy to answer any questions you may have.

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

18 Thank you for the opportunity to
19 present Governor Hochul's fiscal year '25
20 Executive Budget and how it supports our work
21 at OASAS on behalf of those impacted by
22 substance use disorder and problem gambling.

23 First, however, I want to update you
24 on some accomplishments in the past year.

1 New York has made Opioid Settlement
2 funds available to localities and
3 community-based organizations faster than any
4 other state in the nation. The fiscal year
5 '23 Enacted Budget allocated \$192 million in
6 settlement funds, and OASAS has made all
7 those funds available.

8 Of the \$212 million from fiscal year
9 '24, \$144 million in Opioid Settlement funds
10 have already been made available to support
11 prevention, treatment, harm reduction, and
12 recovery services across the state. We have
13 plans to make the remaining funding available
14 in the coming months.

15 Initiatives have been identified in
16 alignment with the Opioid Settlement Fund
17 Advisory Board's recommendations, within
18 10 key priority areas. That includes
19 establishing integrated outpatient and opioid
20 treatment programs, which will significantly
21 expand access to methadone treatment;
22 additional initiatives to expand access to
23 medication treatment, including low-threshold
24 buprenorphine; scholarships to support the

1 workforce; youth prevention programs; support
2 for recovery centers and transportation;
3 enhanced outreach and engagement; and more.

4 In addition, last year OASAS launched
5 an online ordering portal, making lifesaving
6 harm reduction supplies available to the
7 public, free of charge. Over the past
8 18 months, more than 70,000 naloxone kits,
9 5 million fentanyl test strips and 4 million
10 xylazine test strips were shipped to
11 individuals and organizations across the
12 state. This effort joined a major statewide
13 media campaign designed to raise awareness
14 about addiction, describe addiction services
15 available, and reduce stigma associated with
16 addiction.

17 July also saw the opening of the first
18 Mobile Medication Unit in New York State.
19 These mobile units bring a wide array of
20 addiction services and medical care directly
21 to underserved communities. New Yorkers can
22 expect additional units to roll out across
23 the state this year.

24 The fiscal year '25 Executive Budget

1 will allow OASAS to continue these critical
2 initiatives and enhance support of our
3 provider system and the individuals they
4 serve. Specifically, this year's budget
5 includes more than \$46 million in
6 Opioid Settlement funds to support priority
7 areas identified by the advisory board and
8 targets over \$17 million for local
9 municipalities, which is in addition to the
10 \$110 million provided to localities in the
11 last two years.

12 In all, the proposed OASAS budget
13 contains roughly \$1.2 billion, including
14 \$170 million for State Operations,
15 \$898 million for Aid to Localities, and
16 \$92 million for Capital projects. It
17 continues the Opioid Stewardship funds, which
18 allows OASAS to expand harm reduction
19 services and provide financial assistance to
20 help ensure individuals can access treatment
21 and medication.

22 Workforce recruitment and retention
23 remains a top priority across the OASAS
24 system of care. Despite the ongoing

1 challenges, recent historic investments into
2 the addiction workforce helps us support and
3 expand a skilled, compassionate network of
4 professionals. The Executive Budget includes
5 additional support through a 1.5 percent
6 cost-of-living adjustment, representing three
7 straight years of COLA increases, totaling
8 \$76 million in the OASAS budget.

9 This action builds upon the
10 \$23 million in Opioid Settlement funds
11 supporting workforce initiatives, including a
12 newly announced Leadership Institute and paid
13 internship programs.

14 In treating individuals with
15 co-occurring substance use and mental health
16 conditions, close collaboration is a priority
17 for OASAS and the Office of Mental Health.
18 The budget supports ongoing efforts to triple
19 the number of Certified Community Behavioral
20 Health Centers to better address individuals'
21 complex needs, regardless of their ability to
22 pay.

23 OASAS and OMH will also continue the
24 rollout of Crisis Stabilization Centers,

1 which provide support, assistance, and
2 urgent access to care to those who
3 desperately need it.

4 Since 2022, state law requires
5 medication treatment for all substance use
6 disorders in carceral settings. I am very
7 proud to report that all 44 prisons and all
8 58 jails are implementing all forms of
9 medication treatment for substance use
10 disorders. The proposed budget provides
11 funding for OASAS to expand its support for
12 county correctional facilities to maintain
13 and enhance their treatment programs.

14 State revenues from casinos and
15 mobile sports betting will enable OASAS to
16 continue prevention efforts related to public
17 awareness campaigns promoting responsible
18 gambling. OASAS is also developing guidance
19 for the State Department of Education to help
20 educate young people about the potential
21 risks of underage gambling. Further, we
22 established a new Problem Gambling Bureau
23 within OASAS to develop enhanced training for
24 clinicians, improve problem gambling

1 screening, and collect important data that
2 monitors gambling behaviors among adults and
3 youth.

4 Regarding the legalization of adult
5 use cannabis, OASAS is raising awareness for
6 its responsible use through a brand-new
7 social media campaign and the development of
8 a toolkit containing information about the
9 effects of cannabis on youth. In addition,
10 we're collecting important data from youth
11 and young adults about their cannabis
12 behaviors and attitudes, while also training
13 providers on evidence-based prevention of,
14 and treatment for, cannabis use disorders.

15 The OASAS continuum of care includes
16 programming and supports to help individuals
17 achieve and maintain their personal health
18 and recovery goals. In the fiscal year '25
19 Executive Budget the Governor builds on the
20 investment made last year in Recovery
21 Community Centers with \$12 million from
22 Opioid Settlement funds, and adds an
23 additional \$5 million to continue services
24 that were established with federal funding

1 that will end this year.

2 Lastly, the proposed budget includes
3 ongoing support for a five-year capital plan
4 to ensure the health and safety of
5 individuals and proper maintenance of
6 facilities.

7 As outlined today, the proposed
8 Executive Budget will allow OASAS to continue
9 its person-centered, harm-reduction,
10 data-driven, equitable approach to service
11 delivery that meets people where they are and
12 ultimately saves more lives. OASAS will
13 continue ensuring that New Yorkers have a
14 full continuum of prevention, treatment,
15 harm reduction, and recovery programming and
16 services.

17 We appreciate your ongoing support of
18 these critical efforts, and I look forward to
19 working with you to better serve those in
20 need. With that, I welcome any questions.

21 Thank you.

22 OPWDD COMMISSIONER NEIFELD: Good
23 morning, Chairs Brouk and Weinstein,
24 Disability Committee Chairs Mannion and

1 Seawright, and other distinguished members of
2 the Legislature. I am Kerri Neifeld,
3 commissioner of the New York State Office for
4 People With Developmental Disabilities.

5 Thank you for the opportunity to
6 provide testimony about Governor Hochul's
7 fiscal year 2025 Executive Budget proposal
8 and how it benefits New Yorkers with
9 developmental disabilities.

10 I want to start by acknowledging and
11 thanking both the Governor and the
12 Legislature for their support of people with
13 developmental disabilities and our service
14 system. The last two budgets have included
15 historic investments in the OPWDD system and
16 demonstrated the state's commitment to the
17 nearly 135,000 people who access our
18 services. Your acknowledgement and
19 commitment to people with developmental
20 disabilities helps us to amplify their voices
21 and improve their services.

22 OPWDD recently released updates to our
23 Strategic Plan. The five-year plan
24 represents a continued effort to be

1 responsive to people's needs and to envision
2 the future of our service system together
3 with our stakeholders.

4 The three overarching goals outlined
5 in our Strategic Plan include strengthening
6 our agency's infrastructure, transforming the
7 system through innovation and change, and
8 enhancing person-centered supports and
9 services. As part of the first goal,
10 strengthening our workforce continues to be
11 our highest and most urgent priority.

12 Staffing levels of direct support
13 professionals continue to be of great
14 concern. And for the third consecutive year,
15 the Governor's Executive Budget provides
16 funds to support our providers in addressing
17 this crisis. The proposed budget includes a
18 1.5 percent cost-of-living adjustment, which
19 would build on the previous two years'
20 budgets, for a cumulative increase of nearly
21 \$1 billion to OPWDD provider agencies.
22 Additionally, over the last few years,
23 significant investments have been made in the
24 state's direct support workforce as well.

1 The proposed budget also supports
2 recalculating provider reimbursement rates,
3 known as rate rebasing. Rate rebasing is a
4 federally required process where we update
5 provider reimbursement to reflect changes in
6 the actual cost of delivering services. The
7 full annual gross value of rebasing will be
8 \$350 million and, when combined with the new
9 resources associated with the proposed
10 1.5 percent COLA, will provide an increase of
11 more than \$480 million for the provider
12 network once fully implemented. These
13 investments in our system will help service
14 providers to maintain critical supports.

15 Additionally, OPWDD has made
16 tremendous strides toward professionalizing
17 and publicly elevating the direct support
18 workforce through our partnerships with the
19 National Alliance for Direct Support
20 Professionals and SUNY. These collaborations
21 create a career ladder for DSPs through
22 national certifications, while also providing
23 opportunities to gain college credits.

24 As highlighted recently on PBS

1 NewsHour, DSPs participating in the
2 credentialing program have reported increased
3 morale and improved outcomes for the people
4 they support. I am happy to report that to
5 date, over 1,000 DSPs have been certified in
6 New York.

7 OPWDD has programmed over \$60 million
8 in current-year resources to continue support
9 for these programs in the years ahead, and
10 will also be making them available for the
11 first time to the state's direct support
12 workforce. Working with the New York
13 Alliance for Inclusion and Innovation, we are
14 identifying best practices on recruitment and
15 retention as a resource for service
16 providers.

17 In the coming weeks, OPWDD will launch
18 a \$30 million statewide DSP recruitment
19 campaign to assist provider agencies with
20 finding new staff. We know that there is no
21 single solution to the current workforce
22 crisis, and we will continue to pursue every
23 opportunity to strengthen our direct care
24 workforce.

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

11 Additionally, the proposed budget
12 calls for the Most Integrated Settings
13 Coordinating Council to update New York's
14 Olmstead Plan, which will facilitate
15 increased person-centeredness, choice and
16 inclusion. This work will lead to more
17 people with disabilities learning, working,
18 and enjoying their lives within their
19 communities.

20 The Executive Budget proposal further
21 supports our goal of system transformation by
22 investing in new service opportunities. It
23 devotes \$60 million in new state resources
24 which, when matched by the federal

1 government, can total up to \$120 million.
2 This investment helps to expand the services
3 our sector provides.

4 The Governor's proposed budget
5 continues the annual \$15 million investment
6 in community-based supportive housing. This
7 funding builds on the \$125 million in capital
8 resources that have been invested since 2015
9 to develop independent housing opportunities
10 for people with developmental disabilities.

11 The Executive Budget proposal also
12 aligns with our agency's second strategic
13 goal to transform our system through
14 innovation and change by including a
15 \$6.7 million investment to fund the
16 Governor's commitment to becoming an
17 Employment First state. OPWDD, in
18 partnership with the Chief Disability
19 Officer, will lead this multi-agency effort
20 to increase employment opportunities for
21 people with disabilities.

22 This investment builds on last year's
23 commitment to make New York a model employer
24 and to encourage New York businesses to

1 employ people with disabilities. Backed by
2 legislation sponsored by Senator Mannion and
3 Assemblymember Burdick and signed into law by
4 the Governor, OPWDD has trained 14 businesses
5 on the benefits of hiring people with
6 developmental disabilities, and we are
7 looking at ways to further expand the
8 training's reach.

9 The Governor's proposed budget also
10 includes a \$1 million increase to
11 Special Olympics NY, to support their work
12 with inclusive sports training, skill
13 building and competition, and to provide
14 health screenings and health education.

15 In alignment with the third goal of
16 our strategic plan, to improve services and
17 supports by making sure they are
18 person-centered, OPWDD has prioritized
19 strengthening diversity, equity, and
20 inclusion within our service system.

21 We have expanded our stakeholder
22 engagement to include those who have been
23 historically underserved by OPWDD, and we are
24 working closely with community-based

1 organizations and providers who have
2 expertise in serving diverse these
3 communities, to ensure our understanding of
4 their needs.

5 In addition, we are entering the
6 second year of a three-year project with
7 Georgetown University's National Center for
8 Cultural Competence to improve our cultural
9 and linguistic capacity and our system's
10 ability to serve New Yorkers with
11 developmental disabilities.

12 Finally, I am happy to report that
13 with your support, particularly that of
14 Senator Mannion and Assemblywoman Woerner,
15 OPWDD kicked off the "Look Beyond My
16 Developmental Disability" anti-stigma
17 campaign this past year. This campaign was
18 created by people with developmental
19 disabilities and the people who support them,
20 and the positive feedback we have received
21 has been tremendous.

22 This year, as we enact a new state
23 budget, I am hopeful that we will be able to
24 continue pursuing and achieving our goals for

1 improving how New York supports people with
2 developmental disabilities -- through a
3 strong workforce, system innovation, and
4 improved supports and services.

5 I look forward to working with all of
6 you as we advance these goals and strive to
7 create a more inclusive and accessible New
8 York for people with developmental
9 disabilities.

10 Thank you.

11 SENATOR BROUK: Thank you,
12 Commissioners.

13 We will start with our questions now.
14 As a reminder, chairs of relevant committees
15 have 10 minutes for question and answer;
16 ranking members will have five minutes; and
17 every other legislator will have three
18 minutes.

19 With that, we will start with our
20 chair, Senator Fernandez.

21 SENATOR FERNANDEZ: Good morning.
22 Thank you so much, Commissioners, for being
23 here.

24 I have a few questions, so I'm just

1 going to try to get through it. There might
2 be jumping around.

3 But starting with the work of OASAS,
4 combined with Mental Health, what is being
5 done about co-occurring disorders? I know
6 there is dual licensing that has started
7 that's out there. Could you describe what is
8 the work to address that?

9 OASAS COMMISSIONER CUNNINGHAM:
10 Absolutely.

11 So we recognize that it's very
12 important that we can fully address people
13 with co-occurring disorders. We know that
14 people with addiction often have mental
15 health conditions as well.

16 So just to start off with, as you
17 mentioned, we have over 200 programs that
18 have integrated licenses, both with OMH and
19 OASAS, along with the Department of Health.
20 And they have the authority to function as a
21 single program, and we are continuing to
22 improve on that and expand that.

23 SENATOR FERNANDEZ: What difficulties
24 have you found, or any barriers with that

1 dual licensing right now?

2 OASAS COMMISSIONER CUNNINGHAM: I'm
3 sorry?

4 SENATOR FERNANDEZ: Any difficulties
5 or barriers that you've seen?

6 OASAS COMMISSIONER CUNNINGHAM: I
7 mean, we've certainly gotten feedback from
8 programs that there's -- you know, it's still
9 not as seamless as they would have expected.
10 And so we are working closely with the Office
11 of Mental Health to sort of revise that and
12 to come up with a, you know, a sort of new
13 system that allows our whole system to really
14 have different levels of integrated care.

15 So that's something that we're working
16 on right now to really improve that existing
17 integrated license.

18 In addition, you know, there are many
19 initiatives that we are working on together.
20 We are tripling CCBHCs across the state,
21 which allow people with co-occurring
22 disorders or either mental health or
23 substance use disorders, to have really
24 wraparound comprehensive services.

1 In addition, we have Crisis
2 Stabilization Centers that are also occurring
3 in every region. So for immediate access to
4 care, they're available 24 hours a day, seven
5 days a week, to address mental health or
6 substance use crises.

7 We're also doing a lot of training
8 with the workforce as well, so cross-training
9 between both systems. And we're offering
10 scholarships at OASAS, and that includes
11 scholarships to individuals who are staffed
12 in OMH programs or DOH programs so they can
13 get the addiction training.

14 And our procurement process has also
15 changed as well. And so part of the scoring
16 for procurement includes how programs are
17 going to address mental health or substance
18 use, depending on whether --

19 SENATOR FERNANDEZ: For our youth, how
20 do they address mental health and substance
21 use disorder? We're seeing a growing number
22 of our youth experiencing substance use
23 disorders and co-occurring disorders. So
24 what is the plan or the action plan being

1 done from your offices to address our youth
2 that are suffering?

3 OASAS COMMISSIONER CUNNINGHAM: We're
4 also working very closely with the Office of
5 Mental Health, especially as they're
6 expanding their school-based services. So we
7 are including addiction prevention in that
8 work. And then with our prevention
9 programmers, we're also enhancing our mental
10 health training. So for example, screening
11 for suicidality is now incorporated into a
12 lot of our programming.

13 So, you know, specifically for the
14 youth in schools, we are collaborating there.

15 SENATOR FERNANDEZ: In the -- oh, go
16 ahead.

17 OMH COMMISSIONER SULLIVAN: I would
18 just like to add, too, that the 988 crisis
19 system is extensively training people to be
20 able to do integrated care. Anybody calling
21 into 988 -- adults, youth, anyone.

22 And all the new services that OMH is
23 putting up in terms of housing, all of these
24 services are open to individuals with dual

1 diagnosis. And we're doing some specialty
2 training for people to be able to deal with
3 that.

4 So really the connections between the
5 services we're developing is very, very
6 tight. So basically all the new services
7 will have integrated care.

8 SENATOR FERNANDEZ: Thank you.

9 Switching to another topic, the
10 Governor has proposed scheduling in a number
11 of new compounds -- not just fentanyl, but
12 stimulants, hallucinogens, depressants,
13 including xylazine, psilocybin and ibogaine.

14 How would the scheduling allow you to
15 do your work? Or how would the scheduling of
16 all these compounds impact your ability to do
17 your work?

18 OASAS COMMISSIONER CUNNINGHAM: Yes,
19 so certainly we know that there, you know, is
20 an increase in the number of adulterating
21 substances that are entering the illegal drug
22 market. And we recognize that it is
23 important to be able to detect them, to
24 inform the community about them, and then to

1 give the community tools, you know, to be
2 able to change their behavior depending on
3 what they're finding in the market.

4 I mean, for that reason,
5 Senator Fernandez, you know, we've made
6 fentanyl test strips and xylazine test strips
7 available easily on our website, and we've
8 already shipped out over 5 million fentanyl
9 test strips and 4 million xylazine test
10 strips.

11 In addition, you know, in terms of the
12 scheduling, I mean, our agency does not have
13 the authority to schedule. But I think that
14 for us really the focus is on making sure
15 that people are aware of what's in the drug
16 supply and then giving them the tools so that
17 they can change their behavior accordingly
18 and remain safe.

19 SENATOR FERNANDEZ: What research is
20 your office doing on any alternative
21 medicines and practices?

22 OASAS COMMISSIONER CUNNINGHAM: So,
23 you know, we certainly understand the
24 importance of research and data. I mean, I'm

1 a researcher -- you know, have been doing
2 research for over 20 years before becoming a
3 the commissioner of OASAS. So using a
4 data-driven approach is absolutely one of the
5 guiding principles at OASAS.

6 SENATOR FERNANDEZ: Well, some of
7 these compounds that she wants to schedule
8 might -- well, actually, would it impede work
9 being done to conduct research on alternative
10 treatments such as psilocybin and ibogaine?

11 OASAS COMMISSIONER CUNNINGHAM: Really
12 our focus has been on the existing
13 FDA-approved medications because we know that
14 they are extremely effective. They reduce
15 death by 50 percent. And there's not many
16 other things that we do in healthcare that
17 reduce death by 50 percent.

18 So our focus has really been on taking
19 what we know from decades of research and
20 making sure that people have access to that.

21 SENATOR FERNANDEZ: So you don't do
22 any original research on your own.

23 OASAS COMMISSIONER CUNNINGHAM: We do
24 original research. We also have a research

1 RFP that is currently out right now, using
2 Opioid Settlement funds to expand our
3 research.

4 But really our focus is on improving
5 access to tried-and-true effective treatment.

6 SENATOR FERNANDEZ: Okay. Many
7 advocates have declared this summer -- they
8 did it this summer -- that we are in a state
9 of emergency when it comes to our opioid
10 crisis and what is being done about it. Do
11 you agree that we have reached a state of
12 emergency? And if the Governor did declare
13 it, what would that allow you to do to help
14 individuals seek treatment?

15 OASAS COMMISSIONER CUNNINGHAM: We
16 absolutely recognize the urgency of the
17 overdose epidemic.

18 SENATOR FERNANDEZ: But do you think
19 we're in a state of emergency?

20 OASAS COMMISSIONER CUNNINGHAM: We
21 certainly are acting with urgency. We know
22 that this is the worst that an overdose
23 epidemic has ever been on record.

24 You know, and for that reason we've

1 really worked hard to focus on harm
2 reduction, to make sure that people can stay
3 alive. So, you know, using naloxone,
4 fentanyl test strips, xylazine test strips,
5 and -- and going out and reaching those who
6 are at highest risk.

7 SENATOR FERNANDEZ: Well, more to that
8 state of emergency is the other areas besides
9 what you just said. And it was touched upon
10 earlier with aid to transportation and
11 housing. Those are components of someone's
12 recovery, making sure that there is stability
13 in their life.

14 Could you speak about the
15 transportation support that was mentioned? I
16 think the -- forget which one of you
17 mentioned it.

18 OASAS COMMISSIONER CUNNINGHAM:
19 Absolutely. So there are many transportation
20 initiatives that we have funded over the
21 years. We recognize how important
22 transportation is, particularly in rural
23 communities, both for treatment and for
24 recovery.

1 So we are continuing that. That is
2 one of the 10 priority areas of the Opioid
3 Settlement Fund Advisory Board, which we
4 agree with. So we are continue our ongoing
5 support of transportation initiatives across
6 the state.

7 SENATOR FERNANDEZ: It is my
8 impression that we need to do a little more
9 in assisting with transportation aid.

10 But for housing, there's barriers that
11 continue to remain in someone finding a
12 stable home after going through treatment.
13 Can you speak on that? Is there anything
14 that you're aware of?

15 OASAS COMMISSIONER CUNNINGHAM:
16 Absolutely. So we have a full continuum of
17 services at OASAS that range from, you know,
18 crises -- so like withdrawal management all
19 the way through supportive housing, and
20 everything in between.

21 So we have recently invested more
22 money in transitional housing, so that is
23 specifically for people coming out of
24 residential treatment or out of jail or

1 prison, to have temporary housing until they
2 can find supportive housing. And then we
3 also have, you know, a robust supportive
4 housing portfolio as well.

5 In addition, we have new regulations
6 that we are modifying and are about to
7 publish -- again, for recovery housing. So
8 this is an important new part of the OASAS
9 system. So up until this point, recovery
10 housing has not been under the umbrella of
11 OASAS. But this is a really important new
12 part of our system. So we plan on publishing
13 those regulations again soon, and then plan
14 to make them final this year.

15 SENATOR FERNANDEZ: There are certain
16 recovery groups and communities that do not
17 qualify for Opioid Settlement funds. Would
18 you recommend that maybe they do, given that
19 it is a part of the recovery umbrella?

20 Or maybe that's a loaded question.

21 OASAS COMMISSIONER CUNNINGHAM: Right
22 now we're really following the standards of
23 State Finance Law, which require the state to
24 use investments in voluntary and nonprofit

1 organizations.

2 SENATOR FERNANDEZ: Thank you.

3 And for my last 30 seconds,
4 Commissioner of Mental Health, you mentioned
5 investments in mental health courts,
6 including navigators. Could you expand on
7 that, what other investments the Governor has
8 proposed for our mental health courts?

9 OMH COMMISSIONER SULLIVAN: A
10 significant expansion of mental health courts
11 as well, and that's in the -- in another
12 budget but not in ours. So there will be
13 more mental health courts.

14 The navigators and then, in addition,
15 connected to the navigators is something
16 called Forensic ACT teams. Forensic ACT
17 teams are wraparound services for the most --
18 for individuals who need the most help but
19 are not engaged in clinics.

20 And then the forensic navigators,
21 Forensic ACT and 100 units of housing will
22 all be connected for the highest-need
23 clients.

24 SENATOR BROUK: Thank you,

1 Commissioner.

2 SENATOR FERNANDEZ: Thank you.

3 SENATOR BROUK: Next we'll hand it
4 over to the Assembly.

5 CHAIRWOMAN WEINSTEIN: Thank you,
6 Senator.

7 So before we go for questions,
8 we've -- as the hearing started we were
9 joined by Assemblymembers Santabarbara,
10 Berger, Chandler-Waterman, Gallagher, Kelles
11 and Anderson.

12 And now to our chair of the
13 Assembly's Mental Health Committee,
14 Assemblywoman Gunther.

15 ASSEMBLYWOMAN GUNTHER: Good morning,
16 everybody, and thank you for coming.

17 I think we're going to hear a lot
18 about the COLA today. And as chair of the
19 Assembly Mental Health Committee, I will work
20 with my colleagues to increase the Executive
21 proposal. And right now we're at 3.2, and
22 hopefully we can get more than that.

23 There's no doubt we have some
24 promising programs being proposed by the

1 Executive, but I think the focus needs to be
2 on building a workforce so we can ensure
3 these new programs have a staff necessary to
4 get off the ground and increase access to the
5 service providers already operating.

6 Sticking with that, can you tell me
7 specifically what is in the 1115 waiver that
8 will help the behavioral health workforce,
9 Ann? Sorry, I've known you so long, so I --
10 Commissioner. Sorry.

11 OMH COMMISSIONER SULLIVAN: No, no.
12 Hello. Thank you.

13 The 1115 waiver has a couple of things
14 for workforce. One is an additional loan
15 repayment, and that will cover not just
16 behavioral health but obviously all
17 services -- medical, et cetera. So there's
18 an expansion of loan repayment.

19 The other is a pipeline for training.
20 And the training will include training
21 paraprofessionals as well as some dollars for
22 training and entry of professionals.

23 So there's two pieces in the 1115
24 waiver, are training and loan repayment for

1 the workforce.

2 ASSEMBLYWOMAN GUNTHER: How would
3 that -- where would the training be? Would
4 it be in the communities? Are you giving
5 money to like hospitals or schools?

6 OMH COMMISSIONER SULLIVAN: I don't
7 think that -- I mean, DOH has to talk a
8 little bit about that. I think that the
9 1115 waiver stays with them.

10 But I think it will -- most likely it
11 will involve working with universities and
12 doing training in the community. They'll
13 have an elaborate, I think, system of how to
14 do it. But DOH is working with us on that.

15 ASSEMBLYWOMAN GUNTHER: You know, I
16 was very happy at the recent expansion of the
17 OMH Community Mental Health Practitioner Loan
18 Repayment Program, especially the \$4 million
19 earmarked in the budget for clinicians
20 serving children. Are you able to share an
21 estimate of the number of practitioners that
22 will benefit from this program? Any details,
23 if you have them.

24 OMH COMMISSIONER SULLIVAN: Yeah,

1 we're hoping that for \$4 million, somewhere
2 in the range of 400 to 500 practitioners
3 might be able -- it's a -- \$30,000 for
4 practitioners, \$10,000 a year for three
5 years, and then they work for three years
6 with us.

7 A previous loan repayment program,
8 which was for psychiatrists and nurse
9 practitioners, we have already over 250
10 combined psychiatrists and nurse
11 practitioners. Another rollout will get us
12 probably another 250. So it's working. The
13 loan repayment programs seemed to have an
14 impact.

15 ASSEMBLYWOMAN GUNTHER: Okay. Also
16 regarding school-based mental health clinics,
17 can you provide me information on how many
18 schools have a mental health clinic
19 currently, and where are they located?

20 And can we also like find out about
21 the process that a school would need to
22 complete and receive funding for a mental
23 health clinic in their schools?

24 OMH COMMISSIONER SULLIVAN: There are

1 about 1200 -- approximately 1200 school-based
2 mental health clinics now. They are pretty
3 much -- two-thirds are in rest of state, and
4 one-third is in New York City. So we're
5 working with New York City to increase that
6 amount.

7 But 1200 so far. The funding in the
8 budget is \$20 million, which over the next
9 several years can increase each year by
10 several hundred school-based clinics.

11 We are also going to start a rolling
12 application process, which would make it
13 easier for schools at any point to come
14 forward and then we would give them startup
15 funds so they can begin working on developing
16 the school mental health clinic. Those
17 startup funds range from 25,000 to 45,000.

18 And then another critical thing was in
19 last year's budget a set rate for
20 reimbursement, both for commercial payers and
21 Medicaid, for school-based clinics. So these
22 clinics are now financially viable across the
23 state once they are established in the
24 schools.

1 ASSEMBLYWOMAN GUNTHER: They are very,
2 very important to our children across
3 New York State.

4 So also there will be 125 additional
5 state-operated inpatient psychiatric beds
6 compromised at 15 beds for children. Can you
7 just tell us a little bit more about where,
8 when, and how soon? How soon is really the
9 most important part here.

10 OMH COMMISSIONER SULLIVAN: The beds
11 for youth I think we can get up this year.
12 It's not exactly finalized exactly where they
13 will be yet. But we did add -- in last
14 year's budget we put seven beds at Rockland
15 Children's Psychiatric Center for kids, for
16 youth, and 10 at Mohawk Valley.

17 We're looking at now where we would
18 want to put those additional beds this year,
19 but that hasn't quite been decided. But they
20 will come up this year. We're looking for
21 the space.

22 ASSEMBLYWOMAN GUNTHER: So I represent
23 a county with a high rate of kids with mental
24 health issues. And what happens is that

1 we're a very low income area. And, you know,
2 parents need to be involved in recovery, both
3 in addiction and in mental health. And a lot
4 of times they're both involved -- you know,
5 people self-medicate.

6 And so are we thinking about -- like
7 we have community hospitals. Are we thinking
8 about asking those hospitals where, you know,
9 the kids reside, to, you know, open these
10 beds? We used to have like 25 -- we used to
11 have 25 beds in the Catskill area. Now, you
12 know, they're few and far between, and we're
13 sending our kids down to Rockland County,
14 people don't have cars. It's just not
15 working.

16 And in order to be recovered, we need
17 to have things working. And we're putting a
18 lot of money into mental health this year,
19 but sometimes I think that we're deciding
20 where this money goes from the top down,
21 rather than the bottom up.

22 And I know we -- you know, we talk to
23 some people, but I'm telling you, these
24 children are not being treated and we need

1 more help.

2 OMH COMMISSIONER SULLIVAN: There's
3 \$50 million in capital -- the RFP is out --
4 to expand inpatient beds, new inpatient beds.
5 And we have contacted all the hospitals to
6 please consider as a priority -- a priority
7 for that \$50 million is youth beds. And
8 we've contacted hospitals. We don't know yet
9 who's going to apply, but we have talked with
10 them about it.

11 In addition, over the past maybe four
12 years the rates for inpatient services for
13 youth have increased by over 50 percent. So
14 they are now financially viable to have child
15 beds. So we've made them financially viable,
16 and now we're working with hospitals. But
17 we're still not sure which hospitals will
18 come to us for the 50 million -- for the
19 capital to expand the beds.

20 ASSEMBLYWOMAN GUNTHER: So these local
21 hospitals get so much money from the State of
22 New York, and they should be mandated to
23 serve their community. So there has to be
24 some sort of a mandate to get it into our

1 community. We're shipping our kids -- the
2 ambulances are going up and down and up and
3 down. It's a -- it's probably a
4 two-and-a-half-hour-drive for an ambulance.
5 And then we have no ambulances in our
6 community.

7 And that's not the way to deal with
8 mental health, sending an ambulance to a
9 home. So it's really -- I know you're trying
10 but -- you know, I'm hoping the Governor is
11 hearing my voice.

12 Also, can we talk a little bit about
13 the Department of Health is proposing a
14 125 million cut in funding for health homes.

15 OMH COMMISSIONER SULLIVAN: In this
16 budget as well as the last budget, there is
17 support for the health homes for the most
18 intensive work with both adults and youth.
19 So for example, there are dollars for
20 high-fidelity wraparound which are continuing
21 in this budget to ensure that youth --
22 high-fidelity wraparound is special for
23 youth -- will get the intensive services they
24 need in the health homes. And also an

1 increase in dollars for Health Home Plus for
2 adults.

3 So we are working very closely to
4 ensure that the individuals with mental
5 health issues who need health home services
6 most, that they will get them. And there is
7 support for that in the budget.

8 ASSEMBLYWOMAN GUNTHER: We also talk
9 about community-based services and how many
10 children are currently being served in the
11 home-and-community-based. Are there many
12 people being served in those community-based
13 children and family treatment and support
14 services?

15 OMH COMMISSIONER SULLIVAN: The
16 home-and-community-based, yes, I think at
17 this point for home-based crisis intervention
18 they were up -- will be up to the
19 availability within I think two years,
20 probably almost 5,000 slots for that
21 home-based, community-based waiver -- home-
22 and community-based services.

23 I believe with individuals with mental
24 health problems, about 8,000 kids are right

1 now being served.

2 So these are expanding. I think that
3 the Intensive Services Youth Act, home-based
4 crisis intervention, home-based children's
5 waiver, all these are significant expansions
6 in intensive services for youth.

7 ASSEMBLYWOMAN GUNTHER: Well, you
8 know, I see in my community that, you know,
9 our ambulances are going to the homes. And
10 it really isn't appropriate healthcare,
11 that's first and foremost.

12 And secondly, I want to say -- and
13 hopefully the Governor's listening -- that
14 when you're making what DSPs and people that
15 serve our community -- as little money as
16 they can, and they're saving lives every day.
17 To me, 3.2, when you're making the salary
18 that they're -- is not going to move them in
19 a different direction.

20 So I really feel that we need more
21 investments than a 3.2 percent. It's just
22 ridiculous. It's been climbing little by
23 little. But these are mostly women, and they
24 provide amazing services. They're devoted.

1 And they really should get more than
2 3 percent across -- 3.2 percent across the --
3 it was 1.5, now it's 3.2. We asked for over
4 5 percent, and I think they're worthy of
5 5 percent because of the job that they do for
6 so many fragile people across New York State.

7 So let's increase that 3.2 percent.
8 It's only fair. We have a big budget. We do
9 a lot of things. And you know what, they
10 should be paying these folks that are caring
11 for the most helpless people in our
12 communities. So that's my last one.

13 CHAIRWOMAN WEINSTEIN: Thank you.

14 To the Senate.

15 SENATOR BROUK: Thank you. Before we
16 go to our next questioner, I just want to
17 recognize Senator Hinchey, Senator Liu and
18 Senator Salazar have joined us this morning.

19 And next we will hear from our chair
20 of the Committee on Disabilities,
21 Senator John Mannion.

22 SENATOR MANNION: Thank you,
23 Madam Chair.

24 Thank you, Commissioners. Thank you,

1 Commissioner Neifeld, for your partnership
2 and leadership as we collectively navigate
3 through these very -- continuing challenging
4 times and multiple crises that we see.

5 The Executive Budget proposes a
6 1.5 percent cost-of-living adjustment. In
7 the past what we've seen is typically the
8 number is tied to CPI-U. But that is
9 different as the budget has been released.
10 Why is this year different than other years
11 as far as connecting those two metrics?

12 OPWDD COMMISSIONER NEIFELD: So I
13 think as you know, there is no requirement
14 that the COLA be tied to the CPI-U. That was
15 past practice and has not been the
16 requirement in a few years.

17 I think what we see this year is the
18 Governor's continued commitment, right. This
19 is her third budget, it's the third budget
20 that includes a cost-of-living adjustment.
21 you know, whereas the previous
22 administration, you know, chose not to
23 include the cost-of-living adjustment.

24 So I think what we see is a real

1 commitment from Governor Hochul to all the
2 agencies who benefit from a cost-of-living
3 adjustment -- certainly the OPWDD providers.

4 I think we all knew going into this
5 budget year that it was going to be a
6 difficult budget year, there was a sizable
7 gap, and I think the inclusion of a
8 1.5 percent COLA shows she's committed to
9 continuing to support these providers on an
10 annual basis, as she's done in her previous
11 two budgets.

12 SENATOR MANNION: Thank you.

13 You reference the challenges that
14 exist within the workforce, and those
15 challenges have existed for a long time. We
16 talk about making sure that we have -- are
17 providing every opportunity for individuals
18 to experience an enriched life and that there
19 is choice involved in, you know, whatever
20 individuals want to participate in, certain
21 integrated settings that work best for them.

22 But the challenges still exist, and
23 they exist almost exclusively around a lack
24 of workforce.

1 So I've proposed, with a piece of
2 legislation, S4127A, a \$4,000 wage
3 enhancement -- some people would call it a
4 wage restoration -- that would go to direct
5 support professionals and others. The
6 estimated cost on that is \$125 million, which
7 is a significant investment.

8 However, it's my position -- and
9 others' -- that it's necessary for
10 recruitment and retention so that individuals
11 can have choice and be able to not miss
12 opportunities that might be out there.

13 So my question is -- I know that
14 seemed like a monologue -- do you believe
15 that a direct support wage enhancement
16 directly to individuals from the state would
17 be significantly helpful in meeting our
18 recruitment and retention goals?

19 OPWDD COMMISSIONER NEIFELD: So let me
20 start by saying that I think as an agency,
21 OPWDD is interested in exploring any
22 opportunity to support the direct support
23 workforce. I think we, you know, are in
24 violent agreement that the DSPs are really

1 the backbone of our system and are really the
2 conduit to access to the community for people
3 with developmental disabilities.

4 I don't know the details of your
5 proposed bill, but I would be happy to make
6 sure that our staff are available to talk
7 with yours and obviously the Division of the
8 Budget. When referencing, you know, a price
9 tag like 125 million, I think it's important
10 to think about that in the context of the
11 budget. And, you know, happy to participate
12 in those conversations.

13 I just don't know the details, and
14 it's hard for me to sort of opine on it right
15 here.

16 SENATOR MANNION: Understood. Thank
17 you so much.

18 We had to close 120 state-operated
19 residential programs throughout the COVID
20 process. I know that there is a commitment
21 to try to reopen those. Can you provide any
22 update on about where we are? And if we
23 haven't met that goal, what challenges are
24 really preventing us from getting there?

1 OPWDD COMMISSIONER NEIFELD: Sure. So
2 just a small clarification. We haven't
3 actually closed programs. We have
4 temporarily suspended because of
5 predominantly workforce challenges -- not
6 always workforce challenges; sometimes
7 there's capital issues or other reasons why
8 we've needed to temporarily suspend a
9 property.

10 We have -- you know, we have committed
11 to, you know, reopening those programs,
12 bringing them back online wherever we can.
13 In the past several years 25 of those
14 programs have come back online and have
15 become available to provide services.

16 And I think the other thing that's
17 important to note is that in addition to
18 those 25 coming back online, we have opened
19 numerous other programs throughout the state.
20 So in addition to those that have been
21 temporarily suspended, where we are able to,
22 because staffing allows it to be so, we have
23 opened other programs, specialty programs,
24 programs that are designed to fill gaps

1 within the system, all within the
2 state-operated footprint.

3 Last year's budget, as you know, also
4 included, you know, several million dollars
5 to expand our intensive treatment
6 opportunities -- so, you know, our footprint
7 in the Finger Lakes area -- and that's in
8 process now as well. So we are committed to
9 continuing to open homes and programs where
10 we can, and to certainly bringing those back
11 online that have temporarily suspended.

12 SENATOR MANNION: Yes, thank you for
13 mentioning that about the ITO. That was
14 going to be my next question, and an update
15 on that. As you probably hear, and certainly
16 I think all of our offices hear about
17 situations where individuals are
18 hospitalized, there's no place else --
19 there's no place to discharge them.

20 So can you provide an update as far as
21 the status of the ITO, like an expected date
22 of opening? And if/when it does open, the
23 expectation is that it will be at full
24 capacity?

1 OPWDD COMMISSIONER NEIFELD: Sure. It
2 is a multiyear project. So the status is
3 that it will open I think sometime within
4 '25. But I can confirm that and get back to
5 you.

6 There is currently a capital RFP out
7 right now, so we'll be expecting bids to come
8 back to us on -- you know, to inform the
9 renovation and rehabilitation of the building
10 in the Finger Lakes area. So that's where we
11 are on that project right now.

12 SENATOR MANNION: Thank you.

13 This could go to a couple of different
14 commissioners. But we had talked a little
15 bit about dual diagnoses throughout this
16 process here. And at Upstate we have
17 11 dual-diagnosis beds.

18 Where are we exactly with the status
19 of those? And is there, you know, either of
20 the agencies looking to expand that number
21 and increase the number of those inpatient
22 beds throughout the state?

23 OMH COMMISSIONER SULLIVAN: In terms
24 of the beds at Upstate, we're very hopeful

1 that the construction and necessary work will
2 be done in this year. I know there have been
3 delays, but this has been a real project that
4 we're been working very closely together with
5 OPWDD on the design and implementation.

6 It will also have a step-down unit.
7 Once the unit opens, something similar to
8 Our Lady of Victory, OLV's step-down unit.
9 So that will also be there as well. So we're
10 very hopeful that we'll have that this year.

11 In terms of expansion, a critical
12 piece of last year's budget was something
13 called transitional beds, and critical time
14 intervention teams that wrap around those
15 beds for youth, especially. Those are going
16 to be opened across the state, probably one
17 in each Economic Development Region, 10 teams
18 with those beds of -- 900 beds, about a
19 hundred dedicated to youth.

20 Those will be -- some of those will be
21 specifically targeted to work with
22 individuals with dual diagnoses, so we can
23 get them from emergency room to transitional
24 beds. And then there's an adult component

1 which is very similar, from emergency to
2 transitional beds, hopefully getting people
3 back quickly into the community.

4 OPWDD COMMISSIONER NEIFELD: And then
5 I would just add, on the OPWDD side, we're
6 also working with one of our providers in the
7 Hudson Valley to open a statewide resource, a
8 children's specialty hospital that's
9 designed -- there will be a small number of
10 beds to serve medically fragile children, and
11 then also 12 beds for children with
12 behavioral challenges, primarily individuals
13 with an autism diagnosis.

14 And we're expecting that to open
15 within 2024. And it will be located in the
16 Hudson Valley, but it will be a statewide
17 resource, working with all of the various
18 referral sources. And it's meant to be
19 short-term intervention. The primary goal is
20 return to home, return to family, return to
21 community.

22 SENATOR MANNION: Thank you for those
23 answers. I appreciate it.

24 On -- Commissioner Neifeld, you

1 mentioned credentialing for DSPs. Is there
2 currently any mechanism for supporting that
3 credentialing with a stipend or anything
4 else? Or is that something that the office
5 would consider?

6 OPWDD COMMISSIONER NEIFELD:

7 Individuals who participate in the
8 credentialing program, we offer that two
9 different ways. One is through a contract
10 that we have with providers, and providers
11 can sponsor their staff. And then we're also
12 working and partnering with SUNY. We're on
13 13 campuses, and we'll be expanding.

14 So through both of those programs,
15 there is a stipend attached to the individual
16 who goes through the credentialing program.
17 And as I mentioned in my testimony, for those
18 who are pursuing it through the community
19 college system there are also college credits
20 that are associated with that
21 microcredential. So it's been very
22 successful and has really supported the DSPs
23 in multiple ways.

24 SENATOR MANNION: Thank you,

1 Commissioner. Thank you, Madam Chair.

2 CHAIRWOMAN WEINSTEIN: We go to the
3 chair of Alcoholism, Assemblyman Steck.

4 ASSEMBLYMAN STECK: Thank you very
5 much, Madam Chair.

6 Good morning, Dr. Cunningham. I have
7 a few questions to follow up on some of your
8 remarks.

9 And you indicated that certain amounts
10 of funds have been made available from the
11 Opioid Settlement Fund. My understanding is
12 "made available" is different from them
13 actually being in the hands of providers. In
14 other words, you make them available and then
15 there's a process that the providers have to
16 go through to actually access the funds. Is
17 that correct?

18 OASAS COMMISSIONER CUNNINGHAM: Yes.
19 I mean, we follow State Finance Law to be
20 able to, you know, go through that process of
21 procurements, contracting and awards.

22 ASSEMBLYMAN STECK: And of -- let's
23 say in 2022-2023 the figure you used was that
24 192 million had been made available. How

1 much of that money is actually in the hands
2 of providers?

3 OASAS COMMISSIONER CUNNINGHAM: So I
4 just want to start off by saying that, you
5 know, in New York we've made more money
6 available more quickly than any other state
7 in the country in terms of Opioid Settlement
8 funds.

9 Also, we've heard from providers --

10 ASSEMBLYMAN STECK: My problem is I'm
11 an attorney, and that's nonresponsive to the
12 question.

13 The question is, how much is in the
14 hands of providers? Not whether you've made
15 more available than any other state.

16 OASAS COMMISSIONER CUNNINGHAM: So
17 what we heard from providers is that
18 sustainability was a really big issue. For
19 that reason, we have multiyear initiatives.
20 So we would not expect that all of the
21 dollars would be in their hands in Year 1.
22 So that the dollars are disbursed over
23 several years.

24 So all of the dollars are available in

1 terms of contracted and awarded, but we
2 wouldn't expect that all of those would be in
3 the hands of the providers in Year 1 because
4 this is happening over multiple years.

5 ASSEMBLYMAN STECK: I understand that.
6 But are you saying you just don't know how
7 much is actually in the hands of providers?
8 You've explained the process, but my question
9 was how much is actually in the hands of
10 providers.

11 OASAS COMMISSIONER CUNNINGHAM: Right.
12 Well, I mean, I have to say they are in
13 various stages of the process. And, you
14 know, we are right now distributing about
15 \$15 million every quarter, but it really --
16 it depends on the multiyear initiatives, and
17 so some of them go out three years or even
18 further.

19 ASSEMBLYMAN STECK: So let's go now to
20 the issue of workforce. We've all
21 acknowledged the workforce problems.

22 Are any of the Opioid Settlement funds
23 being used to address workforce?

24 OASAS COMMISSIONER CUNNINGHAM:

1 Absolutely. So in fiscal year '23 we
2 provided \$13 million of scholarships, so that
3 is for supporting those to become
4 credentialed counselors, prevention
5 professionals, and for the peer workforce.

6 In addition, we just released a new
7 RFP now that is for a leadership institute
8 and also for paid internships. So that's
9 from the Opioid Settlement funds.

10 In addition, we expect that additional
11 funding will be available from fiscal year
12 '24, Opioid Settlement funds to continue to
13 support the workforce.

14 ASSEMBLYMAN STECK: So when we held
15 hearings on the issue of workforce, the --
16 one of the difficulties was that
17 not-for-profits generally cannot pay as much
18 as the state can or provide the type of
19 benefits that the state can to attract people
20 to this field at higher levels of
21 professional qualification.

22 Do you have any plans to address that
23 issue? Or are you strictly talking about
24 giving scholarships to train people who

1 already work there to up their credentials?

2 OASAS COMMISSIONER CUNNINGHAM: So we
3 are really supporting the workforce in
4 various ways. So supporting the workforce as
5 it currently exists, and then trying to bring
6 more people into the addiction field as well.

7 So we're doing that through multiple
8 ways. Some of it is scholarships or paid
9 internships; some of it is through raising
10 Medicaid rates. So that is certainly a
11 sustainable way, you know, to increase the
12 salaries, in addition to the cost-of-living
13 adjustments.

14 So there are many ways that we're
15 supporting the existing workforce, and then
16 trying to attract people to the field as
17 well.

18 ASSEMBLYMAN STECK: So the providers
19 generally complain that the Medicaid
20 rates are not being increased. You say that
21 you're increasing them. What have you done
22 specifically to increase the Medicaid rates?

23 OASAS COMMISSIONER CUNNINGHAM: So we
24 have increased the rates that range between

1 5 and 15 percent across the system. So it
2 really depends on the specific type of
3 program and the location of the program. But
4 really, across the board, we have increased
5 the Medicaid rate.

6 ASSEMBLYMAN STECK: So the OASAS
7 budget appears to be -- to us, to be
8 \$179 million less than last year. And what
9 is the reason for that?

10 OASAS COMMISSIONER CUNNINGHAM: The
11 majority of the reason for that is actually
12 the reduction in the Opioid Settlement funds.

13 So from these past two years, the
14 budget, you know, was around 200 million and
15 now it's dropped to 63 million. We expected
16 this. We knew this would happen in terms of
17 the Opioid Settlement funds. And that's part
18 of the reason why we've had multiyear
19 initiatives, is to ensure that the services
20 are not cut.

21 So the services won't be cut, so on
22 the ground programs will not feel a cut. But
23 in fact the services will continue through
24 these multiyear contracts with the fiscal

1 year '23 and '24 Opioid Settlement funds.

2 ASSEMBLYMAN STECK: So there are
3 budget cuts for ancillary services such as
4 transportation, job search, and you had --
5 and that's definitely in the Governor's
6 budget. But you had indicated that you are
7 also increasing some of that funding through
8 the Opioid Settlement Fund.

9 OASAS COMMISSIONER CUNNINGHAM: That's
10 correct.

11 ASSEMBLYMAN STECK: The problem is
12 that the Opioid Settlement Fund is not
13 supposed to displace existing state funding.
14 And when you are saying that the -- you are
15 using the funds to -- the settlement funds
16 to -- and at the same time cutting existing
17 state funding for those type of services, it
18 certainly suggests that the funds are
19 displacing existing state funding in those
20 areas.

21 Do you agree or disagree?

22 OASAS COMMISSIONER CUNNINGHAM: The
23 funds are not displacing or supplanting state
24 funds. We are continuing to enhance

1 programs. So, for example, for
2 transportation programs we're continuing to
3 enhance them and support them with the Opioid
4 Settlement funds.

5 ASSEMBLYMAN STECK: But the regular
6 state funding for those things is being
7 reduced, isn't that correct?

8 OASAS COMMISSIONER CUNNINGHAM: We are
9 not supplanting funds through Opioid
10 Settlement dollars.

11 ASSEMBLYMAN STECK: But are the
12 existing state fundings, as per the
13 Governor's budget for transportation, job
14 search, those sorts of ancillary services,
15 being reduced, yes or no?

16 OASAS COMMISSIONER CUNNINGHAM: Not
17 for transportation, but yes for some of the
18 job placement functions, yes.

19 And those are also available through
20 other state agencies. Those are not some of
21 the core missions in terms of OASAS.

22 ASSEMBLYMAN STECK: So the -- I want
23 to talk a little bit about marijuana, which
24 you mentioned, and you talked about the

1 impact on youth and so forth. I want to
2 focus a little bit on the impact on adults.

3 So we in my district have had
4 instances of people being hospitalized with
5 marijuana-induced psychosis, we've had other
6 people for whom cannabis use has triggered
7 descent into mental illness.

8 You're a physician. Some physicians
9 -- I mean, I'm not a physician, I don't know
10 the wide variety of opinions in the medical
11 community. But as a physician, do you agree
12 that marijuana-induced psychosis is a real
13 phenomenon with respect to adults?

14 OASAS COMMISSIONER CUNNINGHAM:

15 Certainly, you know, there are effects that
16 cannabis can have. So cannabis use has been
17 increased with some mental health conditions,
18 including psychosis. It is not so common,
19 and it tends to depend on the amount of use
20 and the amount of THC.

21 ASSEMBLYMAN STECK: So you would agree
22 that the amount of THC is a relevant factor
23 in whether that occurs or does not occur.

24 OASAS COMMISSIONER CUNNINGHAM: Yes.

1 ASSEMBLYMAN STECK: And would that
2 suggest that perhaps the THC content of
3 cannabis at dispensaries should be regulated
4 like we regulate the alcohol content of
5 alcoholic beverages?

6 OASAS COMMISSIONER CUNNINGHAM: I
7 mean, you know, that is something that we
8 don't do in the office, in our office, right?
9 It's a different agency. But we certainly
10 are there to provide education and prevention
11 and treatment when needed.

12 ASSEMBLYMAN STECK: One question for
13 the commissioner of Mental Health, and that
14 is we talk a lot about the behavioral health
15 centers, community health centers. We talk a
16 lot about the Governor's increase in hospital
17 beds for mental health. We've also heard
18 about transitional care, which to my
19 understanding is very short. The question
20 is, is there a commitment to transitional
21 care that would get people from hospital beds
22 into independent living that lasts for, say,
23 90 days or more?

24 CHAIRWOMAN WEINSTEIN: And

1 Commissioner, you'll have to send that to
2 the -- that response to the two chairs of
3 Assembly Ways and Means and Senate Finance.

4 And there may be other questions, as
5 time goes on, that there are not
6 opportunities to answer within the time
7 frame. And then we will make sure to
8 circulate them to all the members.

9 Before I turn it over to the Senate, I
10 just wanted to mention we've been joined by
11 the ranker on Disabilities, Assemblywoman
12 Jodi Giglio.

13 Senator?

14 SENATOR O'MARA: Yeah, I just want to
15 announce that we've been joined on our side
16 by Senators Bill Weber and Patricia
17 Canzoneri-Fitzpatrick.

18 SENATOR BROUK: Wonderful. Hello
19 again, Commissioners.

20 So I will use my 10 minutes as -- in
21 the Mental Health chair position. First I
22 want to talk about crisis. We're doing a lot
23 in this year's budget and the Executive
24 proposal around mental health crisis and

1 obviously youth mental health. You know, we
2 started a couple of years ago hearing from
3 our Surgeon General that this is the crisis
4 of our lifetime.

5 I want to thank the commissioners and
6 the Governor for understanding that crisis,
7 and so much in this Executive proposal
8 highlights how we can respond. Of course
9 there's always more we could do, so that's
10 where we're going to dig in.

11 And so I'm going to start with some of
12 the work that's being done around crisis
13 specifically when it pertains to Daniel's Law
14 and the Daniel's Law task force. So I do
15 want to say just a huge token of gratitude to
16 Commissioner Cunningham and Commissioner
17 Sullivan for the earnest work that you both
18 are putting into that task force and making
19 sure that it's moving forward.

20 My question is specifically for
21 Commissioner Sullivan, though. In the work
22 that you're seeing and a lot of the feedback
23 you've been getting, both from the public
24 commentary but also from the task force

1 themselves, do you agree that there is an
2 urgency to move perhaps even quicker than --
3 I think it's a 2025 deadline for getting this
4 task force to completion. Do you believe
5 there's a world in which we could get some of
6 these recommendations before then?

7 OMH COMMISSIONER SULLIVAN: Yes, I
8 think we're going to be working -- the task
9 force has also expressed an interest in that
10 urgency, as you say. So we are working as
11 quickly as we can. And we're very -- we're
12 going to try to see if we can do things much
13 sooner than the December 25 deadline, which
14 was the initial -- in the legislation.

15 SENATOR BROUK: That's great to hear.

16 And on that note, I wanted to see if
17 you were familiar with a case -- a lawsuit
18 against Washington County, Oregon, and its
19 911 dispatch center. So the ACLU announced a
20 lawsuit essentially around a gentleman who
21 called a crisis helpline, did not receive the
22 care he was expecting. Instead, law
23 enforcement showed up, he was having suicidal
24 ideation at the time, this gentleman was.

1 And unfortunately for him, due to that lack
2 of an appropriate crisis response, he ended
3 up in the hospital for two weeks and even
4 serving jail time.

5 And again this is from, you know,
6 someone who was having suicide ideation,
7 called what he believed was a crisis
8 helpline. And here in New York we have 988
9 as well. But unfortunately, the system was
10 not in place to make sure that a mental
11 health provider appeared, a social worker
12 showed up, and instead it was law enforcement
13 that inherently ended up escalating the
14 situation.

15 So as we look at, you know, current --
16 you know, current lawsuits and -- I don't
17 know, would we fear that something like this
18 might happen here in New York if we aren't
19 able to put in this statewide framework that
20 Daniel's Law would be able to put into place?

21 OMH COMMISSIONER SULLIVAN: Well, a
22 critical piece is going to be what number is
23 called. And then, at the point someone calls
24 for help, how that call is triaged to who.

1 And when you look at the programs across the
2 nation, that's the critical piece.

3 So if you call 988 now, I mean, in
4 New York less than 0.3 percent of any of the
5 calls to 988 -- and last year we had almost
6 200,000 calls -- go to 911. And some of
7 those are for medical, some of those are for
8 police. So a very small percentage of 988
9 ever translates.

10 When you look at some of the models
11 across the country, like a "who" switch is a
12 model that everyone is looking at. Calls go
13 into a dispatch center and then the dispatch
14 center determines whether or not that
15 individual goes for mental health services,
16 to medical, if they need that, or to
17 law enforcement.

18 So the key point is that dispatch
19 center. And I think that's what the task
20 force is looking at, how do we determine --
21 and we want to do it right in New York -- how
22 do we determine who gets siphoned off to
23 which services and ensuring that if it's a
24 behavioral health crisis, the vast, vast

1 majority of times it will go to a behavioral
2 health team of some sort, which we're still
3 looking at models to develop.

4 SENATOR BROUK: And I would say -- I
5 know you've got folks doing this work, but I
6 know in North Carolina they also have a
7 similar program to CAHOOTS that I hope earns
8 the consideration of the task force.

9 And so I don't think that there's an
10 argument at this point. It sounds like
11 including from you, commissioner, that we
12 know we need these types of mental health
13 providers showing up. And unfortunately, you
14 know, we talk about a lawsuit like that,
15 which is what makes the headline -- but that
16 also means that that gentleman's life has
17 been re-traumatized after an initial trauma
18 as well.

19 So I want to pivot to talk about the
20 youth mental health crisis. So I want to
21 commend you, Commissioner, for everything
22 you've been doing with the school-based
23 centers. I think it's a tremendous
24 investment that we're making that the

1 Governor has put in.

2 The thing that I am concerned about is
3 in my district we've started our Youth Mental
4 Health Advisory Board. And I know that we
5 think that perhaps this has destigmatized
6 services that we're giving young people in
7 their schools, but there's still a bit of a
8 barrier where you may not want to partake in
9 this kind of service in school.

10 So we've been looking at, based on
11 their recommendations, other opportunities
12 for meeting young people where they're at.

13 Have you or anyone at OMH looked at
14 the program in Colorado called "I Matter,"
15 which offers six free tele-mental health --
16 or in-person, if they choose -- for any young
17 person? We've looked at proposals like that
18 over the last couple of years. I have a bill
19 that would call for a pilot.

20 Is that anything that you all have
21 considered, of really trying to bring more
22 services to young people?

23 OMH COMMISSIONER SULLIVAN: I think
24 it's interesting to look at that. And I

1 think we have been talking about it. We're
2 not at a point yet where we have decided
3 whether or not to implement it.

4 The availability -- we do have the
5 availability of 988, of crisis text lines.
6 In the schools we are doing a lot of work
7 with peers. So, for example, what we call
8 Team Mental Health. So some of the best ways
9 to help kids is to have their peers involved.
10 And Team Mental Health is something that
11 we're going to be expanding across the school
12 system. And that peer involvement changes
13 the cultures in schools, but it also
14 decreases the stigma and youth not wanting
15 to -- being afraid to call.

16 We do have easy access through 988,
17 and that's being talked about in schools, and
18 "text through 988."

19 The tele is still -- we're still
20 looking at that.

21 SENATOR BROUK: Okay. And I would
22 love to talk about it more, because I think
23 that it's something -- you know, I think a
24 lot of times we think that one -- we can

1 just, you know, check the box and one
2 program's going to work. But there are so
3 many young people who are in need of help.

4 And, you know, I think of the Healthy
5 Minds, Healthy Kids study that just showed
6 that one in two New York youth with major
7 depressive episodes in the past year did not
8 get treatment.

9 And when you think about that on top
10 of one in five children in New York who need
11 mental health services, obviously we've got
12 to kind of throw everything at this problem
13 that we have.

14 So I want to use the last couple of
15 minutes to talk about CPEP. And so, you
16 know, the psychiatric emergency departments,
17 we have one in my area in Rochester,
18 New York. And I notice that in the
19 Executive Budget proposal there is a proposal
20 to make this extension permanent for CPEPs.

21 But I do wonder if we've really looked
22 critically -- obviously there's a need for
23 CPEP, there's a need for people with that who
24 are in crisis and either a danger to

1 themselves or others that need to be in the
2 CPEP.

3 But we also see that when youth are
4 entering those doors, a lot of times parents
5 don't realize that they're made to stay
6 there.

7 I heard a story the other day about a
8 young person who went to a CPEP, was kept for
9 48 hours without their family, and then, you
10 know, discharged and sent to a
11 community-based center. Obviously that
12 person did not need to go inpatient. Now
13 that child's re-traumatized.

14 So what are we doing to -- of course
15 if we need to have CPEPs, let's have them --
16 but to also assess perhaps they're not the
17 only answer. And when I think about what we
18 did a couple of years ago with the crisis
19 stabilization centers, perhaps that is
20 something we need to be looking at
21 specifically as it comes to youth.

22 So I'm curious what assessments have
23 been done around CPEP specifically for youth,
24 and then what do these crisis stabilization

1 centers look like right now, where are we in
2 the process of building those, and are they
3 applicable to youth?

4 OMH COMMISSIONER SULLIVAN: Yeah, we
5 follow very closely what's happening in the
6 CPEPs. And what we would like the CPEPs to
7 be are there for the individuals who need the
8 most acute and the most intensive
9 intervention.

10 So we've been building the rest of the
11 system, as you appropriately say, to be able
12 to have youth who maybe don't need that to be
13 able to go to other services. So one, for
14 example, is the stabilization centers.
15 There's going to be 13 of the intensive
16 across the state; I think two or three more
17 opening up this year. Some of it was
18 capital.

19 Those stabilization centers will have
20 up to 24 hours; heavily peer and family
21 advocates present in those stabilization
22 centers to work with families when they come
23 in. And all the stabilization centers will
24 have both youth and adult services. So we're

1 very excited about that.

2 We also have grown home-based services
3 for youth in a big way. So that basically --
4 it was unfortunate, perhaps, that that
5 individual maybe stayed for 48 hours, but
6 we're working on now is having home-based
7 crisis intervention services, which are
8 growing across the state, so they can go
9 right home with the youth, with the family,
10 and work with them for a period of time to
11 stabilize the family without having to have
12 inpatient services.

13 So you really need a continuum from
14 the most acute -- unfortunately, CPEPs --
15 sometimes people go because we haven't had
16 the other pieces of the system. So by
17 growing the crisis stabilization centers --
18 also the certified community behavioral
19 health centers have outreach programs for
20 youth and have intensive services for youth.

21 So as the continuum grows, hopefully
22 youth and families will have these other
23 opportunities. And then only when absolutely
24 necessary, a CPEP and possibly admission to

1 an inpatient unit.

2 SENATOR BROUK: Thank you.

3 So in my last ten seconds, I would
4 just ask, you know, as we are moving forward
5 these proposals, of course we want to look at
6 that moment of crisis, but that continuum of
7 care, right. And so even the 0.3 percent you
8 mentioned for 988, we need to do more
9 education to make sure people are even
10 calling 988.

11 OMH COMMISSIONER SULLIVAN:

12 Absolutely.

13 SENATOR BROUK: So thank you so much.

14 OMH COMMISSIONER SULLIVAN: Thank you.

15 CHAIRWOMAN WEINSTEIN: We've been
16 joined by Assemblywoman Darling.

17 And now we go to
18 Assemblymember Seawright for 10 minutes,
19 our Disabilities chair.

20 ASSEMBLYWOMAN SEAWRIGHT: Thank you,
21 Chair Weinstein.

22 And good morning, Commissioners
23 Neifeld, Cunningham and Sullivan. Thank you
24 for your testimony today. With Women's

1 History Month approaching, it's nice to see
2 three good women leaders at the table.

3 Commissioner Neifeld, I appreciate
4 your leadership, and Greg Roberts and your
5 team's work during these very challenging
6 times. New Yorkers with intellectual and
7 developmental disabilities have suffered the
8 consequences of over a decade of
9 disinvestment and are at risk of being cast
10 aside without protection.

11 If I were a doctor assessing our
12 state's crisis, experienced by 85 percent of
13 the people with disabilities, supported by
14 nonprofits, I would discover the following:
15 The diagnosis of prior agencies hemorrhaging
16 workers. They simply cannot serve the
17 demands of a fragile population in the face
18 of an annual 30 percent workforce turnover
19 and agency vacancies in excess of 17 percent.

20 The cause, from a historic and
21 predatory pattern of wage stagnation and
22 disparity between nonprofit providers and
23 their state counterparts. The symptoms,
24 being rampant and pervasive with direct

1 support professionals fleeing for better and
2 less demanding jobs in retail and fast food.

3 All of this means that I/DD
4 New Yorkers are going without -- without
5 daily support, first aid, CPR, administering
6 medications, meal preparation,
7 transportation, and social, emotional and
8 psychological support.

9 It is very concerning to be hearing
10 from families, advocates and constituents
11 that OPWDD's regulations are being made
12 without family input -- specifically, the
13 Family Support Services Program.
14 Participants are enduring hardships as
15 family caregivers are being disqualified to
16 care for their loved ones despite a shortage
17 of DSPs in the workforce. Agencies are
18 closing these vital programs, and
19 I/DD New Yorkers are being pushed further
20 toward exclusion, isolation and
21 institutionalization, the absolute antithesis
22 of the promise of the Olmstead decision.

23 The prognosis is \$100.5 million
24 annually lost by providers; a depleted and

1 anemic system burdened by the increasing rate
2 of inflation and cost of living. Costs are
3 rising, and agencies must maintain
4 benefits -- maintenance, utilities, food,
5 supplies, transportation and insurance.

6 Commissioner Neifeld, in your
7 testimony you stated there is no single
8 solution to the current workforce crisis. I
9 would suggest that there is a solution, and
10 that is a financial investment in our
11 hardworking workers and workforce. I would
12 prescribe the treatment of implementing no
13 less than a 3.2 percent COLA to support
14 agency rates and restore care coordination
15 among organizations to offset rising
16 inflationary costs.

17 I strongly reject the 1.5 percent COLA
18 in the Executive Budget which we've already
19 heard so much about this morning from my
20 colleagues. Abandoning I/DD New Yorkers and
21 the hardworking professionals who are largely
22 women of color is negligent. We need the
23 lifesaving infusion of a direct support wage
24 enhancement that will only begin to move the

1 system toward equity with a \$4,000 increase
2 annually to DSP workers that I'm pleased to
3 be sponsoring along with Chair Mannion.

4 The DSPs are a lifeline to people with
5 disabilities who need the dignity of their
6 independence, and workers need the dignity of
7 a fair wage for their skills and care. The
8 system is suffering.

9 I'd like to lead off my questions this
10 morning to Commissioner Neifeld and start
11 with my first question. To close the midyear
12 budget gap, agencies were to come up with a
13 savings plan as a follow-up. I'd like to
14 know the total amount that OPWDD had to come
15 up with and what programs were impacted by
16 this action.

17 OPWDD COMMISSIONER NEIFELD: Thank
18 you. All state agencies work, you know,
19 closely with the Division of the Budget
20 throughout the year to monitor our spending
21 to understand, you know, what's happening
22 with our agencies' budgets.

23 I don't know the total off the top of
24 my head related to the midyear, but what I do

1 know is that there were no -- there was no
2 impact to the services and supports that we
3 provide to people with developmental
4 disabilities, so there was no reduction in
5 any of our appropriation for services or our
6 Medicaid spend or anything like that.

7 Like I said, I can follow up with you
8 with sort of the specifics in that total, but
9 there was no impact to services for people.

10 ASSEMBLYWOMAN SEAWRIGHT: Every year
11 we talk about the need for a cost-of-living
12 adjustment to support programs across several
13 agencies and to maintain services for people.
14 This year the Governor proposed a 1.5 percent
15 COLA, which is less than half of the
16 Consumer Price Index, the measure that has
17 historically been used.

18 Are you concerned that this is not
19 sufficient to support programs given the
20 level of inflation?

21 OPWDD COMMISSIONER NEIFELD: I think
22 that, again, taken in totality, right, with
23 the last three years of cost-of-living
24 adjustments, we're looking at close to a

1 10 percent cost-of-living adjustment over the
2 first three years that Governor Hochul has
3 issued budgets. And that's, like I said,
4 close to \$1 billion going directly to
5 OPWDD providers in the last three years.

6 In addition, this year -- I mentioned
7 in my testimony that we are doing a rate
8 rebasement, which means that we're looking at
9 the rates that we pay to providers and making
10 sure that they're more reflective of updated
11 costs of doing business.

12 Currently the rates are based on I
13 think 2017 cost information, so we'll be
14 updating that to be much more current, which
15 will also help to provide additional funds
16 going to providers, an additional
17 \$350 million on top of the cost-of-living
18 adjustment that will help offset those
19 increased costs that you've referenced.

20 ASSEMBLYWOMAN SEAWRIGHT: Are there
21 any efforts to increase the wages for DSPs
22 who work for nonprofit service providers?

23 OPWDD COMMISSIONER NEIFELD:
24 Everything that we've just talked about --

1 the cost-of-living adjustments over the last
2 three years, the rate rebasing, the
3 expectation is that providers are using to go
4 towards increasing wages for their direct
5 support, their clinical staff, those who are
6 working with people with developmental
7 disabilities.

8 I think we know that there are other
9 costs that providers incur, the costs to run
10 a program. But the majority of what they
11 pay, what their operating budgets are,
12 consists of personnel, and the majority of
13 that personnel is direct support staff.

14 So we do expect to see a large portion
15 of those investments go towards staff wages.

16 ASSEMBLYWOMAN SEAWRIGHT: But then
17 they're going to be cutting somewhere else
18 and harmed in other areas.

19 The Executive -- over the past few
20 years OPWDD employed direct support
21 professionals and they've seen an increase in
22 their starting pay, which is about \$27 per
23 hour in New York City, \$25 per hour for the
24 rest of the state, while at the same time the

1 starting rate for a DSP providing the same
2 services to the same population, but employed
3 by a nonprofit, starts at \$17 an hour in
4 New York City and 16.48 per hour elsewhere.

5 Can you explain why there is almost a
6 50 percent differential pay between the two
7 systems?

8 OPWDD COMMISSIONER NEIFELD: I think
9 it's important to start off with saying that
10 we value the work of our voluntary providers.
11 As you mentioned, they're serving, you know,
12 80 percent or more of people with
13 developmental disabilities. And we certainly
14 value the work that the DSPs who are employed
15 by those providers do.

16 All of the initiatives that I have
17 talked about this morning -- the
18 cost-of-living adjustment, the rate rebasing,
19 our work with the National Alliance for
20 Direct Support Professionals -- in the past
21 two years or three years we have spent, you
22 know, well over a billion dollars in bonuses,
23 in staff bonuses, both through our ARPA
24 funding and through the Governor's Healthcare

1 Worker Bonus Program. All of that has gone
2 directly to the voluntary system, directly to
3 direct support professionals.

4 So we are working I think every angle
5 in trying to support the direct support
6 workforce, to provide the funds to providers
7 to enhance the wages. We do not set the
8 wages for direct support professionals in the
9 voluntary sector. We are not their employer,
10 so we don't have the ability that we do
11 within state operations to set wages.

12 ASSEMBLYWOMAN SEAWRIGHT: Let me stop
13 you there because I'm running out of time and
14 I have more questions.

15 What kind of residential opportunities
16 will be developed with the funding that's
17 proposed in the Governor's Executive Budget?

18 OPWDD COMMISSIONER NEIFELD: So
19 everything that we do, all of our services
20 are person-centered. We look at the needs of
21 individuals and develop opportunities based
22 on those needs.

23 As an example, within state operations
24 we have spent time over the last two years

1 developing what we call adult transitional
2 homes, which are meant to help support
3 students who are leaving residential schools
4 and entering into the OPWDD system, which is
5 a difficult transitional time.

6 That's just an example of a
7 development that we've invested in based on
8 need.

9 ASSEMBLYWOMAN SEAWRIGHT: With the
10 funding support, will there be any reopening
11 of previous closed group homes that I believe
12 earlier today, in your testimony, you said
13 are not permanently closed but temporarily?

14 OPWDD COMMISSIONER NEIFELD: Those
15 temporary suspensions, we look to reopen
16 programs that are temporarily suspended when
17 we have staffing in the region that is
18 available to support the operations of those
19 programs.

20 ASSEMBLYWOMAN SEAWRIGHT: On
21 self-direction. Although no new
22 directives have come from -- I'll save this
23 for the second round.

24 CHAIRWOMAN WEINSTEIN: I was going to

1 say -- thank you. To the Senate.

2 I don't know if we explained that when
3 the yellow light goes on, that means
4 there's -- that's your one-minute warning
5 before the bell.

6 To the Senate.

7 SENATOR BROUK: Thank you.

8 Next we'll hear from Senator
9 Oberacker, who's a ranker, so he'll get
10 five minutes.

11 SENATOR OBERACKER: Good morning.
12 Good to see everybody here in Albany. And
13 you didn't have to fight through the white
14 stuff to get here, so that's always a good
15 day to start here in Albany.

16 Just some real quick background and
17 some foundation. I represent the 51st Senate
18 District, seven counties, the second-largest
19 in New York. Senator Stec and I go back and
20 forth as to who has the largest, but I will
21 concede the second-largest. One of those
22 counties is Sullivan County. Sullivan County
23 has the distinction of a 245 percent higher
24 rate of overdose than the New York State

1 average -- a distinction, of course, that we
2 would like to see changed. And some ideas
3 that, moving forward, I would like to propose
4 to see that those would be addressed.

5 And before I go too far, I would like
6 to take a moment to say thank you to
7 Assemblywoman Aileen Gunther, who has worked
8 with me on a lot of these issues. And it's
9 nice to have a partner, if you will, in that
10 county.

11 So we've heard a lot of talk today
12 about mental health, school-based mental
13 health, school-based health centers. First
14 and foremost, I'd like to see us change -- I
15 think I brought this up last time. Instead
16 of saying school-based health or school-based
17 mental health, I'd like to see us say
18 school-based or -- school-based wellness
19 centers.

20 I think there's a stigma that goes --
21 especially with the mental health side of
22 things, which I think we can change that
23 direction there. It falls under our youth
24 prevention programs, as

1 Commissioner Cunningham has talked about.

2 In Otsego County I have 11 school-
3 based wellness centers in Otsego County.
4 What I'm asking is this. Between the two
5 commissioners, couldn't we get together and
6 provide both mental wellness and school-based
7 situations? They're already there, the
8 framework is there. You know, and the
9 company that I had -- we used to say find
10 something successful and copy it. I think we
11 have a framework there. I'd like to see us
12 potentially work together in extending our
13 mental health side with already school-based
14 centers that are there.

15 Along with that, one of the projects
16 that we've been able to put into Otsego
17 County is called One Box. It's a one box
18 project. This is actually an AED for
19 overdose. I don't know if you're familiar
20 with this or not. It was through our lead
21 counsel in Otsego County. It contains
22 Narcan, PPE equipment. It has a drop-down
23 screen which is a preloaded 60-second video,
24 step by step, to help someone address an

1 overdose. And it's also bilingual.

2 I think this is one of the best and
3 most innovative solutions that I've seen in a
4 very long time. And I think this is how our
5 settlement monies should be used within that
6 district.

7 So, Commissioner Cunningham, with some
8 of this information would you be willing to
9 work with me in my district, and more
10 appropriately in Sullivan County, to see if
11 we can't use some of these areas that I've
12 just talked about and see if we can't
13 institute those there?

14 OASAS COMMISSIONER CUNNINGHAM: Of
15 course, Senator Oberacker. You know, I
16 appreciate, you know, knowing Sullivan County
17 with the distinction of having the highest
18 overdose death rate. And as you know, I went
19 to your district at the town hall to really
20 listen to what community members had to say
21 about how we can help to better address the
22 overdose epidemic.

23 I totally agree about the settlement
24 funds. I mean, as you know, all the local

1 government units also got settlement funds,
2 so 64 million in fiscal year '23, and then
3 46 million more recently, to do all these
4 innovative things. And so we're very happy
5 to support that and also happy to, you know,
6 contribute to naloxone, fentanyl test strips,
7 xylazine test strips, as tools to be able to
8 really address that overdose epidemic.

9 SENATOR OBERACKER: I appreciate that,
10 and I truly look forward to working with you
11 in this ensuing legislative year.

12 So with that, I will concede back my
13 34 seconds, Madam Chair.

14 CHAIRWOMAN WEINSTEIN: Thank you.

15 We're going to go to Assemblyman
16 Brown, the ranker, for five minutes.

17 ASSEMBLYMAN KEITH BROWN: Thank you,
18 Chair.

19 Before I get started, I just wanted to
20 make a comment. I want to say on the record
21 that I'm not sure combining three
22 commissioners for three agencies with a
23 combined appropriation of \$9 billion --
24 4 percent of the State Budget -- and giving

1 five minutes to ask questions on topics
2 involving our mental health and substance
3 abuse state of emergency makes a lot of
4 sense.

5 But with that said, I'm going to use
6 my time as best I can.

7 First of all, thank you so much for
8 your hard work. First, the public relations
9 campaign -- just this morning I saw in my
10 hotel room on TV commercials from OASAS. And
11 also during the Super Bowl, I saw a
12 commercial. And I really also appreciated
13 the bullying commercials. I think there were
14 two bullying commercials I saw, sponsored by
15 the NFL, which I thought was appropriate to
16 mention.

17 But I also want to extend my
18 invitation to the Co-Occurring Disorder
19 Conference that we're scheduled for
20 April 11th. Both of you were kind enough to
21 come last year. I invite all the members of
22 the committees to come. It was an
23 extraordinary day, 250 participants.

24 With that said, I'd like to focus on a

1 couple of the portions of the budget; namely,
2 the \$11.4 million cut in the Chemical
3 Dependency Outpatient Treatment Support
4 Services and Community Services Program.

5 And also on the Opioid Stewardship
6 funds, which my colleague Chair Steck
7 mentioned yesterday he has a bill to audit
8 that, the \$167 million that's left in that
9 account. And if we can get a full accounting
10 of what's left in the account, what the money
11 was spent on over the years, and what the
12 remaining money will be spent on.

13 And I also want to bring up the
14 Co-Occurring Disorder Report that came out of
15 last year's conference that I forwarded to
16 you, if you had a chance to look at the
17 recommendations.

18 But my question for this morning, the
19 New York State Council of Community
20 Behavioral Healthcare came out with a memo,
21 and I just want to quote some of it. It
22 says: We have a serious shortage, 21 percent
23 annually, in waiting lists for services,
24 including but not limited to

1 medication-assisted treatment, children's
2 community services, and outpatient care.

3 The memo goes on to say: Fortunately,
4 the Hochul administration began to recoup
5 from MCOs; \$222 million was returned to OASAS
6 and OMH for a two-year period of overpayments
7 to plans, with additional funding being
8 recouped going forward.

9 So with that, I'm sure you saw the
10 Office of Attorney General came out with a
11 scathing report on December 7th of last year
12 making several recommendations, and I wanted
13 to get your opinion on them. I'm just going
14 to read from page 5 of the executive summary.
15 It says: "The OAG's survey confirms the need
16 for regulatory changes, increased enforcement
17 and significant actions by healthcare plans.
18 New York should (1) require health plans to
19 conduct regular audits of their provider
20 networks to verify compliance with directory
21 accuracy; (2) mandate robust appointment wait
22 time standards; (3) require health plans to
23 analyze and submit to regulators data
24 regarding key network adequacy indicators;

1 (4) require health plans to improve
2 inadequate networks and improve consumer
3 complaint mechanisms; and last, explore the
4 possibility of a centralized provider
5 directory for all health plans."

6 She concludes by saying: "Health
7 plans must also proactively improve their
8 practices, including by recruiting more
9 mental health providers into the networks,
10 especially providers of color; increasing
11 provider reimbursement rates, and decreasing
12 administrative burdens on providers. Only a
13 multifaceted approach can effectively address
14 the unmet needs for mental health treatment
15 in New York."

16 The report does not paint a good
17 picture in terms of what we're doing to get
18 people help. So I ask, have you seen the
19 report and reviewed the recommendations?
20 Both commissioners.

21 OMH COMMISSIONER SULLIVAN: Yes, we
22 have seen the report. And there's a couple
23 of very important things that are happening.

24 The Department of Financial Services

1 has regulations which are out now, which are
2 for a comment period, that would require a
3 10-day appointment time. In other words,
4 providers of plans both would have to find a
5 mental health or substance abuse appointment
6 within 10 days.

7 In addition, if they don't find a
8 provider, they would have to pay for
9 out-of-network services with no increased
10 cost to the individual. So that's one of the
11 DFS regulations, which comes directly.

12 The other is directories have to be
13 updated and kept current. And that's also in
14 response to problems which have existed for
15 many years in terms of phantom directories
16 which have not really had providers
17 available.

18 So those DFS regulations are currently
19 out for comment. So that is one way to begin
20 to --

21 ASSEMBLYMAN KEITH BROWN: I think you
22 can finish the sentence.

23 OMH COMMISSIONER SULLIVAN: The other
24 is what's actually in the legislation, this

1 year what the Governor's asking for is
2 that --

3 CHAIRWOMAN WEINSTEIN: Thank you,
4 Commissioner.

5 So I know Mr. Brown read a lot of that
6 information. So we would hope that after the
7 hearing all of you will be able to respond in
8 writing, not just to Mr. Brown but to the
9 chairs, so we can share with all of the
10 colleagues who are here.

11 OMH COMMISSIONER SULLIVAN: Be glad
12 to.

13 CHAIRWOMAN WEINSTEIN: So now we go to
14 the Senate.

15 SENATOR BROUK: Thank you.

16 Senator Hinchey.

17 SENATOR HINCHEY: Thank you,
18 Madam Chair.

19 And thank you all for being here and
20 for the incredibly important work that you
21 all do.

22 I want to start, though, with saying
23 that Assemblymember Gunther is entirely
24 right. Our rural regions are vastly

1 underserved. I have a constituent who was 16
2 years old when she received a TBI, a
3 traumatic brain injury, and had to move out
4 of the Hudson Valley to Long Island to
5 receive services. She still cannot come
6 back. She actually had to leave the state,
7 but that's a different conversation.

8 On December 6th -- Commissioner
9 Sullivan now -- on December 6th the Governor
10 announced millions of dollars in funding to
11 expand 13 new clinics across the state for
12 mental health and behavioral health services,
13 and notably absent was the Mid-Hudson Valley,
14 because, respectfully, one center in
15 Westchester does not actually serve the
16 majority of the Mid-Hudson Valley.

17 And so my question is knowing that
18 especially places like Kingston and our area
19 are in deep need of mental health services,
20 why were we left out of this expansive list?

21 OMH COMMISSIONER SULLIVAN: That was
22 the first list that's coming out. There's an
23 additional 13 that are coming out very soon,
24 for a follow-up. So there's definitely

1 consideration to increase in the second
2 round.

3 SENATOR HINCHEY: We are -- in my
4 office particularly, many others are in
5 direct conversation with OMH and the
6 Executive's office on the need for these
7 beds. Quite frankly, on December 6th I was
8 on the phone with the second floor. And so
9 in the first round not being included, is
10 that a guarantee that at least --

11 OMH COMMISSIONER SULLIVAN: No, we're
12 looking at the data, but -- we're looking at
13 the data to see, yes, but we are looking
14 again to see where the most need is. You're
15 talking about the Certified Community
16 Behavioral Health Centers, I believe?

17 SENATOR HINCHEY: Yes.

18 OMH COMMISSIONER SULLIVAN: Yes. So
19 there's an additional 13 that are coming out,
20 and they will again be in areas that weren't
21 in the first 13.

22 SENATOR HINCHEY: Wonderful. I look
23 forward to at least one of those being in or
24 around the four counties and 3,000 square

1 miles that I represent that we know are in
2 desperate need.

3 Next question, for Commissioner
4 Neifeld. You mentioned earlier to
5 Senator Mannion about the short-term
6 intervention program being placed hopefully
7 in the Hudson Valley. My question would be,
8 are you looking at -- knowing that the type
9 of services that we need are not there, where
10 in the Hudson Valley are you seeking?

11 OPWDD COMMISSIONER NEIFELD: So that's
12 a provider that's located in Sullivan County,
13 but I just want to emphasize that it is a
14 statewide resource, so it won't be only
15 serving individuals who live within Sullivan
16 or within the Hudson Valley. We'll be
17 looking based on need at referrals from
18 school districts, from hospitals, from the
19 Council on Children and Family, to serve
20 people there.

21 SENATOR HINCHEY: Right. Looking at
22 our district, though, I mean at least
23 Sullivan County would be something that would
24 be close to the constituents that I serve,

1 knowing that we've had many people that have
2 had to actively leave.

3 I look forward to continuing the
4 conversations to make sure we can have more
5 services in our area so people don't have to
6 leave to Long Island, let alone leave the
7 state altogether.

8 Thank you.

9 CHAIRWOMAN WEINSTEIN: So we go to
10 Assemblywoman Giglio, five minutes, ranker.

11 ASSEMBLYWOMAN GIGLIO: Thank you.

12 Thank you, Commissioner. You're a
13 breath of fresh air.

14 So my question has to do with the
15 20 percent loss in DSPs throughout the state
16 and through the group homes and the
17 initiatives that OPWDD are working so
18 diligently on, and how to fill those
19 positions.

20 You know, the budget is really the
21 only way to do that, and the 1.5 percent
22 COLA, even though there have been significant
23 increases over the last three years, it's not
24 enough to make up for the 10 years that there

1 were no increases at all.

2 So to catch up to that, I mean, last
3 year the one-house bills proposed an
4 8 percent increase in both the Assembly and
5 the Senate, and I think that it was a
6 bipartisan effort to make sure that our
7 vulnerable population is taken care of. And
8 that was cut in half.

9 So the high expectations, the high
10 cost of living, the increase in costs for the
11 group homes and for the not-for-profits that
12 are taking care of our most vulnerable
13 population, as my dear friend Rebecca
14 Seawright brought up, the chair, is an
15 ongoing problem. And we're losing DSPs to
16 other jobs with the minimum wage on the rise,
17 and the hard work that it is. And in order
18 to care for these people, I fear that we're
19 going back to an institutionalized situation
20 in a smaller setting in these group homes,
21 where showers are only at 7 p.m. and people
22 have to line up to take a shower because
23 that's the only time that, you know, you have
24 people there that can actually help them take

1 a shower.

2 So that is one question as far as the
3 DSPs and your support in getting more
4 funding, not only for cost-of-living but for
5 wage enhancements, number one.

6 And number two is the dispensing of
7 medication in the homes where there's a
8 shortage of nurses. What is your
9 recommendation to solve that problem within
10 the group home?

11 OPWDD COMMISSIONER NEIFELD: So I
12 guess I would start with your comment around,
13 you know, the fear around slipping backwards
14 to an institutional-like setting.

15 And I just, you know, want to stress
16 on the record, right, that that is something
17 this agency works against every day, in
18 partnership with our providers and obviously
19 people with developmental disabilities. It's
20 the complete opposite of what this agency was
21 founded to do, and what we fight against
22 every day and drives us all.

23 And I know --

24 ASSEMBLYWOMAN GIGLIO: -- the DSPs,

1 the shortage of DSPs.

2 OPWDD COMMISSIONER NEIFELD:

3 Absolutely. No, I understand. I just wanted
4 to, you know, make that statement.

5 I think that, you know, I have already
6 touched on sort of the cost-of-living
7 adjustment, the rate rebasing. One thing
8 that I want to talk about is -- a little bit
9 more is the investment in the National
10 Alliance for Direct Support Professionals,
11 the microcredentialing, the work with SUNY,
12 the work we're doing to invest in the
13 professionalism of DSPs and how it is
14 equipping them to feel more confident and
15 better able to perform their duties. It does
16 come with a stipend.

17 I mentioned the many bonus rounds that
18 we have put forward as well. Every
19 opportunity that we have to invest dollars
20 into the DSPs, we are doing.

21 We're also launching, I referenced in
22 my testimony, a very large media campaign,
23 \$30 million media campaign. It's not an
24 OPWDD-branded campaign, it's for the benefit

1 of the voluntary providers as well, to really
2 tell the story of what a DSP does, what does
3 this work look like, how important these
4 roles are, and direct traffic of people who
5 are looking for jobs directly to our
6 voluntary providers. That will be, you know,
7 traditional media, social media. Everywhere
8 people are out there talking about what they
9 do, we'll be there. So we see the ads for
10 OASAS as well, and we want to make sure that
11 we're, you know, well represented.

12 Your question related to medication
13 administration within certified settings. So
14 within certified group homes, DSPs are able,
15 under the supervision of a nurse, to
16 administer medication. I don't think we --
17 we don't really experience a challenge with
18 medication administration in our certified
19 settings.

20 I do want to say we have the
21 Article VII -- you know, the legislation that
22 the Governor put forward to allow DSPs to do
23 simple nursing tasks like medication
24 administration in a non-certified setting --

1 in people's homes where they live
2 independently, which we think is very
3 important, and it is an equity issue for
4 people with disabilities who could live
5 independently but can't because there are not
6 enough nurses to be able to come to their
7 home once a day and administer medication.

8 It's important to allow a DSP to be
9 able to do that so someone can live maximally
10 independent.

11 ASSEMBLYWOMAN GIGLIO: Thank you. And
12 then my next question would be educators for
13 people with unique abilities. You know, the
14 Department of Labor, I discussed with the
15 commissioner last week about using the career
16 opportunity centers for certain training
17 programs in order to get people employed that
18 are I/DD.

19 So have you spoken to the commissioner
20 of Labor about that, and partnering and
21 making sure that these career opportunity
22 centers are being fully utilized not only for
23 people on unemployment but for people with
24 intellectual and developmental disabilities?

1 OPWDD COMMISSIONER NEIFELD: So just
2 in the short time I have, the answer is yes,
3 we work very closely with the Department of
4 Labor, but we do very many other things, and
5 we can make sure to share that with you in
6 writing, what we do for people with
7 developmental disabilities to find
8 employment.

9 ASSEMBLYWOMAN GIGLIO: Thank you.

10 CHAIRWOMAN WEINSTEIN: Thank you.

11 To the Senate.

12 SENATOR BROUK: Thank you.

13 Now we'll hear from Senator Weber, the
14 ranker on the Committee on Disabilities.

15 SENATOR WEBER: Thank you,
16 Madam Chair.

17 And thank you all, Commissioners, for
18 being here today.

19 You know, I represent Rockland County,
20 where we have a lot of direct service
21 providers who are concerned, as mentioned
22 earlier by my colleagues, with retaining and
23 attracting staff. You know, it's very costly
24 to live in the Lower Hudson Valley, and

1 they're really struggling to fill these
2 positions.

3 And I've cosponsored, along with
4 Senator Mannion's bill, the wage enhancement
5 bill. I know you had mentioned,
6 Commissioner, that you'll take a look at
7 that. And I think it's something that really
8 seriously needs to be looked at. You know,
9 yes, the cost is expensive, right,
10 \$125 million by an estimate, but, you know,
11 in Albany here we seem to throw billions
12 around without even thinking collectively.

13 And, you know, I think this is -- this
14 is -- I consider these workers essential
15 workers providing essential services. Right?
16 They do amazing work, and they're struggling
17 and they're not able to provide all the
18 services that they need to and could be able
19 to provide if they were able to have these
20 workers stay in their positions.

21 So I'm hopeful and thankful that
22 you'll take a look at that and seriously
23 consider it, because I consider it something
24 extremely important. Again, the COLA

1 increases over the last number of years have
2 been great but, again, it's nowhere near
3 where it should be to provide these workers
4 with a livable wage, especially in the areas
5 where I represent.

6 So thank you for at least
7 acknowledging to take a look at that as well.

8 I do have one specific question that I
9 kind of wanted to focus on, so -- you know,
10 individuals that use self-direction have to
11 have their budgets approved by FIs, right?
12 And the FIs that approve budgets are not
13 approving requests for expenditures on
14 community classes. And these classes are
15 open to the public, but if individuals with
16 developmental disabilities want to use their
17 budgeting to pay for classes, these requests
18 seem to be or are being denied.

19 Why should the developmentally
20 disabled not be afforded the same freedom to
21 choose the classes that would benefit them as
22 their non-developmentally disabled
23 counterparts? And, you know, if the family
24 or the individuals feel that they will

1 benefit from these classes, why the pressure
2 on the FIs to disallow these?

3 OPWDD COMMISSIONER NEIFELD: Thank you
4 for the question. It's an area that we're
5 spending a lot of time at the agency focusing
6 on, and wanting to make sure that we're
7 bringing a consistent understanding to all of
8 our FIs.

9 First I want to say that we work with
10 over 90 FIs across the state, so ensuring
11 consistency, making sure that each FI hears
12 the same message and is administering the
13 program in the same way is a substantial
14 effort, as you can imagine.

15 With regard to community classes, the
16 whole premise of self-direction is for people
17 to have choice. Right? They get to choose
18 the services, what they pay for those
19 services, how they access those services, but
20 within parameters. It's not only state
21 dollars that are involved in the
22 self-direction program, there are also
23 Medicaid dollars. Every Medicaid dollar that
24 we spend in OPWDD is subject to an agreement

1 with the federal government, through our HCBS
2 waiver.

3 So the parameters around community
4 classes are very clear. They cannot be used
5 where another Medicaid service could provide
6 that, so it can't look like a day program.
7 And it needs to be integrated and open to the
8 community. So anybody in the community, you
9 or I or anybody else who's interested in
10 taking that class, must be able to. It must
11 be open to all of us, marketed to all of us,
12 not just to people with developmental
13 disabilities.

14 There are some other small parameters,
15 but within those parameters people have
16 choice.

17 So what we're doing is, like I said,
18 working really hard with FIs to make sure
19 that there is consistent understanding.
20 We're working to institute a process where
21 families -- where FIs will have an appeal
22 process. So if an individual who's
23 self-directing, or a family, feels an FI made
24 the wrong decision, they can bring an appeal.

1 That will be heard.

2 Also we're also going to be working
3 with the FIs to create communities of
4 practice across the state and regionally, so
5 that they can be looking at these community
6 classes, understanding what they're offering,
7 and within the context of the parameters on
8 the community class program.

9 But there has not been a change in the
10 way we administer this program. And so what
11 we're doing really is to make sure that
12 there's consistent understanding.

13 SENATOR WEBER: Right. And I
14 appreciate that. And I think having that
15 consistency and understanding I think will go
16 a long way in hopefully moving that forward.
17 So thank you.

18 OPWDD COMMISSIONER NEIFELD: Thank
19 you.

20 SENATOR WEBER: And I'll direct my
21 questions at the next round.

22 CHAIRWOMAN WEINSTEIN: Thank you. We
23 go to Assemblyman Ra, the ranker on Ways and
24 Means.

1 ASSEMBLYMAN RA: Thank you.

2 Good morning, Commissioners.

3 So just starting with OPWDD and, you
4 know, budget provisions, we've done COLAs the
5 last couple of years. There's a proposal in
6 this budget. One of the things myself and I
7 know a lot of my colleagues get calls about
8 in the aftermath of the budget is they hear
9 about a COLA and then they wonder when they
10 will actually see it.

11 So what's the status of the COLA we
12 did in the last budget with regard to all the
13 eligible workers having seen it? I would
14 hope at this point -- and assuming that this
15 COLA that is proposed in this budget goes
16 forward, when would those workers be able to
17 anticipate seeing it actually in their wages?

18 OPWDD COMMISSIONER NEIFELD: So the
19 cost-of-living adjustment is something that
20 adjusts the reimbursement rate for providers.
21 It doesn't go directly to employees.
22 Providers we encourage -- and I think all
23 providers do invest some of the COLA in the
24 wages. We don't obviously control when that

1 action happens.

2 The cost-of-living adjustment was
3 received by the providers. It's retroactive
4 to the effective date. So the 4 percent
5 which you're referring to was seen by the
6 providers in their reimbursement rates in
7 September, but it went retroactive to
8 April 1st. When the providers made
9 adjustments to wages based on that 4 percent
10 COLA, I can't speak to. That's an individual
11 determination by each provider.

12 ASSEMBLYMAN RA: Thank you.

13 Regarding the Executive Budget
14 proposal, which includes provisions related
15 to substance use treatment and mental health
16 treatment, including requiring the minimum
17 reimbursement at the Medicaid rate for those
18 services, and increasing penalties for
19 insurers that don't comply with federal
20 parity laws, are these proposals related to
21 the data gathered from the reports that we
22 require under the Insurance Law?

23 OMH COMMISSIONER SULLIVAN: The data
24 was worked on with the Department of

1 Financial Services, so I can't say if it's
2 exactly from the Insurance Law, but the data
3 has been confirmed with the Department of
4 Financial Services.

5 ASSEMBLYMAN RA: Okay. And
6 regarding -- in last year's budget, in the
7 Health and Mental Hygiene budget, we included
8 provisions enacting behavioral health
9 insurance reforms, including reimbursement
10 for school-based mental health clinics,
11 removing prior authorization for opioid
12 antagonists, and creating a provider network
13 access standard.

14 How do those proposals from last year
15 relate to this year's proposals around
16 substance use treatment and mental health
17 treatment parity?

18 OMH COMMISSIONER SULLIVAN: Last year
19 the funding was specific for school-based.
20 What is being proposed this year is that any
21 mental health or substance use service in one
22 of our licensed clinics, that the commercial
23 payers would pay for any of those services at
24 the Medicaid rate. So it's a large -- it's

1 an expansion. Last year was just for the
2 school-based clinics.

3 ASSEMBLYMAN RA: Okay. And can you
4 provide any insight on how that has worked,
5 what we did last year in the budget and the
6 implementation of that?

7 OMH COMMISSIONER SULLIVAN: It became
8 effective January 1st in terms of the
9 increased commercial rates. And so we're in
10 the process of working very, very closely --
11 there are some snags, but everybody's working
12 very hard to make sure that the money flows
13 the way it should.

14 ASSEMBLYMAN RA: Okay. And one other
15 thing for the Office of Mental Health. You
16 know, we have a proposed 4 percent increase
17 on the Joseph P. Dwyer Program. How is it
18 determined how that is disbursed to the
19 counties around the state?

20 OMH COMMISSIONER SULLIVAN: Every
21 county has a Joseph Dwyer program. It's
22 disbursed pretty much on the population of
23 veterans in those areas.

24 Now, some Joseph P. Dwyer programs

1 existed already; others are startups. So
2 some of the startup ones got a little more
3 money to start the program. But it's really
4 based on the population of veterans that they
5 serve.

6 ASSEMBLYMAN RA: Thank you.

7 SENATOR BROUK: Okay, next up we will
8 have Senator Salazar.

9 SENATOR SALAZAR: Thank you.

10 And thank you for your testimony.

11 For Dr. Sullivan, my office has
12 frequent correspondence with incarcerated
13 individuals in DOCCS prisons across the
14 state. We often hear and see, in visiting
15 facilities as well, incarcerated individuals
16 not getting sufficient access to mental
17 health care while in prison, especially if
18 they are sent to the Special Housing Unit.

19 And I understand, through speaking
20 with OMH providers during facility visits,
21 that OMH staffing levels in prisons is
22 currently a serious challenge for providing
23 adequate care.

24 How is OMH -- or this budget --

1 assuring that incarcerated individuals on OMH
2 caseloads are receiving the care that they
3 need, especially in moments of mental health
4 crisis or upon requesting that care while
5 they're incarcerated?

6 OMH COMMISSIONER SULLIVAN: Yeah, this
7 is monitored, you know, very closely. And
8 all the assessments that are needed in terms
9 of the solitary confinement and the RRUs,
10 et cetera, all those assessments are being
11 done. And we've been able to recruit enough
12 staff to make sure that the assessments on
13 the call-outs for individual therapy, that
14 those are all done.

15 The one thing that has been affected
16 is our ability to do some of the group
17 programming because of the shortage of staff.
18 So we clearly prioritize.

19 One of the things we're working on is
20 to see how much of the programming could be
21 done by tele in some way. And if we can work
22 that out with some of the prisons, depending,
23 that might be able to expand that in terms of
24 the workforce.

1 We already do, in terms of treatment,
2 a lot of telehealth in the prison system,
3 both psychiatrists, social workers,
4 et cetera -- again, because of some of the
5 more remote prisons needing that assistance.
6 So we work very hard to recruit. All the
7 absolutely necessary assessments are things
8 we have been able to recruit for and make
9 sure that they get done.

10 SENATOR SALAZAR: Thank you.

11 And, you know, it's encouraging to
12 see -- first of all, it's encouraging to hear
13 that, but additionally to see the
14 Executive Budget's about \$24 million
15 investment, partly in criminal justice
16 system-related initiatives. Will any of that
17 funding go specifically to improving the
18 mental health care or programming for
19 individuals who are currently incarcerated,
20 not only -- even though it's very
21 important -- folks in transitional housing or
22 after release?

23 OMH COMMISSIONER SULLIVAN: That
24 funding is specifically for individuals who

1 are either leaving the prisons or to prevent
2 them from getting into the prisons. So that
3 particular bucket of funding is not going
4 directly to the prison services.

5 SENATOR SALAZAR: Got it. Thank you.

6 OMH COMMISSIONER SULLIVAN: Thank you.

7 CHAIRWOMAN WEINSTEIN: We go to the
8 ranker on the Mental Health Committee,
9 Assemblyman Gandolfo.

10 ASSEMBLYMAN GANDOLFO: Thank you,
11 Chair Weinstein, and thank you all for your
12 testimony today.

13 My questions are going to be directed
14 at you, Dr. Sullivan, regarding the mental
15 health clinics in schools initiative here.

16 Now, I know we've spoken a little bit
17 about -- it's startup money. Now, with
18 schools applying to try to put in their own
19 mental health clinic, would they have to
20 demonstrate any further financial means to
21 operate it and keep up with the capital
22 costs?

23 OMH COMMISSIONER SULLIVAN: No.

24 Basically the -- we have somewhat increased

1 rates, so it's \$25,000 for schools that are
2 financially in very good shape, and \$45,000
3 for startups. So all the schools would have
4 to do is tell us that they're more in the
5 distressed range to get the 45,000.

6 It's a partnership with
7 community-based providers, so there really is
8 very little capital cost. It's a certain
9 amount -- it's just a certain amount of
10 space. And then the provider does all the
11 billing, all that work for the school.

12 The increased rate also enables the
13 school-based provider to do a little more
14 counseling with teachers, a little more work
15 with parents, things that are not exactly
16 billable all the time. So I think in overall
17 they will be able to apply, as I said before,
18 on a rotating basis. So any school can call
19 us or call their local provider, and we will
20 help set up a school-based clinic.

21 ASSEMBLYMAN GANDOLFO: Okay. And I
22 guess I should have led with this. What
23 would constitute a clinic on a school? It
24 would be staffed with a social worker and a

1 psychologist? What exactly would --

2 OMH COMMISSIONER SULLIVAN: It's
3 usually staffed by a licensed professional,
4 so it could be either a social worker or a
5 psychologist. Depending upon the need in the
6 school, it could be they're one day a week,
7 it could be they're three days a week. Those
8 things are determined between the provider
9 and the need and size of the school.

10 ASSEMBLYMAN GANDOLFO: Okay. And what
11 about ongoing costs of keeping it staffed
12 itself? I know some of my school
13 districts -- one actually just opened what
14 they call a wellness center. It came out
15 great. It's a little break room for the kids
16 that has a social worker and a psychologist
17 staffed there. They're a little worried,
18 with some of the school aid numbers that come
19 out, that they won't be able to continue to
20 provide the service and keep those offices
21 staffed.

22 Is there any plan in the future to
23 open a pot of funding so that they can
24 actually hire the people and keep them there?

1 OMH COMMISSIONER SULLIVAN: A critical
2 piece is the reimbursement, so two things
3 were done. One is the Medicaid rate was
4 increased. And then, number two, commercial
5 payers -- and this was an issue -- commercial
6 payers were not paying for school-based
7 services.

8 So in last year's budget it was
9 mandated that they had to pay for
10 school-based services. So between the
11 increased Medicaid rate and the fact that the
12 commercial payers have to pay the increased
13 Medicaid rate, that makes basically the
14 services that are provided financially
15 viable.

16 ASSEMBLYMAN GANDOLFO: Okay, great,
17 thank you.

18 And just moving on a little bit, I
19 know last year we announced the big
20 \$1 billion investment in mental health. I
21 know it's a multiyear investment. Over the
22 first year, are there any data points showing
23 any movement or any improvement in certain
24 areas? Can you talk about that a little bit?

1 OMH COMMISSIONER SULLIVAN: First of
2 all, the money is -- I just want to say the
3 money is out. So basically by April 1st the
4 42 requests for proposals, which involved all
5 that funding, will be out before the end of
6 this budget year. We have 34 of them already
7 out.

8 In terms of outcomes, it takes a
9 little time to see the outcomes. But
10 something which started early and then was
11 enhanced was the Safe Option Support Teams in
12 New York City, in the subways, in terms of
13 housing homeless individuals.

14 And just one critical outcome of that,
15 so far 300 individuals have been placed in
16 permanent housing and are staying in
17 permanent housing. And these are individuals
18 who often had spent years in the subways in
19 New York City. That program is being
20 expanded across the state.

21 So in all the programs we're really
22 looking at financial but also clinical
23 outcomes, and we will expand them based on
24 the basis of those clinical outcomes. But

1 all these new dollars have clinical outcomes
2 associated with them.

3 ASSEMBLYMAN GANDOLFO: All right,
4 great. I think that's all I have, so thank
5 you all for your time.

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

8 SENATOR BROUK: Thank you.

9 We'll now hear from my partner in the
10 Mental Health Committee, Ranking Member
11 Canzoneri-Fitzpatrick.

12 SENATOR CANZONERI-FITZPATRICK: Thank
13 you, Chair.

14 Thank you, everybody, for being here
15 today.

16 I have a lot of questions that of
17 course can't be answered in five minutes, but
18 I do want to thank you for what you're doing.
19 We've heard testimony today from other
20 members of the Legislature regarding the
21 concern over the COLA increase and how it's
22 not quite going to do what we want it to, in
23 the sense that DSPs are so valued for taking
24 care of our most vulnerable population, and I

1 do have concerns over the fact that minimum
2 wage is overpowering the wages that we're
3 paying our DSPs.

4 So I thank you for pushing for
5 correcting that.

6 The 20 percent vacancy rate has been
7 mentioned today. And our annual turnover,
8 I've heard, is about a third. And I wonder
9 if failing to increase our COLA increase, the
10 failure to keep up with inflation, is going
11 to address that issue sufficiently.

12 However, I would like to ask some
13 questions more focused on the school-based
14 mental health clinics. I believe the
15 testimony was that 1200 school-based mental
16 health clinics will be started, there will be
17 startup funds associated, allocated to these
18 clinics.

19 My question, though, is do schools
20 have to apply to have this mental health
21 clinic established? And if they don't apply,
22 does that mean that they get no mental health
23 assistance?

24 OMH COMMISSIONER SULLIVAN: There's

1 1200 that actually exist. So we have 1200
2 now, and we're planning on increasing that
3 number.

4 The school has to work with us. So
5 basically we are talking to the schools. I
6 personally talked with all the district
7 superintendents. We want them to come to us.
8 We also have our providers talking with the
9 schools. So it has to be a partnership. The
10 schools have to work with us, but we're doing
11 a lot of outreach to the schools. Most of
12 the schools are very interested, they just
13 are very busy. But we are working with them,
14 and we're getting this done.

15 So we're expecting another 200 we
16 could hopefully open this year, and then keep
17 a rolling phenomenon and keep opening them
18 over time. Once open, they stay open and
19 they do a lot of very good work. But it will
20 be a rolling application, so a school can
21 come to us any time of the year and we will
22 work with them. Or we are also going to
23 schools.

24 SENATOR CANZONERI-FITZPATRICK: Okay.

1 And as was stated by my colleagues, the
2 funding going forward in the future will have
3 to be there to maintain these clinics because
4 if you're just giving them startup costs,
5 that will have to be something that we
6 continue to focus on.

7 I believe, Dr. Sullivan, your
8 statement -- your testimony that there was a
9 budget proposal -- the budget proposes
10 legislation to control the addictive
11 algorithms aimed at youth and increased
12 parental controls over social media access.

13 And in a world where cyberbullying is
14 increasing, depression and anxiety is fueled
15 by social media, and as the mom of three
16 girls -- and of course I had my son too, but
17 I do feel that women are more susceptible,
18 young teenage women are horribly susceptible
19 to the depression and anxiety that is fueled
20 by social media.

21 So my question specifically is, are we
22 doing enough to address this crisis? And
23 what more would you suggest that we do as a
24 legislative body to address this crisis? I'm

1 not sure about what specific legislation you
2 were referring to, Dr. Sullivan, so I'd like
3 to hear your thoughts.

4 OMH COMMISSIONER SULLIVAN: Yeah, the
5 legislation does a couple of things. It
6 gives increased parental control over the
7 time youth are on social media, the ability
8 to oversee any kind of consent for what youth
9 are seeing and what they see, and also
10 prohibits the use of these -- I'm not the
11 tech person, but these algorithms that just
12 keep coming and pushing certain information.

13 So I think it really is a very strong
14 beginning of dealing with the problems.

15 The other thing which we will be doing
16 is developing guides for parents and for
17 youth about social media with the schools.
18 So it's a joint effort also to educate
19 parents on how to use it. So there's the
20 legislation and then the education. And I
21 think it's beginning -- the surgeon general
22 report really pointed out how serious this
23 issue is. But this I think is a very strong
24 beginning to get some control over the issue

1 with the social media.

2 SENATOR CANZONERI-FITZPATRICK: Thank
3 you.

4 And I only have a short period of time
5 left, but one of the things that I wanted to
6 know if it's been considered is other states
7 have had success with deeming a person that
8 shows up at a hospital from an overdose as a
9 mental health crisis that needs addressing,
10 possibly hospitalization and assistance.

11 And I'm wondering if you've examined
12 what has been happening in other states and
13 if there's a possibility we could consider
14 that in New York. And I realize I'm out of
15 time, but I hope you'll consider that.

16 OASAS COMMISSIONER CUNNINGHAM:
17 Absolutely.

18 SENATOR CANZONERI-FITZPATRICK: Thank
19 you.

20 CHAIRWOMAN WEINSTEIN: Thank you.

21 We go to Assemblyman Epstein, three
22 minutes.

23 ASSEMBLYMAN EPSTEIN: Thank you,
24 Chair.

1 And thank you all for taking the time
2 to be with us today.

3 Dr. Sullivan, just on the mentoring
4 program, are you working with the New York
5 State Mentoring Department, there's a state
6 agency that focuses on mentoring in New York
7 State?

8 OMH COMMISSIONER SULLIVAN: We've been
9 doing some work, I think, but I'm not as
10 familiar with it as I would like to be.

11 ASSEMBLYMAN EPSTEIN: I'm a little
12 worried that we have a full state agency
13 that's set up to do mentoring around the
14 state, and there's lack of coordination.
15 Like everyone lives in their own bubble, and
16 the reality is then no one knows what anyone
17 else is doing.

18 And, you know, there's a lot -- it's
19 really important that we coordinate and work
20 together so -- and so we can then
21 comprehensively provide resources to
22 mentoring in a much more comprehensive way.

23 OMH COMMISSIONER SULLIVAN: It would
24 definitely work on that, thank you. That's a

1 great suggestion.

2 ASSEMBLYMAN EPSTEIN: I appreciate
3 that.

4 And last year we talked a lot about
5 the issues around mental health issues in
6 higher education and that each campus was
7 really on their own, not getting support from
8 OMH. I'm wondering what you've done over the
9 last year to kind of support those campuses,
10 provide written guidance to them. We'd asked
11 for follow-up but I hadn't gotten any of that
12 for my office.

13 OMH COMMISSIONER SULLIVAN: We've been
14 working very closely with SUNY, and at this
15 point in time in terms of 988 and spreading
16 that across the SUNY system.

17 We also have a resource directory
18 that's on the website for all the SUNY
19 colleges of where there's mental health
20 services nearby.

21 And we are doing a lot of mental
22 health first aid, both for the teachers and
23 for the students across the SUNY system. Now
24 we're going to be expanding that to the other

1 college systems. But we've started with
2 SUNY.

3 We're also --

4 ASSEMBLYMAN EPSTEIN: So it would be
5 great to share that with us, because we'd
6 love to be able to add it to our schools,
7 some of our CUNYs and private colleges as
8 well. If there's a way that your staff could
9 direct us to where on the website it is, that
10 would be really helpful.

11 OMH COMMISSIONER SULLIVAN: Yes.

12 ASSEMBLYMAN EPSTEIN: I wanted to --
13 just to focus on -- Commissioner Neifeld, I
14 just wanted to focus on intake and kind of
15 where the intake process is. You know, we've
16 heard a lot from people who are going through
17 the system but the complications of getting
18 the services that they need -- we've talked
19 about better coordination and effort. I'm
20 wondering where things are in relationship to
21 that.

22 OPWDD COMMISSIONER NEIFELD: Sure. We
23 have a pretty detailed -- on our website, and
24 certainly, you know, through our care

1 coordination, for how families can access our
2 system for the first time. It's called the
3 Front Door.

4 One thing we just did actually was
5 posted on our website new videos that really
6 are tutorials for families on how to go
7 through the Front Door process, working with
8 their care coordination organization and with
9 OPWDD. It's also in Spanish and in Mandarin.
10 So we're excited about that.

11 So I know we're -- there's not a lot
12 of time to walk you through that, but I
13 think, you know, our program is
14 intentionally -- I wouldn't say hard to
15 access, but our program is intentionally
16 accessed through assessments, through,
17 you know, making sure people are eligible for
18 a reason.

19 ASSEMBLYMAN EPSTEIN: I'll look at
20 that, and maybe I'll follow up with your
21 staff.

22 And Dr. Sullivan, one more question
23 about beds online for long-term mental health
24 beds. We've heard that there's -- you know,

1 we're allocating more money in the budget.
2 Are those beds online? If not, kind of when
3 is the timeline to get those beds online?

4 OMH COMMISSIONER SULLIVAN: All the
5 150 state hospital beds from last year --
6 state hospital beds are open.

7 The 200 additional beds this year,
8 we're hoping to open approximately 75 of
9 those this year, and then the rest the
10 following year.

11 CHAIRWOMAN WEINSTEIN: Thank you.
12 Senate?

13 SENATOR BROUK: Thank you.

14 Before our next question, I just want
15 to recognize Senator Scarcella-Spanton has
16 joined us. Welcome.

17 And next for questioning,
18 Senator Webb.

19 SENATOR WEBB: Thank you,
20 Commissioners, for being here.

21 So I just have two questions due to
22 the amount of time. I know we've been
23 talking a lot about COLA, and I recently
24 connected with one of the providers in my

1 district -- in Cortland, specifically -- and
2 they're down 35 percent for DSPs. And I know
3 that, you know, advocates are seeking -- we
4 are as well -- a modest 3.2 percent COLA, as
5 well as a guaranteed COLA. I mean, we talked
6 about this last year as well.

7 And so my question to all of you is,
8 do you believe a 1.5 percent COLA is adequate
9 to address the workforce issues that
10 providers face in trying to hire and retain
11 staff? So that's one question.

12 And then my second question deals
13 specifically with challenges we're seeing
14 around overdoses. So I know that the amount
15 of overdoses we've been seeing just in the
16 last four years have beyond quadrupled as it
17 pertains to specifically fentanyl overdose
18 deaths.

19 And so I was hoping that you can
20 expand upon why do you believe these
21 overdoses have increased at such alarming
22 rates? And what's the plan to stop that
23 trend?

24 OPWDD COMMISSIONER NEIFELD: I can go

1 first on the workforce.

2 I guess I would just sort of emphasize
3 what I said in my testimony, that I don't
4 believe that there is a single solution to
5 affecting the workforce crisis. I think,
6 through the things that I talked about -- the
7 cost-of-living adjustment this year but also
8 the previous two years, the rebasing that
9 we're doing on our rates, the media campaign,
10 the microcredentialing and credentialing and
11 stipends and bonuses that we're providing to
12 staff and to our voluntary sector -- all of
13 that in totality I believe, I believe that we
14 are doing everything that we can as an agency
15 to impact the workforce crisis.

16 OASAS COMMISSIONER CUNNINGHAM: In
17 terms of overdose deaths, I mean, what you
18 described is definitely what's happening
19 across the state and what's happening across
20 this country.

21 Really a lot of the reason for this is
22 because of the toxic drug supply. So we know
23 that fentanyl is really driving overdose
24 deaths, xylazine is also contributing, and

1 who knows what's next? What we're really
2 focusing on is, you know, evidence-based harm
3 reduction efforts and expanding treatment.

4 So in terms of harm reduction,
5 expanding naloxone kits and other tools like
6 fentanyl test strips and xylazine test strips
7 so that people can then detect what's in
8 their substance if they're going to use a
9 substance and then change their behaviors
10 accordingly.

11 And then also our focus is on
12 expanding access to evidence-based treatment,
13 which we know reduces the risk of overdose by
14 50 percent, particularly methadone and
15 buprenorphine, and really taking these
16 services and bringing them to the communities
17 that are at the highest risk. So that
18 includes mobile medication units, bringing
19 methadone treatment to communities that don't
20 have a brick-and-mortar opioid treatment
21 program. Funding low-threshold buprenorphine
22 treatments so people can get same-day access
23 to medication.

24 CHAIRWOMAN WEINSTEIN: Thank you.

1 We go to Assemblyman Eachus, three
2 minutes.

3 ASSEMBLYMAN EACHUS: Thank you, Chair.

4 Commissioner Cunningham, I'd like to
5 take a look at this "requires medication
6 treatment for all substance use disorders in
7 carceral settings." On May 6, 2023, in my
8 local county jail, a young woman was found
9 dead in her cell. It's listed as unknown
10 causes, but she was a known drug addict and
11 she was showing signs of withdrawal.

12 So I am suggesting that we have a lot
13 more work to do. We can't allow these folks
14 to lose their lives because of the lack of
15 learning and so on like that, so.

16 Commissioner Neifeld, I'm interested
17 in your "Look Beyond My Developmental
18 Disability." Everybody should be aware we
19 cannot see through the lenses of these
20 disabled folks, so we need them to show us
21 exactly what's needed to overcome the
22 difficulties that they have out in society.

23 I have not seen this program, and yet
24 I would consider this body right here as one

1 of the most important bodies to be seeing
2 this program. So as it gets developed
3 further and further, I hope you bring it to
4 all of us so that we can understand what the
5 difficulties are for those out there.

6 OPWDD COMMISSIONER NEIFELD: Happy to.

7 ASSEMBLYMAN EACHUS: And then the
8 final thing actually goes back to last year's
9 question, between OMH and OPWDD. I talked
10 about both departments being very siloed,
11 from my own personal experience. But yet
12 today I heard about cross-programs, programs
13 that the two of you are working together
14 with.

15 It is my hope that you will present my
16 office with those programs and where you are
17 with those programs and maybe I can assist
18 you in some way in continuing to develop
19 those.

20 I would say the final thing I have is,
21 Commissioner Sullivan, thank you very much
22 for your responses. I'm looking forward to
23 working with you. A couple of the issues
24 brought up today you and I are going to take

1 a look at. And I would like you to just let
2 the rest of my colleagues know that we can
3 work along with you to solve some of these
4 problems, whether they're in-school clinics
5 or, in my particular case, a closed hospital.

6 So thank you.

7 OMH COMMISSIONER SULLIVAN: Thank you.

8 OPWDD COMMISSIONER NEIFELD: Thank
9 you.

10 CHAIRWOMAN WEINSTEIN: Thank you.

11 To the Senate.

12 SENATOR BROUK: Thank you. We'll hear
13 from Senator Scarcella-Spanton.

14 SENATOR SCARCELLA-SPANTON: Thank you
15 so much.

16 And thank you for your testimony
17 today.

18 I have three questions. My first
19 would be we're getting a lot of reports from
20 our local organizations that those
21 cost-of-living adjustments that were meant
22 for wages are not going to the wages of the
23 DSPs. So that's been an issue that's been
24 brought up to us several times.

1 Another issue that I'd like to bring
2 up is the pay differential for OPWDD.
3 Employed direct support professionals have
4 seen increases in their starting pay, which
5 is now at about \$27 -- 27 in New York City
6 and 25 for the rest of the state -- while at
7 the same time the starting pay for a DSP
8 providing similar services at a nonprofit is
9 significantly lower at \$17 an hour. So we
10 have a workforce that tends to be leaving or
11 moving over.

12 And lastly, I just wanted to say any
13 ways that we can work together on the
14 fentanyl and xylazine issues that we've seen
15 coming up, I want to be a partner. I
16 actually got news that a friend of mine --
17 this is now the 11th person I know on
18 Staten Island who has overdosed, just this
19 morning.

20 So any ways that we can work together
21 to bring this to schools, please utilize us
22 as a partner. But thank you.

23 OPWDD COMMISSIONER NEIFELD: On the
24 cost-of-living adjustment, I just wanted to

1 emphasize the cost-of-living adjustment is an
2 enhancement to the rate of the provider. We
3 do not supply the cost-of-living adjustment
4 directly to DSPs. The legislation does not
5 require that it go only to the salary of
6 DSPs. It emphasizes the importance of making
7 that available to personnel.

8 And we do collect an attestation from
9 our providers to understand how they use
10 that. But the money goes directly to
11 providers, and it is up to providers how and
12 when they program those additional dollars
13 and when they go to staff.

14 So if there are individual concerns, I
15 think that's related more to the provider
16 than it is necessarily to OPWDD.

17 And, you know, appreciate your
18 comments on the cost-of-living adjustment and
19 its -- whether or not it's enough to impact
20 the salaries. I think I've said -- and I
21 don't want to take the time away from
22 Chinazo, Dr. Cunningham -- you know, we are
23 investing I think with the resources that we
24 have as an agency in every possible way we

1 can to support our workforce.

2 SENATOR SCARCELLA-SPANTON: Thank you.

3 OASAS COMMISSIONER CUNNINGHAM: In
4 terms of the drug supply, so, you know,
5 exactly what you're talking about is the
6 reason why we did a very successful public
7 awareness campaign, informing the community
8 about fentanyl and the risks of fentanyl, and
9 then also directing them to our online
10 portal, where people can access naloxone,
11 fentanyl test strips and xylazine test strips
12 for free. It takes about 30 seconds to do
13 that.

14 And we've shipped out over 70,000
15 naloxone kits, 5 million fentanyl test
16 strips, and 4 million xylazine test strips.

17 So we'll continue to work with, you
18 know, whatever partner in the community to
19 make sure that they have expansion of those
20 lifesaving tools.

21 SENATOR SCARCELLA-SPANTON: Thank you.

22 CHAIRWOMAN WEINSTEIN: Thank you. So
23 we go to Assemblymember Chandler-Waterman.

24 ASSEMBLYWOMAN CHANDLER-WATERMAN:

1 Thank you so much, Chair.

2 Thank you, Commissioners, for your
3 time today.

4 I appreciate the support,
5 Commissioner Sullivan, for the Assembly
6 District 58 Mental Health Task Force, a
7 working group I created since taking office,
8 comprised of individuals with lived
9 experiences. They set the priorities for my
10 office in District 58 and in Brooklyn for us.

11 So we believe peer advocates and
12 family support must be an intentional part of
13 the conversation, programs, facilities. And
14 of course, Commissioner Cunningham, we're
15 going to be doing some work together as well.

16 In the Executive Budget, right, they
17 talk a lot about beds. That's a crisis
18 response. Not that we don't need beds, but
19 we need early intervention, which is the best
20 way to promote emotional wellness and reduce
21 rates of hospitalization. Many of these
22 hospital settings, as you know, re-traumatize
23 individuals seeking care. And one solution
24 for early intervention, as we discussed

1 before, is respite centers and clubhouses,
2 which are peer-run residences that provide
3 therapeutic, person-centered, trauma-informed
4 and culturally responsive care for our
5 community members who are unwell, and thus
6 get a sense of, you know, belonging and that
7 they're validated and heard.

8 It's important that we invest more
9 into that, the local community-based,
10 culturally responsive respite centers,
11 clubhouses. We don't necessarily want to
12 travel so far out of our district to get
13 those services. Not just about the beds.

14 But now we have to talk about
15 hospitalization. So when we have
16 co-occurring disorders we need to
17 destigmatize and decriminalize, as we all
18 know, when it comes to mental health and
19 substance use and abuse. And it starts with
20 the agencies really working together
21 collaboratively, especially with allotment of
22 beds for co-occurring disorders.

23 And also after-care referrals. When
24 individuals leave a behavioral health

1 facility, they need more support when they're
2 having issues where they need to go to
3 another facility. And sometimes the stigma
4 is on coming from a behavioral health
5 facility and now, when it comes to substance
6 use and abuse, they're necessarily not taking
7 them directly from the hospitals to a program
8 or having their co-occurring, you know,
9 issues being dealt with there. They have to
10 come out, they relapse, and then they are --
11 it's easier for them to go in to deal with
12 the substance use and abuse. As we know,
13 mental health -- they both go together.

14 And then the family support. It's the
15 best way for recovery, right? So what is in
16 place now when you enter from CPEP, with the
17 family members -- here's the number to reach
18 out to your family member. Here's the
19 after-care plan. How do we intentionally put
20 our family in support with that?

21 I know there's not a lot of time --

22 OMH COMMISSIONER SULLIVAN: No.

23 I think on the family work, yes,
24 exactly, that's what happens. And we want

1 both the hospitals but also the community
2 behavioral health centers, everyone to engage
3 families, work with families, do that
4 outreach to families that are a critical,
5 critical piece of anybody's recovery, of
6 anybody getting better. And I think there's
7 a lot of training going on to improve that
8 across the system.

9 The other pieces that you've brought
10 up I think are further -- we'll talk.

11 CHAIRWOMAN WEINSTEIN: You'll have to
12 send us answers, as well as some of the
13 others, along to the committee chairs.

14 And we go to the Senate now.

15 SENATOR BROUK: Great. Next up,
16 Senator Rolison.

17 SENATOR ROLISON: Thank you,
18 Madam Chair.

19 Dr. Sullivan, we talked in last year's
20 budget hearing about bringing additional beds
21 online within the public hospitals and also
22 state facilities as well. On the public
23 side -- and you said you've added beds. What
24 do you think -- what was that number? And if

1 I missed it, I apologize.

2 OMH COMMISSIONER SULLIVAN: On the
3 state side, we added 150 beds last year. And
4 in this budget there will be 200 beds on the
5 state side. In the community, 500 beds were
6 opened this year that had been offline due to
7 the pandemic.

8 SENATOR ROLISON: How were those beds
9 chosen? In what location, geographically,
10 throughout the state.

11 OMH COMMISSIONER SULLIVAN: On the
12 state side, we're looking at a combination of
13 need, where they are needed. And also, to be
14 honest, the construction, what we have in
15 buildings in various state facilities. So
16 it's a combination of what can be easily and
17 quickly renovated, but also where the need is
18 across the state.

19 SENATOR ROLISON: Dr. Cunningham, I'm
20 glad that you had spoken in your testimony
21 about the -- obviously the use of cannabis as
22 it relates to youth and young adults. And
23 you're talking about, you know, providing
24 evidence-based training and getting that

1 data.

2 When do you think that you'll have
3 data to show what that looks like?

4 OASAS COMMISSIONER CUNNINGHAM: We
5 have data most recently from, I think, 2020
6 or 2021 -- so this was before the adult use
7 dispensaries opened. Which actually shows no
8 change in use among young people. But we do
9 know that their perception of risk is that
10 they don't perceive cannabis to have much
11 risk.

12 But we're closely following this.
13 We're doing surveys in schools and among
14 young adults so that we're well-positioned to
15 address this issue.

16 SENATOR ROLISON: And when we talk
17 about providers, training providers, you
18 know, what does that look like? Who is that
19 in community-based health?

20 OASAS COMMISSIONER CUNNINGHAM: So
21 those are our outpatient clinics that are
22 serving anybody with any substance use
23 disorder, making sure that they know that
24 cognitive behavioral therapy, motivational

1 interviewing are really evidence-based
2 treatments for cannabis use disorder.

3 SENATOR ROLISON: And one of my
4 colleagues before talked about marijuana,
5 cannabis, and how it is impacting adults as
6 well with, you know, ER visits, et cetera,
7 you know, based on whatever they may be
8 using.

9 How is your workforce kind of put
10 together for this emerging problem? I mean,
11 is it something that you need to think about
12 workforce-wise?

13 OASAS COMMISSIONER CUNNINGHAM:
14 Absolutely. So, you know, as part of our
15 training for our professionals in addiction,
16 certainly cannabis is part of that training.
17 And we're continuing to update our curriculum
18 for training to reflect the changes in the
19 cannabis industry.

20 SENATOR ROLISON: Good. Thank you.

21 Thank you to the three of you for
22 being here today.

23 CHAIRWOMAN WEINSTEIN: Thank you. To
24 the Senate -- oh, no, to the Assembly.

1 You're sitting on -- Senator Rolison, you're
2 sitting on the Assembly side. I got confused
3 for a moment.

4 We go to Assemblywoman Walsh.

5 ASSEMBLYWOMAN WALSH: Thank you very
6 much, Chairwoman.

7 Good morning. So as we sit and we
8 look at the large budget numbers that are
9 being, you know, discussed in today's
10 hearing, I just really wanted to put a more
11 human touch on it and to give you an idea of
12 the kind of people that I hear from on a
13 regular basis.

14 I received this email yesterday. This
15 is from a mother of a 12-year-old boy who has
16 fetal alcohol syndrome, a history of PTSD,
17 ADHD, low IQ, and reactive attachment
18 disorder, who was adopted by the parents:
19 "I've been going round and round with the
20 mental health system, the school district,
21 DSS and OPWDD for the last two and a half
22 years. My son has been in and out of the
23 hospital ERs. He has a developmental
24 disability and mental health issues, and we

1 are stuck in no man's land for getting him
2 the help he needs.

3 "OPWDD doesn't have housing for kids
4 of his age, 12 years old. OMH won't touch
5 him because he has a developmental
6 disability. Which doesn't make sense because
7 you can have both a developmental disability
8 and mental health issues. Also, 90 percent
9 of people with fetal alcohol syndrome have
10 mental health comorbidities.

11 "The school won't help because he can
12 be good at school with his one-on-one aide,
13 and DSS says that they would charge me with
14 neglect and take my other kids because I'm an
15 unfit mother."

16 It goes on. She includes all of his
17 visits to the hospital ERs. She says she's
18 stuck in a situation where no one seems to be
19 able to help him get a residential placement
20 for more intensive help. She goes on even
21 further.

22 And then, at the end, she just says:
23 "I'm begging for help. I don't know where to
24 go."

1 We all, we all get calls and letters
2 like this, and emails. And the desperation
3 from some parents who find themselves in
4 these situations is one of the most
5 heartbreaking things that I know I have to do
6 and work on as a member.

7 Could you -- I know you talked a
8 little bit about Front Door. Could you just
9 address -- tell a parent like this what we've
10 got in place or if there's anything in this
11 budget that's going to help resolve these
12 really heartbreaking situations that we find
13 ourselves hearing about.

14 OPWDD COMMISSIONER NEIFELD: Sure.
15 thank you. And I will ask to follow up so
16 that we can make sure we get the contact
17 information and reach directly out to that
18 family.

19 You know, there are a lot of things
20 that we are doing across the agencies. I
21 think other partners that are really
22 critically important to this conversation are
23 the Department of Health, State Education
24 Department, OCFS. We're working all the time

1 to try to continue to build new resources.

2 I will say that OPWDD does have
3 residential opportunities for youth. We make
4 sure that we work very closely with the
5 school districts so that an individual's
6 right to an education is preserved when we're
7 looking at these residential opportunities.
8 They're all across the state, residential
9 schools. You know, there are -- obviously I
10 don't know the circumstances here.

11 But it is a misconception that young
12 children do not have access to residential
13 opportunities. Dr. Sullivan talked about the
14 SUNY Upstate program that we're building. I
15 talked about the program in the
16 Mid-Hudson Valley. These are meant to be
17 short-term interventions with the focus on
18 returning home. That's obviously where we
19 like to start.

20 But -- I know I'm running out of time,
21 but we will absolutely work on this specific
22 case.

23 ASSEMBLYWOMAN WALSH: We'll be glad to
24 work together. Thank you.

1 SENATOR BROUK: Thank you.

2 Next we will have our Finance ranker,
3 Senator O'Mara.

4 SENATOR O'MARA: Thank you.

5 Good afternoon. Thanks for being with
6 us today.

7 I just want to follow up again on
8 the -- not that we haven't talked about it
9 quite a bit already, the direct support
10 providers and the wages there.

11 I really think strongly that more
12 needs to be done. I think that the impacts
13 of the increasing minimum wage over the years
14 has had an impact on that workforce,
15 particularly when the fast food wage first
16 kicked in at \$15 an hour, a huge increase.

17 You know, I'm seeing, throughout the
18 district I represent, group homes closing.
19 And closing not because of the lack of I/DD
20 clients; it's the lack of DSPs to provide for
21 them.

22 Now, according to my calculations on
23 the last three years of COLAs for
24 direct-support providers, it's a cumulative

1 about 11.3 percent increase. But during that
2 period, minimum wage has increased about
3 13.6 percent and inflation over that
4 three-year period has been about
5 12.5 percent.

6 So we seem to be, based on my
7 calculations, losing ground in this battle
8 when we're trying to make up and make this
9 type of work more desirable from a wage
10 standpoint than working in a fast food
11 restaurant or some other certainly less
12 meaningful work for society.

13 So what are your thoughts on losing
14 ground to an ever-increasing minimum wage,
15 and that's exacerbating, I think, the
16 workforce for DSPs.

17 OPWDD COMMISSIONER NEIFELD: I would
18 just add that in addition to the
19 cost-of-living adjustments in this budget and
20 in the previous two budgets, there are also
21 adjustments for minimum wage to help the
22 agencies keep pace with minimum wage.

23 I referenced our work this year to
24 rebase our rates so that they are more

1 reflective of current costs. But I -- I
2 mean, I certainly understand your concerns.
3 We recognize the incredible work that DSPs
4 do. We agree that DSPs are doing work that
5 is -- you know, that should be valued well
6 above minimum wage and is certainly more
7 challenging and more meaningful than some of
8 the other, you know, jobs that we see that
9 are paying the same rate.

10 I think that, as I've said, within the
11 resources we have, and this agency's budget,
12 we are doing everything that we can to invest
13 in our DSPs -- and, like I said, not just in
14 the wage area. Credentialing, marketing,
15 everything that we can to continue to bolster
16 this profession.

17 SENATOR O'MARA: Thank you. I think
18 it's critical that we pay more attention to
19 that. You know, these are individuals in
20 need, they need these living settings.
21 Families need them for their loved ones. So
22 I really think we need to concentrate and
23 focus more on being able to make it a more
24 desirable job for individuals to take.

1 So your continued attention to that is
2 appreciated.

3 OPWDD COMMISSIONER NEIFELD: Thank
4 you.

5 SENATOR O'MARA: Thank you.

6 CHAIRWOMAN WEINSTEIN: Thank you.

7 We go to Assemblyman Bores.

8 ASSEMBLYMAN BORES: Thank you.

9 Thank you all for being here.

10 All of you have mentioned workforce
11 shortages. Obviously we've talked about that
12 a lot. Without getting in trouble or pushing
13 any more, would a higher COLA help you
14 recruit and retain more people in this
15 profession?

16 (No response.)

17 OPWDD COMMISSIONER NEIFELD: Can I
18 just --

19 ASSEMBLYMAN BORES: It's okay. Can
20 the court reporter note that everyone smiled.

21 (Laughter.)

22 ASSEMBLYMAN BORES: Dr. Cunningham,
23 you mentioned your new programs promoting
24 responsible gaming.

1 There's a push afoot to expand mobile
2 gaming to all table games through your phone.
3 Would that lead to more or fewer cases of
4 problematic gaming?

5 OASAS COMMISSIONER CUNNINGHAM: Yeah,
6 I mean, we -- you know, we are closely
7 monitoring what's happening in terms of
8 behaviors with gambling.

9 We do see a modest increase in the
10 number of calls that are coming into our
11 helpline, and the number of treatment --
12 people seeking treatment.

13 So, you know, we're ensuring that the
14 dollars that we have are going towards
15 prevention, towards harm-reduction efforts
16 and to make sure that evidence-based
17 treatment is available. So we're positioning
18 ourselves to be able to respond.

19 ASSEMBLYMAN BORES: Wonderful. Thank
20 you.

21 There's a lot in testimony about court
22 interventions, mental health courts, county
23 courts. Do any of these sorts of
24 interventions also apply to people who are

1 convicted or are charged with felonies?

2 OMH COMMISSIONER SULLIVAN: Yes. Yes.

3 ASSEMBLYMAN BORES: Yes?

4 OMH COMMISSIONER SULLIVAN: Yes.

5 ASSEMBLYMAN BORES: Are there mental
6 health courts that address people who have
7 been charged with felonies?

8 OMH COMMISSIONER SULLIVAN: It depends
9 on the decision of the prosecutor, whether or
10 not that could go to a mental health court.
11 But yes, they do deal with felonies.

12 ASSEMBLYMAN BORES: Wonderful.

13 There's testimony from a later panel
14 that's quoting the Unified Court System from
15 October 2023 saying that the vast majority of
16 people in our -- who are incarcerated are
17 suffering from mental illness, substance
18 abuse or co-occurring disorders.

19 So the more we can address that
20 through mental health courts and other bits
21 that actually help to solve the problem --
22 not only does it solve the program, but we'll
23 save the state a lot of money in the
24 long term.

1 And then, lastly, Commissioner
2 Cunningham, I see 9 million, I think, going
3 to contingency management initiatives here.
4 Would love to just hear you talk a little bit
5 more about, you know, what your hope is for
6 that program and where we can expand it.

7 OASAS COMMISSIONER CUNNINGHAM: Yeah,
8 I mean, we know contingency management is
9 important, particularly for stimulant use.
10 And we know that stimulant use is certainly
11 on the rise in terms of its contribution to
12 overdose deaths.

13 So, you know, we are exploring options
14 using contingency management as a treatment
15 approach. A lot of the challenge has to do
16 with implementation in the real world outside
17 of research settings. But that is something
18 we're continuing to explore with our
19 programs.

20 ASSEMBLYMAN BORES: Thank you.

21 SENATOR BROUK: Okay, back to the
22 Senate. We'll have our second round for
23 Chair Senator Fernandez.

24 SENATOR FERNANDEZ: Thank you.

1 We know that the Governor has proposed
2 exempting certain populations from PMP and
3 I-STOP, including those who are incarcerated,
4 to help facilitate treatment. And you,
5 Commissioner Cunningham, stated that the
6 services are available in every correctional
7 facility, jail and prison. But as we heard
8 from other testimony, there are still some
9 issues to be worked out.

10 This is a good start, but we're also
11 hearing from providers on the ground that the
12 implementation has been unequal and many
13 jails are out of compliance, whether that's
14 to willful noncompliance or real issues, as
15 in transportation, going to get the medicine.

16 What information is being collected
17 from sheriffs to ensure -- and anyone else,
18 really -- to ensure compliance among
19 correctional facilities? And what is being
20 done to correct noncompliance?

21 OASAS COMMISSIONER CUNNINGHAM: Yes,
22 so we are working very closely with all 58,
23 you know, jails and the 44 prisons to ensure
24 compliance. And as of now, all of the

1 carceral settings are in compliance.

2 You know, it has taken a lot of work,
3 particularly with methadone treatments.
4 We're working very closely with our opioid
5 treatment programs to partner and provide the
6 treatment in carceral settings.

7 We also work with DOCCS and SCOC
8 together as -- you know, we don't have the
9 authority in the carceral settings, but we
10 work with them, we do site visits, you know,
11 we investigate complaints from people who are
12 incarcerated to ensure that -- that
13 compliance is happening.

14 SENATOR FERNANDEZ: Okay. I would
15 encourage more looking into that, given the
16 testimony that we did hear.

17 Naloxone and Narcan that we have
18 available, if you could share I guess OASAS's
19 position and thoughts about increasing
20 dosages, making available other dosage sizes.

21 We know that Narcan, the brand that
22 the state has contracted with, only allows
23 4 milligrams, but there's thoughts and
24 conversations to increase it to 8. What are

1 your thoughts on that?

2 OASAS COMMISSIONER CUNNINGHAM: Yeah,
3 there is an expansion of reversal
4 medications. It's naloxone, but the 4 and 8
5 milligram dose. There's also now nalmeфene,
6 another medication. I think this is good for
7 the field.

8 What we do know from a State
9 Department of Health study that was just
10 released last week is that the 4 milligram
11 dose is basically equivalent to the
12 8 milligram dose, but there's actually more
13 side effects with the 8 milligram dose in
14 terms of withdrawal.

15 So I think right now it's -- certainly
16 the gold standard continues to be the
17 4 milligram dose of naloxone, where we have
18 the most data that supports that.

19 SENATOR FERNANDEZ: Thank you so much.

20 And could you expand a little more
21 about the I-STOP exemption? I have
22 20 seconds, but -- why that this proposal is
23 needed.

24 OASAS COMMISSIONER CUNNINGHAM: So

1 I-STOP and the PDMP really is about the
2 pharmacy dispensing medication. So for
3 example, methadone that's administered in
4 opioid treatment programs is not considered
5 in I-STOP because it does not go through a
6 pharmacy for distribution.

7 SENATOR FERNANDEZ: Okay, thank you.

8 CHAIRWOMAN WEINSTEIN: Assemblywoman
9 Gallagher.

10 ASSEMBLYWOMAN GALLAGHER: Hi. I'm
11 Assemblymember Emily Gallagher, from
12 District 50, and I am also a big proponent of
13 harm reduction. So I have a couple of
14 questions about the harm reduction programs
15 that you're running, Dr. Cunningham.

16 I am curious about what's going on
17 with the AIDS Institute Office of Drug User
18 Health Hubs. I understand that there's
19 \$256,690,000 available when you look at all
20 of the Opioid Settlement money and the
21 different funding streams, but it's my
22 understanding that OASAS has not been funding
23 the Drug User Health Hubs through allocation.

24 Is that true?

1 OASAS COMMISSIONER CUNNINGHAM: So
2 through the Opioid Settlement funds the
3 State Department of Health has received
4 \$35 million in fiscal year '23 and in '24.
5 And then they decide how they're going to
6 allocate those dollars.

7 ASSEMBLYWOMAN GALLAGHER: Okay. It
8 was my understanding that also the
9 stewardship funds were made available, and
10 it's OASAS that's meant to allocate that.

11 OASAS COMMISSIONER CUNNINGHAM: In
12 fact, the stewardship funds we actually also
13 have -- the Department of Health also has
14 part of those funds as well as OASAS, and
15 they go to fund harm reduction and treatment
16 affordability from both medication
17 affordability and treatment affordability.

18 ASSEMBLYWOMAN GALLAGHER: Right.
19 Because I know that the syringe exchange
20 program and the Drug User Health Hubs were
21 very effective in helping bring down death of
22 users. And I am wondering -- I know that the
23 funding stream has been having hiccups.
24 There's been some issues with those

1 health hubs getting the funding.

2 And I'm wondering, what mechanism do
3 you suggest we introduce to ensure that the
4 Drug User Health hubs do not have their
5 funding cut and are able to return to
6 offering these lifesaving services that they
7 were offering in 2020?

8 OASAS COMMISSIONER CUNNINGHAM: I
9 mean, we certainly are providing dollars to
10 the Department of Health, through the
11 Opioid Settlement funds and the
12 Opioid Stewardship funds, and then it's up to
13 them to decide how they want to use those
14 dollars.

15 ASSEMBLYWOMAN GALLAGHER: Is there any
16 possibility that you could give those funds
17 directly to the Drug User Health Hubs instead
18 of going through the Department of Health,
19 since they haven't been allocating the
20 funding, so you're self-allocating it?

21 OASAS COMMISSIONER CUNNINGHAM: We
22 really work through our agencies, because
23 they're the ones who oversee the work at the
24 health hubs, not OASAS.

1 ASSEMBLYWOMAN GALLAGHER: Okay.

2 Additionally, I'm wondering what it
3 would take with the research that has shown
4 across the board how effective overdose
5 prevention centers are -- what will it take
6 to get the Governor and OASAS to move these
7 into -- and the Department of Health, to move
8 these into actualization across the state?

9 OASAS COMMISSIONER CUNNINGHAM: So the
10 issue really with overdose prevention centers
11 are legal issues, that they're not
12 permissible by state or federal law. And so
13 we are investing in harm reduction that can
14 withstand legal challenges.

15 ASSEMBLYWOMAN GALLAGHER: Thank you.

16 CHAIRWOMAN WEINSTEIN: Thank you.

17 We go to Assemblyman Santabarbara.

18 ASSEMBLYMAN SANTABARBARA: Thank you,
19 Commissioners. Good afternoon, actually --

20 CHAIRWOMAN WEINSTEIN: I'm sorry, I'm
21 getting confused because the Assemblymembers
22 are sitting on the Senate side and the
23 Senators are sitting on the Assembly side.

24 So we go to our cochair today,

1 Senator Brouk.

2 SENATOR BROUK: You're just testing me
3 because I'm new. Yeah, I know.

4 (Laughter.)

5 SENATOR BROUK: Thank you. I'm just
6 going to take my three minutes for a second
7 round, because there was something I just
8 wanted to dig into a little bit more,
9 Commissioner Sullivan, when we were talking
10 about the fact that in addition to CPEP
11 obviously we want to see the Crisis
12 Stabilization Centers and other ways to treat
13 on that continuum of care.

14 So specifically when we're looking at
15 youth, when it comes to the care that they
16 need in crisis -- now you mentioned that in
17 the Crisis Stabilization Centers that we are
18 currently funding through the state there is,
19 you know, a section -- or care providers for
20 youth and for adults.

21 Has any thought been given to really
22 dedicated, actual centers for youth? And I
23 say that because locally we do have
24 University of Rochester Medical Center, which

1 is creating a youth-focus stabilization
2 center. And I wonder if there's something to
3 be learned -- knowing the crisis that we're
4 in for mental health specifically for young
5 people -- from what they're doing, and
6 potentially thinking of how we might be able
7 to make these stabilization centers more
8 focused on youth.

9 OMH COMMISSIONER SULLIVAN: The
10 stabilization centers are really -- there's
11 going to be a separate area for youth,
12 totally staffed for youth. So it's -- I
13 mean, they might be contiguous to the adult,
14 but they are really stabilization centers
15 that are focused on youth.

16 So in the new stabilization centers
17 the youth have a special place, a special
18 entrance, a special way to get services.
19 They're also heavily staffed by family and
20 peer advocates, so it involves an intensive
21 kind of coordination of services for youth.

22 Our clinic system also usually has,
23 throughout the CCBHC system, youth services.
24 And those youth services are also somewhat

1 segregated from the adult services, even
2 though they're in the clinic services.

3 We have a few youth -- we have two, I
4 think, youth CPEPs. And that's usually,
5 though, in an area where there's a large
6 volume, like there's one in New York City.
7 So there can be separate -- it can be
8 separate, but even within the stabilization
9 centers, the youth services are pretty
10 separate and focused on working with youth
11 specifically.

12 SENATOR BROUK: Okay. So presumably
13 then a young person walking in wouldn't even
14 be exposed to --

15 OMH COMMISSIONER SULLIVAN: Right,
16 exactly.

17 SENATOR BROUK: That's helpful.

18 And then the other thing I wanted to
19 quickly say is are you familiar with the
20 proposal from the -- we talked about the
21 Healthy Minds, Healthy Kids study that came
22 out, we looked at the need for more service
23 providers for young people. The wait times,
24 we know, the waitlists are way too long.

1 Have you considered or have you looked
2 at the proposal to infuse another
3 \$195 million specifically into children's
4 services, especially as we look at outpatient
5 services?

6 OMH COMMISSIONER SULLIVAN: We've
7 really been investing a lot of dollars into
8 children's services. I didn't talk too much
9 about the Critical Time Intervention Teams,
10 but those are going to be working with youth
11 and hospital EDs in crisis and connectage to
12 brief residential. In a few years we will
13 have over 6,000 slots for home-based crisis
14 intervention.

15 So there's a lot of investment that is
16 going into the intensive crisis work with
17 youth.

18 SENATOR BROUK: Thank you.

19 CHAIRWOMAN WEINSTEIN: Now Assemblyman
20 Santabarbara.

21 ASSEMBLYMAN SANTABARBARA: Thank you.

22 And thank you, Commissioners, for
23 being here.

24 Commissioner Neifeld, great to see you

1 here again. Thank you for being in my
2 district and meeting -- actually you met my
3 son at one point, and I appreciate that.

4 I just wanted to circle back to the
5 residential placements that's been brought up
6 here a few times. According to my notes, the
7 past few years there's been a reduction in
8 certified residential opportunities -- an 8
9 percent reduction, actually -- and day
10 opportunities, a 16 percent reduction is what
11 I have. And at the same time the population
12 has grown, and the number of children being
13 served has grown as well, leaving many
14 families unable to access needed services or
15 students sometimes even being placed out of
16 state.

17 In addition to this, it's led to more
18 students overstaying their residential school
19 after they've aged out. And I'm going
20 through this right now. So I've heard from
21 constituents on this issue, but also I'm
22 going through it firsthand. My son is aging
23 out, and we've been in the process of trying
24 to find a placement for the past couple of

1 years, and there's very few opportunities.
2 And the ones that they have offered have been
3 in New York City or a long distance away,
4 which would essentially take away his family
5 life, which is problematic in a number of
6 ways.

7 So my question is -- and I think part
8 of that is due to the staffing crisis and the
9 inaccurate rates. My question is, will OPWDD
10 commit additional resources for residential
11 schools to keep students in the state and
12 near their families, and to keep individuals
13 near their families once they are out of that
14 system and looking for a placement as well,
15 and funding to address the workforce crisis
16 that's the real cause of all this?

17 OPWDD COMMISSIONER NEIFELD: Okay,
18 that's a lot to unpack.

19 We are -- so for the residential
20 schools, just in terms of the funding, we
21 partner with the State Education Department,
22 so the educational component of a residential
23 school placement is paid for the schools --
24 the student's home district. And for -- I'm

1 sorry, the educational piece.

2 The residential piece is paid for by
3 OPWDD. When a student ages out, OPWDD does
4 incur the cost of that -- of their living
5 expenses until they are able to move into a
6 certified setting within the OPWDD system.

7 We're doing a number of things to try
8 to move the needle for students who have
9 graduated and are remaining on a residential
10 school campus. I mentioned earlier in
11 testimony about the comprehensive adult
12 transitional homes that we're opening within
13 our state-operated programs, recognizing that
14 the transition from a residential school into
15 community-based living can be very difficult
16 for students to manage. And they're two very
17 different settings, and oftentimes we see
18 that that can be a block for students being
19 able to find an adult opportunity.

20 I think you hit the nail on the head
21 as well when you were talking about your own
22 experience, that all of our opportunities are
23 voluntary. Right? There are no placements
24 made or people assigned to vacancies. So we

1 go through a very intentional process of
2 understanding the needs -- we can have more
3 conversation offline about the other things
4 that we're doing. Sorry.

5 ASSEMBLYMAN SANTABARBARA: Thank you
6 for your answer.

7 CHAIRWOMAN WEINSTEIN: Thank you.

8 So there are no other Senators with
9 questions, so we'll just be going through the
10 list of Assemblymembers who have questions.

11 So next, Mr. Blumencranz.

12 ASSEMBLYMAN BLUMENCRANZ: Thank you so
13 much.

14 I'm grateful that the Governor
15 included the loan forgiveness for mental
16 health professionals in our schools. Our
17 students are in crisis, and I know a lot of
18 the providers in my district are hungry for
19 ways to hire more clinicians in the schools.

20 But I also know that we're facing a
21 public safety crisis as well, and I find that
22 one of the ways we could try and tackle that
23 is through providing a similar workforce
24 development and loan forgiveness program for

1 mental health professionals. I know I had
2 introduced it into this body. It was
3 rejected in committee, but I continue to
4 fight to see how we can strengthen our
5 continuum of care both for those in
6 incarceration and those who are on parole.

7 Is there a way that we're trying to
8 improve the continuum of care for
9 incarcerated individuals in order to make
10 sure that we are decreasing recidivism and
11 crime in our suburban communities?

12 OMH COMMISSIONER SULLIVAN: I think
13 there's two ways. One, for the individuals
14 who are in the jails and -- in the prison
15 system, we have a whole system of care which
16 really mimics the outpatient services in the
17 community. So we have individual therapies,
18 we have group therapies, we have crisis units
19 within the prison. We have inpatient beds
20 within the prison. So within the prison
21 there is that total continuum of care.

22 Before someone leaves, if they have
23 had issues in the community, if they have had
24 very disruptive behaviors in the community,

1 there are special programs within the prison
2 for 60 to 90 days before they leave --
3 sometimes longer -- to get special help for
4 that transition from coming out of prison and
5 into the community.

6 In addition, for individuals -- we
7 have a pilot program for individuals on
8 parole who maybe have minor violations in
9 parole, preventing them from going back to
10 prison, getting them the services they need.

11 And then we have the Front Door, which
12 is all the diversion services which are in
13 this year's budget, which include mental
14 health courts, navigators in the mental
15 health system, beds and forensic ACT teams to
16 help individuals not get into prison or jail
17 but be served in the community, with some
18 supervision, and then have their charges
19 dealt with in a different way.

20 ASSEMBLYMAN BLUMENCRANZ: Thank you.

21 Just another question. When it comes
22 to addiction services, I know there's a lot
23 of really strong research -- and we brought
24 this up before here today -- surrounding both

1 psilocybin, ibogaine, and even some really
2 promising studies on cessation of addiction
3 and compulsive behaviors when it comes to
4 GLP-1s that are proliferating in our
5 communities.

6 Do you see that these could be part of
7 the future of continued care for those with
8 addiction issues in our communities?

9 OASAS COMMISSIONER CUNNINGHAM: I
10 certainly see, you know, any option to
11 address addiction, you know, is something
12 that we should be exploring.

13 Our focus has really been on the
14 FDA-approved medication treatment for opioid
15 use disorder. We know it's effective, it
16 reduces overdose deaths by 50 percent. So
17 making sure that people have access to these
18 medications that, you know, have decades of
19 research behind them is really a priority.

20 ASSEMBLYMAN BLUMENCRANZ: Thank you
21 very much.

22 CHAIRWOMAN WEINSTEIN: So we do have a
23 Senator for questioning, Senator Ashby.

24 SENATOR ASHBY: Thank you.

1 Commissioner Sullivan, given
2 peer-to-peer success and the Dwyer program's,
3 you know, kind of longstanding success rate
4 throughout the state and the Governor's
5 proposed cuts into veterans' services, are
6 you -- are you worried at all about this? Is
7 this concerning to you, and the care that our
8 veterans may receive because of these cuts?

9 OMH COMMISSIONER SULLIVAN: There are
10 no cuts at this time to the Dwyer programs.
11 The Dwyer programs are fully funded the way
12 they were last year.

13 We are also doing further peer-to-peer
14 work with something called CARES UP, which
15 also works with uniformed personnel but also
16 with veterans going through transition from a
17 service to community. And that's a
18 peer-to-peer service as well, which we are
19 funding at additional sites across the state.

20 So those programs are funded --
21 there's actually been some increase in the
22 CARES UP program in this year's budget. So
23 we're not -- going to not have any cuts in
24 the Dwyer program.

1 SENATOR ASHBY: That's good to hear.
2 Because when I was looking at the veterans
3 budget, there is a cut there, but funding for
4 Dwyer comes through OMH rather than that.

5 And I'm very happy to hear of the
6 expansion of peer-to-peer.

7 Are you looking to increase the
8 amounts for Dwyer that the counties receive?

9 OMH COMMISSIONER SULLIVAN: That's not
10 in this year's budget. But I think we're
11 evaluating -- you know, many -- some of the
12 programs we really just started in the
13 counties about a year ago. So as we look at
14 the needs, I think that's something we will
15 look at into the future.

16 It's a very effective program. It
17 really does a -- and it's not just mental
18 health, it does all kinds of services for
19 vets. So it's a very comprehensive program.

20 SENATOR ASHBY: I agree.

21 And there's also another program
22 that's received some attention in the last
23 couple of years, Dr. Bourke's RTM research
24 that he's done through SUNY Albany and is

1 hoping to expand. And it's been -- it has
2 gotten a lot of -- a lot of positive
3 reinforcement through peer reviews as well,
4 and it's something that I think we should
5 consider including in the budget and
6 addressing PTSD not only for our veterans
7 but, you know, across the board.

8 Are you aware of that? Are you
9 tracking his work at all?

10 OMH COMMISSIONER SULLIVAN: We have --
11 I'm aware of it. And I think that we can
12 look into the program. There are a number of
13 programs -- a number of approaches to PTSD,
14 and that's one of them.

15 SENATOR ASHBY: I appreciate it.
16 Thank you, Doctor.

17 CHAIRWOMAN WEINSTEIN: So we -- a
18 number of Assemblymembers have left -- are
19 coming and going because of committee
20 meetings. So next we're going to go to
21 Assemblywoman Darling.

22 ASSEMBLYWOMAN DARLING: Thank you,
23 Commissioners, for being here and for your
24 work for the State of New York.

1 I'm going to ask two questions and try
2 it this way, where I ask both questions at
3 the same time.

4 So the first question, following
5 recent visits from individuals and
6 organizations reporting understaffing
7 concerns, especially those working with
8 children with disabilities, how does the
9 office -- or OPWDD -- ensure adequate
10 staffing levels despite increased funding for
11 psychiatric rehabilitation and developmental
12 disability programs?

13 OPWDD COMMISSIONER NEIFELD: So how do
14 we ensure adequate staffing, is that the
15 question?

16 ASSEMBLYMEMBER DARLING: Yes.
17 especially as we're having like the workforce
18 development issue right now.

19 OPWDD COMMISSIONER NEIFELD: Right. I
20 mean, I think we have -- we do not have
21 mandatory minimum levels of staffing because
22 all of our services are person-centered and
23 really based on the individual's need.

24 We do a lot of work with our care

1 coordination organizations, providers of
2 services, our own regional office, and then
3 obviously when it relates to our
4 state-operated programs, to understand an
5 individual's need, understand the level of
6 staffing that needs to be there in order for,
7 you know, them to have, you know, safety
8 measures met and also for them to be meeting
9 their goals.

10 So that is, you know, individually
11 determined by the person, and then we work
12 with providers to ensure that those levels
13 are met.

14 ASSEMBLYMEMBER DARLING: Okay. And my
15 next question is, how does Governor Hochul's
16 allocation of 13.7 million in additional
17 federal reimbursement for the implementation
18 of prevention services mandated by the Family
19 First Prevention Services Act address
20 concerns about the lack of mental health
21 services and overreliance on medication
22 within the foster-care system, particularly
23 given the distressing impact of family
24 separation on children?

1 OMH COMMISSIONER SULLIVAN: I think
2 that program is actually in -- I'm not that
3 familiar with it. I think it's the Office of
4 Children and Family Services. So I don't
5 really know the details of that.

6 ASSEMBLYMEMBER DARLING: Okay, so I'll
7 keep it to the mental health services. What
8 in the proposed budget do we have that is
9 going to address mental health concerns with
10 foster children?

11 We've been receiving so many
12 complaints and issues regarding different
13 practices and how they are impacting children
14 and families. The overreliance on medication
15 is a major, major concern for parents and
16 providers in foster care.

17 So just do we have any measures or any
18 protocols that we're going to set in place
19 with this proposed budget to address those
20 concerns?

21 OMH COMMISSIONER SULLIVAN: Certainly
22 all the crisis services and the intensive
23 services that we have on the mental health
24 side can work also with foster-care kids.

1 But the foster-care kids are under the Office
2 of Children and Family Services, so the
3 specific problems in terms of medication or
4 other things, I am not familiar with, because
5 it's not under the Office of Mental Health.

6 ASSEMBLYMEMBER DARLING: So is there
7 any overlap between those --

8 OMH COMMISSIONER SULLIVAN: Yeah, some
9 of the youth fall -- can be in some of our
10 services, but they have a whole mental health
11 system within foster care which is under
12 Office of Foster Care Services, which is
13 separate.

14 ASSEMBLYMEMBER DARLING: Thank you for
15 that clarity.

16 CHAIRWOMAN WEINSTEIN: Thank you.

17 We go to Assemblyman Burdick.

18 ASSEMBLYMAN BURDICK: Yes, thank you.

19 And thank you all for your testimony.

20 First for Commissioner Neifeld first,
21 I want to thank you for your kind words and
22 your testimony and your agency's terrific
23 effort to expand employment opportunities for
24 people with disabilities.

1 I'd like to support the request we've
2 heard today for the 3.2 percent COLA for DSPs
3 and 4,000 wage enhancement.

4 Commissioner Sullivan, I wish to
5 commend and strongly support the Governor's
6 proposed Article VII to prohibit
7 out-of-pocket expense for insulin drugs.

8 And I'd appreciate your thoughts about
9 extending this to EpiPen auto-injector
10 devices for emergency treatment.

11 OMH COMMISSIONER SULLIVAN: That's
12 really the Department of Health really looks
13 at insulin.

14 ASSEMBLYMAN BURDICK: Oh, I'm sorry.

15 OMH COMMISSIONER SULLIVAN: That's
16 okay.

17 ASSEMBLYMAN BURDICK: So back to
18 Commissioner Neifeld. You mentioned in your
19 testimony that one of the major things that
20 you're working on is infrastructure. And in
21 previous conversations, you know, we're
22 concerned about how long it's been taking in
23 order for changes in self-direction budgets.
24 And I'm concerned that how long it might take

1 for all the IT and such would further delay
2 trying to speed up the process in reviewing
3 changes.

4 And I'm wondering if you could address
5 that.

6 OPWDD COMMISSIONER NEIFELD: Sure.

7 I think overall our process for
8 approving -- reviewing and approving
9 self-direction budgets has greatly improved
10 since last year. You know, our backlog has
11 essentially gone away and, you know, because
12 Governor Hochul has -- one of the first
13 things that she did was lift the hiring
14 freeze for agencies. We were able to recruit
15 and train enough staff to be able to do that.

16 As you referenced, though, it is a
17 largely manual -- fully manual process, and
18 we're serving close to 30,000 New Yorkers now
19 through our self-direction program. So the
20 infrastructure piece, the IT intervention is
21 critical. And we're working on that, and we
22 don't expect there to be a delay.

23 ASSEMBLYMAN BURDICK: Could I ask you
24 if anything might be able to be done in the

1 interim. You know, for example, the
2 thresholds for approvals or who might do the
3 approving, such as whether the financial
4 intermediary might have some limited
5 authority below a certain dollar limit.

6 Is that something you'd entertain?

7 OPWDD COMMISSIONER NEIFELD: There is
8 limited authority below a certain threshold.
9 But we also, you know, need to work to make
10 sure that decisions are being made and
11 coordinate our -- you know, in compliance
12 with the rules and the regulations. And I
13 think part of that will be the IT system will
14 help with that a lot.

15 But we do -- there are certain
16 thresholds that FIs have authority to approve
17 up to.

18 ASSEMBLYMAN BURDICK: Great.

19 Thank you.

20 CHAIRWOMAN WEINSTEIN: Thank you.

21 To the Senate.

22 SENATOR BROUK: Thank you.

23 Next we'll have Senator Mannion for
24 his second round.

1 SENATOR MANNION: Thank you. Thank
2 you.

3 Commissioner Neifeld, we've talked a
4 little bit about the ITOs and the progress
5 that's happening there. There's -- all too
6 often I think we're hearing about individuals
7 that are in inappropriate settings. They're
8 in -- you know, they're in hospitals, they
9 can't be discharged.

10 I wanted to mention and get your
11 thoughts on if there's any appetite for
12 support of this bill, maybe even, you know,
13 you could advocate in the budget process for
14 a training program that's actually being
15 developed right now at the University of
16 Rochester for healthcare workers to work
17 specifically with individuals with
18 disabilities. There's instances out there
19 where unfortunately there may be some
20 improvements that could occur as far as the
21 care and the engagement with those
22 individuals.

23 So the piece of legislation that I
24 have is to reduce premium costs for

1 malpractice insurance for individuals that
2 are physicians or otherwise. So do you see a
3 place for that, certainly in the space? And
4 do you and your office see examples or have
5 you seen an increase in examples of negative
6 situations that have occurred in a healthcare
7 location?

8 OPWDD COMMISSIONER NEIFELD: So I'm
9 not familiar with the legislation. I'll have
10 to look at that with the team and certainly
11 we can work with the Executive to be
12 responsive.

13 I think we know that when someone is
14 going to an emergency department or a similar
15 setting, that those doctors are not specially
16 trained to work with people with
17 developmental disabilities. And of course,
18 you know, not just those doctors, but the
19 staff of the hospital. And of course I think
20 we see the impact of that.

21 We have recently begun working with
22 the Department of Health really looking at
23 this issue. We hosted -- Dr. McDonald hosted
24 a grand round, he does four commissioners

1 grand rounds. He invited OPWDD providers
2 from within our system to share with doctors
3 and nurses about the need for specialty
4 training to work with people with
5 developmental disabilities.

6 We have within our own agency a
7 technical support team, and something that
8 they have done is actually go to hospitals,
9 work with the personnel at hospitals to
10 understand the individual needs of the person
11 that they're serving related to their
12 developmental disability. And it has helped
13 speed up the process of having them find
14 other opportunities.

15 So I do think it's a need. It is an
16 area that we're working on. Would be happy
17 to take a look at the bill and see how that
18 might be helpful.

19 SENATOR MANNION: Thank you.

20 CHAIRWOMAN WEINSTEIN: So we go next
21 to Assemblymember McMahon.

22 ASSEMBLYWOMAN McMAHON: Thank you,
23 Chair Weinstein.

24 And thank you, Commissioners, for

1 being here today.

2 My questions are for
3 Commissioner Neifeld. I think we've pretty
4 much covered the COLA and the wage
5 enhancement obviously. I see its importance
6 and support it. But I'd like to talk a
7 little bit about housing.

8 Unfortunately I don't think we have
9 sufficient housing opportunities for all the
10 people that need them. In Western New York
11 alone, it's my understanding that there are
12 hundreds of people on a housing priority list
13 and they're waiting for housing opportunities
14 that don't exist for them.

15 And as parents and caregivers age, the
16 problem only becomes more serious. At one
17 hearing, I think maybe last year, we talked
18 about OPWDD doing an inventory of housing
19 opportunities versus people. And I'm
20 wondering if that has been done and what the
21 results of that are.

22 And then, second, I noticed in your
23 testimony you talked about the \$15 million
24 investment in community-based supportive

1 housing. I'm assuming this is maybe the
2 FOFILLS? Or no --

3 OPWDD COMMISSIONER NEIFELD: It's
4 different.

5 ASSEMBLYWOMAN McMAHON: -- maybe?
6 Yeah, maybe.

7 So we have these initiatives to
8 provide housing, non-certified housing, but I
9 think the need for certified housing is still
10 huge and still there. So how do we solve
11 that problem? Is it just a question of
12 capital? Staffing? What is it?

13 OPWDD COMMISSIONER NEIFELD: Yeah, I
14 think -- you know, I don't have the numbers
15 off the top of my head, but certainly we can
16 follow up with the committees to share the
17 number of vacancies versus the number of
18 people who are expressing an interest in
19 housing opportunities.

20 I think what we know is that there are
21 sufficient vacancies within the system, and
22 that we're really talking about the need for
23 staff to staff those vacancies. Right? A
24 vacancy within a home is not really valuable

1 unless there are the staff there to support
2 the individuals who need those services.

3 So that's certainly the area that I
4 think we're continuing to focus on, is
5 bolstering the workforce to be able to staff
6 those opportunities.

7 Some other things that I just think
8 are worth mentioning, the \$15 million capital
9 investment that you referenced is in our
10 Integrated Supportive Housing Program. So
11 that's a capital investment to develop
12 supportive housing for people with
13 developmental disabilities so that they can
14 live independently.

15 I also referenced our housing
16 subsidies. So we can pay a housing subsidy
17 for people to live independently. And I
18 think the interrelationship there with
19 certified housing is that for everybody who
20 can and wants to live independently and has
21 the opportunity to do so, that's an
22 opportunity within a certified setting that
23 doesn't have to go to someone who doesn't
24 need that level of care and can be available

1 for someone who does need that level of
2 support.

3 So that's why there -- it's critically
4 important that we continue to develop that
5 continuum so that people have access to the
6 least restrictive housing opportunity, you
7 know, that they need. And that's an area
8 that we're very focused on. The
9 Article VII -- the legislation related to the
10 Nurse Practice Act that would allow DSPs to
11 perform basic nursing skills in the
12 community, that's also critically important
13 to that.

14 ASSEMBLYWOMAN McMAHON: Thank you very
15 much.

16 CHAIRWOMAN WEINSTEIN: We go to
17 Assemblyman Palmesano, three minutes.

18 ASSEMBLYMAN PALMESANO: Yes. My
19 question first is for Commissioner Sullivan.
20 Don't want an answer here, as we'll need to
21 put it in writing because of the time.

22 I want to talk about the issue of
23 suicide. I have a family in my district that
24 lost their 30-year-old son to suicide. And

1 since then, they've been advocating for
2 changes to the mental health system, or lack
3 thereof, that failed their son and their
4 family. As many others who have lost their
5 children to suicide believe, they are
6 reaching out for help but can never get the
7 help they need.

8 So my question that I want to answer
9 back in writing is what can I tell that
10 family that this administration is doing to
11 try to address this issue? What should be
12 done to help make sure tragedies like this
13 don't happen again?

14 And also, I know there's a lot of
15 money being talked about for mental health,
16 which is great. What about transparency and
17 assurances you can provide us that some of
18 that money is making it to our rural areas
19 that desperately need this assistance too?
20 So if that's something you can follow up in
21 writing, I'd really appreciate it.

22 OMH COMMISSIONER SULLIVAN: Mm-hmm.

23 ASSEMBLYMAN PALMESANO: Commissioner
24 Neifeld, I want to speak to you. I kind of

1 want to go on record as well for the support
2 for our direct support professionals. As
3 someone who actually worked as a DSP over
4 20 years ago, I saw firsthand the impact on
5 the quality of life and quality of care our
6 DSPs can make for our most vulnerable
7 population, those with intellectual and
8 developmental disabilities.

9 So when I see 1.5 percent in the
10 budget, that's woefully inadequate. Even the
11 3.2 percent that's being talked about is
12 woefully inadequate. And as you know,
13 budgeting is about priorities. And when we
14 see -- if we're not providing care for our
15 most vulnerable citizens, like those with
16 intellectual and developmental disabilities,
17 what does that say to us about our state's
18 priorities?

19 And then when I see programs like
20 \$700 million for the Hollywood film tax
21 credit or 2.4 billion for the migrant crisis,
22 but yet here they have to come up here every
23 year and basically beg for a COLA -- and we
24 know the wage discrepancy that's between our

1 state-supported workers who are working
2 versus those in our not-for-profits -- also,
3 there's a wage discrepancy between our direct
4 support professionals and the fast food
5 industry.

6 I've known DSPs that went to work --
7 they want to stay in that profession because
8 they care and they want to help, but they can
9 only do it for so long before their back
10 breaks to take care of the family and they go
11 work for McDonald's or Taco Bell, and losing
12 people there. That's a problem.

13 So we need to be more serious about
14 addressing this issue moving forward. I did
15 want to just ask you, on the waitlists -- I
16 know it was mentioned -- do you have
17 waitlists that you can provide us, how many
18 people in different areas that we can see,
19 that you can share with us?

20 And also I also heard from homes, from
21 people that were at homes that have been shut
22 down because there was not the staffing. Do
23 you keep track of those homes so we know
24 how -- because I know we had issues during

1 COVID. Is that something you could share and
2 provide to us as a committee as well, if you
3 know what I mean?

4 OPWDD COMMISSIONER NEIFELD: Sure, I
5 understand. Appreciate your support of the
6 workforce and your work as a DSP; I just want
7 to acknowledge that.

8 We don't have a waitlist for housing
9 services. We do have a process by which we
10 prioritize individuals who have expressed
11 interest. I will follow up in writing to the
12 committees.

13 ASSEMBLYMAN PALMESANO: Okay. Thank
14 you.

15 CHAIRWOMAN WEINSTEIN: Thank you.

16 We go next to Assemblyman Norris.

17 ASSEMBLYMAN NORRIS: Thank you very
18 much, Chair Weinstein.

19 My question is for
20 Commissioner Neifeld -- two questions. It
21 has been reported, from my understanding,
22 that OPWDD has closed some 150 group homes,
23 IRAs. It is not authorizing private
24 nonprofits to establish any more group homes.

1 What is your plan to provide housing for the
2 approximately 5500 people with disabilities
3 who are serviced through traditional Medicaid
4 service on OPWDD's waiting list for certified
5 group home spots?

6 OPWDD COMMISSIONER NEIFELD: So we
7 have temporarily suspended homes within the
8 state-operated system. Those homes are not
9 closed, they're not permanently taken
10 offline. We have certainly worked to reopen
11 many homes as staffing allows.

12 Typically the reason that those homes
13 are temporarily suspended is related to
14 staffing. So the work that we're doing is
15 not to open, you know, additional or, you
16 know, commit capital dollars to opening or
17 building new homes, but to supporting our
18 workforce and bolstering the workforce.
19 We've done a lot on the state-operated side
20 to increase recruitment and retention.

21 On the -- I'm sorry, I'd lost track of
22 all of your questions, I apologize.

23 ASSEMBLYMAN NORRIS: That's -- it was
24 my main question, but I'll follow up with a

1 second question, if that's okay.

2 OPWDD COMMISSIONER NEIFELD: Please.

3 ASSEMBLYMAN NORRIS: In addition,
4 there are 30,000 more who are serviced
5 through the self-direction program. That's
6 my understanding. Some 10,000 are seeking or
7 shortly will be seeking non-certified housing
8 of their own choosing. It is reported that
9 OPWDD is not fully cooperating with families
10 who want to establish their own independent
11 living arrangements, and in some cases
12 threaten to stop existing services if the
13 person with a disability moves out.

14 So will you change this policy? And
15 what will you do to achieve OPWDD's purported
16 goal to enable these people with disabilities
17 to live independently with proper supports?
18 It is, in my opinion, very important that we
19 allow these individuals to live
20 independently, and to do everything that we
21 can from the administration's point of
22 view -- and our point of view -- to achieve
23 that.

24 So I'm just trying to narrow it down

1 and hear your feedback on that very important
2 issue.

3 OPWDD COMMISSIONER NEIFELD: Sure. We
4 agree, which is why we've invested in our
5 housing subsidies and in supportive housing
6 and continue to do that and are open to
7 having conversations with providers and with
8 families who think they have creative ideas.

9 We are also very much committed to
10 integration and to, you know, upholding the
11 federal standards related to Olmstead and
12 HCBS settings where we're not creating
13 uncertified institutions. So that's why this
14 conversation is nuanced. It's really -- it's
15 one that we need to have project-based, to
16 understand how these are integrated
17 opportunities for people in the community and
18 not just, you know, building an apartment
19 building for people with developmental
20 disabilities only.

21 ASSEMBLYMAN NORRIS: Thank you.

22 CHAIRWOMAN WEINSTEIN: We go to
23 Assemblyman Braunstein.

24 ASSEMBLYMAN BRAUNSTEIN: Thank you.

1 And I want to thank all the
2 commissioners for your testimony today.

3 My question is for
4 Commissioner Sullivan. In your testimony I
5 appreciate that you referenced that OMH will
6 work intensively with hospitals and emergency
7 rooms to implement new regulations for best
8 practices in admission and discharge
9 planning, including the requirement to ensure
10 individuals are not discharged without an
11 appropriate plan or access to follow-up
12 services.

13 I also appreciate the investment in
14 mental health navigators to working with
15 county courts, with the courts' mental health
16 coordination teams and local providers, and
17 refer individuals to treatment and services.

18 Unfortunately there are some
19 individuals who, despite best efforts of
20 encouraging treatment, will refuse. And
21 sometimes severely ill individuals cycle
22 through -- they wind up in the hospital time
23 and time again and they wind up in the court
24 system time and time again.

1 My question is, at what point does the
2 state intervene with mandatory treatment?
3 And with the hospital system, who initiates
4 that process? In the courts, who initiates
5 that process? How often does it happen?
6 What are the standards? I'm just curious
7 about how we approach that situation of a
8 person who time and time again, despite the
9 state's best efforts to get them treatment,
10 refuses and winds up in the hospital and the
11 criminal justice system.

12 OMH COMMISSIONER SULLIVAN: There are
13 actually a number of ways.

14 On the hospital system, individuals
15 can either come or be brought to emergency
16 rooms. And within emergency rooms for
17 admission there is the ability to
18 involuntarily admit someone, even if they
19 don't think that they need the treatment, for
20 whatever period of time that they may need it
21 to get well. There's also the ability for
22 individuals to have longer stays in state
23 hospital systems.

24 So on the hospital side, it's usually

1 because someone is felt to be seriously
2 impaired functionally, so they're perhaps
3 dangerous to self or others, or have a
4 serious issue with neglect. And those
5 individuals can get admitted.

6 On the other hand, families can also
7 petition for someone to be evaluated.
8 Departments of social services, DCSs in
9 communities, they can also have someone
10 brought for an evaluation. So there are a
11 number of ways that you can enter that part
12 of the system.

13 There's also something called assisted
14 outpatient treatment which New York State
15 has, which is something that really provides
16 a lot of services but also a judge and a
17 court that says that you have to partake in
18 those services. And that assisted outpatient
19 treatment has many legal safeguards, but it
20 is usually for individuals who have had the
21 kind of repetitive issues that you're
22 discussing.

23 However, all that said, the most
24 important thing is the intensity of

1 outpatient services when someone's in the
2 community. And that we are growing, so we
3 can avoid hospitals and AOT and get people
4 better.

5 ASSEMBLYMAN BRAUNSTEIN: Thank you.

6 CHAIRWOMAN WEINSTEIN: Thank you.

7 We go to Assemblywoman Kelles.

8 ASSEMBLYWOMAN KELLES: Thank you all
9 for being here.

10 I'm just going to run through really
11 quickly because the list that we all have is
12 way longer than the time we have.

13 But just for Commissioner Sullivan to
14 start with -- can you hear me now? Okay. So
15 last year's budget we had 890 million for
16 beds; that was supposed to be for 1300. My
17 understanding is at the end of this year
18 we'll have 330 total. We have 130 already.

19 Do we -- I guess, what is the timeline
20 to get all those 1300? That's not including
21 the additional couple of hundred for this
22 year that we've added to the budget again.
23 And do we have staff for these?

24 OMH COMMISSIONER SULLIVAN: There's

1 inpatient beds and then there's residential
2 beds --

3 ASSEMBLYWOMAN KELLES: So last year
4 there was 890 million put in that was capital
5 for the 1 billion for mental health --

6 (Overtalk.)

7 OMH COMMISSIONER SULLIVAN: Yes, and
8 that was largely for residential beds in the
9 community.

10 ASSEMBLYWOMAN KELLES: Correct.

11 OMH COMMISSIONER SULLIVAN: And those
12 are -- all the requests for proposal for
13 those beds will be out by the end of March.
14 And some of them will start to appear -- if
15 they were apartments, a number of those have
16 already been awarded and they will be filled
17 very quickly.

18 If it's capital that goes towards
19 building beds, then --

20 ASSEMBLYWOMAN KELLES: So we've
21 already allocated all the -- I'm sorry, I
22 have --

23 OMH COMMISSIONER SULLIVAN: All the
24 RFPs will be out. They will be out.

1 ASSEMBLYWOMAN KELLES: Great. Great.

2 And I'm just going to point out
3 something, read some data, because it would
4 be good for all of us to have on the record,
5 because I know we're all -- we're all
6 struggling with the same thing, we want to
7 solve these problems. So it's just good to
8 have this.

9 These are the COLA adjustments that
10 we've had over the last 10 years. 2013,
11 inflation was 2, increase was zero. 2014,
12 inflation was 2, increase was zero. 2105,
13 0.2, we got the {inaudible} to an increase.
14 2016, 0.8, we got zero increase. 2017,
15 inflation was 1.7, we got a zero increase.
16 2018, inflation was 2.9, we got a zero
17 increase. 2019, inflation was 1.8, we got a
18 zero increase. 2020, inflation was 1, we got
19 a 1 percent increase. 2021, first one, 5.4
20 was inflation, 5.4 was the increase. 2022,
21 8.5 inflation, 4.0 increase. 2023, 3.2 -- we
22 asked for the 3.2 that year. Again, we're at
23 I think 3.2 inflation, right, we have a 1.5
24 proposed.

1 COLA is a cost-of-living adjustment.
2 It's not a wage increase. So I read this all
3 to show that the data is basically going like
4 this (gesturing up) where we -- all providers
5 are getting a wage reduction, in effect.
6 Right? Because cost-of-living adjustment is
7 to maintain just at inflation.

8 So we are seeing across the board a
9 decrease in providers. I'm seeing a huge
10 vacancy rate in every single area, from OASAS
11 to OPWDD to Mental Health in my communities.

12 Do you think that, I guess in a
13 nutshell, that 1.5 is enough to backfill and
14 change the direction of this? Would you
15 consider it an actual wage increase?

16 CHAIRWOMAN WEINSTEIN: So --

17 ASSEMBLYWOMAN KELLES: You can answer
18 offline.

19 CHAIRWOMAN WEINSTEIN: We'll all wait
20 to hear your answers sent to the committees,
21 and we'll make sure to share with all of our
22 colleagues.

23 So next we go to the chair of
24 Disabilities, Assemblywoman Seawright.

1 Second round, three minutes.

2 ASSEMBLYWOMAN SEAWRIGHT: Thank you.

3 I'll ask my three questions and then
4 if you'll answer or get back to me if we're
5 out of time.

6 Self-direction. Although there are no
7 new directives that have come from OPWDD,
8 fiscal intermediaries are clawing back on
9 approving community classes. How can that
10 system be improved?

11 And then, second question, I'm deeply
12 concerned by the recent OPWDD rules change
13 that undermines the Family Support Services
14 program. How many families have been
15 impacted because they are deemed paid
16 caregivers? And then I believe
17 Senator Mannion and I have both sent letters
18 opposing that administrative rule change.

19 The third question, you mentioned
20 rebasing that will occur July 1st. Based on
21 your analysis, how will the agencies be
22 penalized for paying more to DSPs? And what
23 can agencies expect as an impact to their
24 rates?

1 OPWDD COMMISSIONER NEIFELD: So on the
2 FSS ADM -- I'll start there -- we worked very
3 closely with the Family Support Services
4 Council. We have a statewide council that
5 advises and that we interact with routinely
6 to issue the updates to that ADM. The
7 updates were in the area of family
8 reimbursement and were made to provide, for
9 the first time since the program's inception,
10 guidelines around what can and cannot be
11 reimbursed and what the parameters are around
12 that.

13 We have obviously since that time
14 heard feedback from people who use the family
15 reimbursement program, and we have been
16 working with both the local councils and the
17 statewide councils to understand those
18 concerns and to address them. The councils
19 have done their own work to pull that
20 information together, presenting it to us,
21 and we're in discussion about potential
22 updates to the ADM that will reflect, you
23 know, some of their concerns.

24 With regard to community classes, I

1 mentioned earlier that there have been no
2 changes to the way the community classes are
3 administered. We have over 90 FIs across the
4 state. And so ensuring consistency of
5 practice and ensuring that all those FIs
6 understand the rules in the same way is a
7 monumental effort on behalf of the agency,
8 and we are certainly working toward that.

9 So some of the things that we're doing
10 will be requiring FIs to have an appeals
11 process so that if an individual who's
12 self-directing or their family member feels
13 that a denial was made in error, they can
14 bring that to the FI.

15 We'll also be requiring that they work
16 together on communities of practice to
17 understand and discuss what the classes are.

18 But the classes do exist, and the
19 opportunity for people to use their
20 self-direction budget to take community
21 classes exists within parameters. There's
22 parameters around what is and is not
23 allowable that comes from both the state and
24 from the federal government, and they cannot

1 replace existing Medicaid services. And they
2 must be integrated and open to the community.

3 And again, you know, those are part of
4 our agreement with CMS on how we administer
5 this program. So those parameters must be
6 upheld, but we are working to make sure
7 there's consistent understanding.

8 And we can talk more about the
9 rebasement in a response letter.

10 ASSEMBLYWOMAN SEAWRIGHT: Thank you.

11 CHAIRWOMAN WEINSTEIN: Thank you.

12 We go to actually our last
13 questioner -- no, not our last questioner.
14 Next we go to, for a second round,
15 Assemblywoman Gunther.

16 ASSEMBLYWOMAN GUNTHER: (Mic off.) I
17 just have one question. I had taken a
18 behavioral health {inaudible} prison in
19 New York State, and I went from place to
20 place to see like what was happening with
21 mental hygiene in prison, et cetera. One
22 thing that I was kind of shocked about was
23 the use of Suboxone, and what -- like how
24 that -- how is that able -- like somebody

1 said that you just have to say that "I have a
2 past history of addiction." And I spoke with
3 some of the employees there and they talked
4 about the fact that, you know, they put their
5 piece of paper in here (gesturing to cheek)
6 and so forth and so on, and the usage of it,
7 and they felt it was a little excessive.

8 And there are people that are -- you
9 know, there are ways that you can put it in
10 your cheek and not let it be absorbed into
11 your body, so they were talking about that.

12 And I just thought, you know, that's
13 kind of a strange thing that people are using
14 those kinds of medications in prison and, you
15 know, we don't want to see anybody addicted
16 with those kinds of needs. And there's --
17 there weren't any rules and regulations.
18 They don't take a history of people and, you
19 know, go through addiction, what happened,
20 those kinds of things. It's just on
21 somebody's word. And they are selling it
22 back and forth. I don't know if you've heard
23 that.

24 OASAS COMMISSIONER CUNNINGHAM: I

1 mean, in order to get treatment, people are
2 assessed and really need an opioid use
3 disorder diagnosis before getting treatment
4 with something like buprenorphine. So an
5 assessment does need to happen, and a
6 diagnosis.

7 But certainly diversion is a real
8 concern in the carceral setting, and there
9 are different formulations of buprenorphine.
10 We have a TEACH in fact right now, working
11 with the medical providers in carceral
12 settings, to provide education and training.
13 But there are different formulations, so
14 there's an injection for buprenorphine so
15 that if what you described, you know,
16 happens, that there then are opportunities to
17 have a different way to administer medication
18 which is less likely to be diverted.

19 ASSEMBLYWOMAN GUNTHER: Mm-hmm. I
20 didn't know if it was true or not true, but
21 some of the people that worked there just had
22 mentioned it.

23 OASAS COMMISSIONER CUNNINGHAM: Yeah,
24 we have also heard it as well. And I think,

1 you know, again working -- we are working
2 with the medical providers in carceral
3 settings to have a discussion about the
4 different treatment options and including the
5 different ways which medications can be
6 administered that can reduce risk of
7 diversion.

8 ASSEMBLYWOMAN GUNTHER: Thank you.

9 CHAIRWOMAN WEINSTEIN: So now to close
10 out the questions for this panel,
11 Assemblyman De Los Santos.

12 ASSEMBLYMAN DE LOS SANTOS: Thank you,
13 Commissioner, for your time here.

14 I'm trying to understand the
15 comprehensive mental health system and the
16 investment from Governor Kathy Hochul of
17 1 billion. How do you explain the fact that
18 this is a historical investment, yet you have
19 underserved communities like my community in
20 Upper Manhattan and Washington Heights and
21 Marble Hill that have not benefited from this
22 investment, or this investment has not
23 translated in reality to what we wish to see
24 as it relates to mental health?

1 OMH COMMISSIONER SULLIVAN: A lot of
2 the programs and things which are starting
3 will be coming out. And there's certainly
4 places where basically, yes, those services
5 will appear -- services for youth, services
6 for adults, et cetera.

7 The RFPs that I had mentioned earlier
8 are all now out and getting awarded, so we
9 should be able to see in your area a
10 significant increase in the services that
11 you're looking for.

12 We're also doing a lot of prevention
13 work, which is also going into communities,
14 underserved communities across the state and
15 across the city.

16 So the services may not have appeared
17 yet, but they are online to come out and
18 we're awaiting responses to RFPs and getting
19 the services awarded.

20 ASSEMBLYMAN DE LOS SANTOS: I would
21 also appreciate the opportunity to make this
22 process for nonprofit organizations that
23 already have been doing the work for many
24 years in mental health services, for the

1 process to be less robatic {sic}, more
2 transparent. We have a lot of nonprofit
3 organizations and institutions that would
4 love to capitalize on this opportunity, yet
5 the allocation doesn't seem friendly to them.

6 How will you utilize the capital to
7 make them feel that they can apply for it and
8 that -- give them hope, right? Because we
9 still have, after COVID, mental health, you
10 and I can agree, has gotten worse.

11 OMH COMMISSIONER SULLIVAN: We have
12 put out a series of RFPs, I think it's about
13 \$10 million, to work with underserved
14 communities that work exactly with those
15 individuals. Some of them are focused on
16 suicide prevention; a lot of them are focused
17 on youth. And they work with agencies and
18 groups that are not the traditional mental
19 health system. So for example,
20 Community Life, which works with adolescents,
21 there's something called Step A which works
22 in the Cypress Hills areas.

23 So -- and there's another series of
24 those RFPs which will be coming out as well.

1 They're specifically geared to work with
2 communities that -- and with often grassroots
3 organizations to work with us to provide
4 services that are not the traditional
5 services.

6 ASSEMBLYMAN DE LOS SANTOS: Thank you.

7 CHAIRWOMAN WEINSTEIN: Assemblyman
8 Maher.

9 ASSEMBLYMAN MAHER: Thank you.

10 Thank you all for your testimony and
11 for answering so many of our questions.

12 For Commissioner Neifeld, I just want
13 to echo my colleagues on both sides of the
14 aisle. We do believe that 1.5 percent COLA
15 is not enough. We are absolutely going to
16 advocate and hopefully in that final budget
17 it's a minimum of 3.2. That is our goal.

18 But staying on that topic, it's my
19 understanding that for integrated supportive
20 housing there's 15 million that OPWDD funds.
21 And with inflation going up, it seems similar
22 to that 1.5 percent. If we're looking to
23 support that housing, why isn't that number
24 going up with inflation? It seems it

1 probably needs to be doubled.

2 OPWDD COMMISSIONER NEIFELD: This was
3 a question that was raised to me just
4 yesterday. I think it's a great question.

5 I think what, you know, I committed to
6 doing when I was speaking to some of the
7 providers was going back and looking at the
8 pipeline of projects, understanding how over
9 the last almost 10 years that we've been
10 administering the program, you know, how many
11 programs -- how many projects are we
12 awarding, have the number of units gone down,
13 right, what does the pipeline look like, are
14 there projects that are being left unfunded
15 each year. And then continuing to have those
16 conversations with the Division of the
17 Budget, the Executive and the Legislature on
18 what we're able to do each year.

19 So we need to do a little bit more
20 research and digging into the question, but
21 happy to do it and follow up.

22 ASSEMBLYMAN MAHER: I'd love that.
23 I'd love to see the data and then see where
24 we are and on track and how we can

1 potentially increase that funding.

2 Commissioner Sullivan, I just want to
3 say that I've read the Youth Mental Health
4 Listening Tour Report, and it was fantastic.
5 To see some of the recommendations from the
6 youth was amazing. For me, what really
7 caught my eye was they want a seat at the
8 table. You know, they want to be part of the
9 decision-making process.

10 And because OASAS and the Office of
11 Mental Health are married in so many ways --
12 and I know we talked about encouraging
13 that -- my question for you is, do we have a
14 seat at the table for a high-school-aged
15 youth in terms of the Opioid Settlement
16 Board? I know I've gotten a list of names,
17 but are any of those names an individual that
18 is a high-school-aged youth?

19 OASAS COMMISSIONER CUNNINGHAM: None
20 of those individuals are. However, most of
21 those individuals are nominated by elected
22 officials, and so there's a three-year
23 nomination which will be coming up fairly
24 soon. So, you know, certainly there is the

1 opportunity to nominate somebody who's young.

2 ASSEMBLYMAN MAHER: Would you support
3 that, a high-school-aged youth on the board,
4 helping to make decisions?

5 OASAS COMMISSIONER CUNNINGHAM:
6 Absolutely. I mean, I think, you know,
7 including people with lived experience is
8 critical in the work that we do. And we
9 actually just formed a new advisory panel
10 called LEAP, for people with lived experience
11 and living experience to have a voice at the
12 table, to have my ear.

13 ASSEMBLYMAN MAHER: Oh, fantastic.
14 Hopefully this conversation and discussion
15 can turn that thought into a reality.

16 And again, thank you for your
17 testimony and answering our questions today.

18 CHAIRWOMAN WEINSTEIN: Thank you.

19 And now we have -- and there have been
20 a lot of committee members, and that's why
21 members have been coming and going --
22 Assemblyman Anderson.

23 ASSEMBLYMAN ANDERSON: Thank you so
24 much, Commissioners. And thank you,

1 Madam Chair, for this hearing today.

2 I want to just ask a question for
3 Dr. Cunningham first. I'm introducing a
4 piece of legislation that deals with making
5 sure that there's access to overdose
6 prevention drugs in residential spaces,
7 called the HOPE Act. And I'm really
8 hopefully that some of the resources that are
9 being provided in the Executive Budget can be
10 used towards that act. And just learning --
11 interested in learning more about what the
12 agency's doing to help prevent overdoses that
13 occur in residential buildings.

14 So that would be my first question.
15 I'm going to try to get all my questions in
16 and you all will answer.

17 Now, I think this one is for
18 Commissioner Sullivan. Can you just talk a
19 little bit about your efforts in making and
20 involving and training local community
21 members to help address the substance use
22 disorder and mental health crisis across the
23 state, some of the trainings that are
24 happening to help those folks? Programs like

1 Engage, for example, how those programs are
2 doing in helping expand training.

3 And then the last question I think is
4 going to be for you, Commissioner Neifeld.
5 When we're looking at the issues of pediatric
6 drugs that are prescribed, a significant
7 number of kids only get care in schools
8 because they don't have primary care
9 physicians. So I'm just wondering what
10 resources are going to be available to make
11 sure that students are having expanded
12 eligibility and access to resources to be
13 able to get treatment from primary care
14 physicians in schools.

15 So that might be a little bit for all
16 of you all, but I did my questions and then
17 you all will answer.

18 OASAS COMMISSIONER CUNNINGHAM: I'll
19 start.

20 So we're absolutely prioritizing
21 efforts to expand access to medications and
22 tools to reduce overdose deaths. So that
23 includes -- we have a portal online where
24 anybody, programs or individuals, can order

1 naloxone, fentanyl test strips or xylazine
2 test strips. And we've already shipped out
3 70,000 naloxone kits, over 5 million fentanyl
4 test strips and 4 million xylazine test
5 strips.

6 So we are working with our programs,
7 including residential programs, and the
8 community at large. Anybody can order them,
9 free of charge, and it will be shipped to
10 them.

11 ASSEMBLYMAN ANDERSON: Thank you,
12 Commissioner.

13 And then the second question for
14 Commissioner Sullivan, please.

15 OMH COMMISSIONER SULLIVAN: Yeah,
16 Project Engage is a very exciting project
17 which works with individuals from the
18 community being trained to be mental wellness
19 workers in the community, members from the
20 community.

21 The training involves mental health
22 coaching, outreach, screening, et cetera.
23 It's under an evidence-based program which is
24 run by Dr. Milton Wainberg, and we are really

1 watching it very closely. It's going to
2 inform I think our plans for a mental health
3 paraprofessional system which will help
4 expand the mental health workforce.

5 So Project Engage does some really
6 great grassroots work, and it's at two sites
7 in New York City.

8 ASSEMBLYMAN ANDERSON: I'm looking
9 forward to learning more. And thank you,
10 Commissioners, for all your answers.

11 CHAIRWOMAN WEINSTEIN: Thank you.

12 SENATOR BROUK: Okay, that will
13 complete Panel A. Thank you so much,
14 Commissioners, for joining us.

15 Next we will have Denise Miranda, from
16 the New York State Justice Center for the
17 Protection of People with Special Needs.

18 (Pause.)

19 CHAIRWOMAN WEINSTEIN: I just want to
20 encourage the commissioners who testified,
21 can you please -- and the members, if you
22 have additional questions, can you please
23 take your conversations outside so we can
24 move on with the hearing.

1 SENATOR BROUK: All right, folks,
2 we'll be starting the next panel, so if you
3 could respectfully scoot out. Thank you.
4 That's an official term. Thank you so much.

5 All right, so now we've got 10 minutes
6 to hear from Denise Miranda from the New York
7 State Justice Center for the Protection of
8 People with Special Needs. Thanks.

9 EXECUTIVE DIRECTOR MIRANDA: Good
10 afternoon, Chairs Mannion, Brouk, Seawright,
11 Gunther, Weinstein, as well as your
12 distinguished colleagues of the Senate and
13 Assembly.

14 My name is Denise Miranda, and I am
15 the executive director of the New York State
16 Justice Center for the Protection of People
17 with Special Needs. I'd like to thank you
18 for the opportunity to testify regarding
19 Governor Hochul's fiscal year 2025
20 Executive Budget proposal.

21 This year the Justice Center marked an
22 important milestone, the agency's 10-year
23 anniversary. For more than a decade now,
24 New York has been home to the strongest

1 protections in the country for individuals
2 with special needs.

3 In that time, it may have been easy to
4 forget what brought us to the creation of the
5 Justice Center. Before the agency's
6 existence, scathing reports exposed a system
7 that was ripe for abuse. Known offenders were
8 rarely held accountable for their actions.
9 Instead, they were shuffled from program to
10 program, finding new potential victims with
11 each move. The Legislature knew an overhaul
12 was overdue.

13 The Justice Center has substantiated
14 tens of thousands of cases in the last decade
15 of service, holding subjects responsible for
16 egregious conduct.

17 (Automated voice: "Sorry, could you
18 say that again?")

19 EXECUTIVE DIRECTOR MIRANDA: Egregious
20 conduct.

21 (Laughter.)

22 EXECUTIVE DIRECTOR MIRANDA: We've
23 prevented violent criminals from entering the
24 workforce and barred nearly 1,000 of the

1 worst offenders from working with vulnerable
2 populations. We've also tracked trends and
3 produced materials that can help prevent
4 incidents from happening.

5 It might be easy to believe that abuse
6 and neglect has been eradicated because of
7 all of this work. Unfortunately, we continue
8 to investigate shocking incidents. In the
9 past year alone we've substantiated cases
10 involving brutal physical assault, rape, and
11 severe neglect. They're grim reminders of
12 just how important the Justice Center work
13 remains.

14 Further, we know that former staff
15 members substantiated for the worst cases of
16 abuse and neglect have attempted to regain
17 employment nearly 300 times. Only the
18 Justice Center stood between them and
19 individuals with special needs.

20 I think it's important to point out
21 that stopping bad actors from working in or
22 reentering the workforce does not just help
23 individuals receiving services, it also makes
24 the system safer for the tens of thousands of

1 dedicated direct care professionals. The
2 vast majority of staff members across the
3 state are incredibly resilient and dedicated
4 to New Yorkers with special needs. They
5 deliver exceptional care under very difficult
6 circumstances.

7 Recognizing the unprecedented stress
8 on the workforce, the Justice Center is
9 examining each case through a workforce
10 crisis lens. This will allow us to determine
11 if an incident occurred because of an
12 isolated issue or a systemic concern that
13 needs to be addressed.

14 Additionally, the Justice Center's
15 proposed budget allocates funding that will
16 allow the agency to take further steps to
17 reduce case cycle time, which lessens the
18 burden on the workforce. This year's
19 Executive Budget includes \$1.3 million in
20 additional state operations funding. This
21 money will provide 18 FTEs, allowing the
22 agency to continue our efforts to reduce
23 cycle times.

24 We are mindful of the critical role we

1 can play in ensuring accountability and
2 high-quality care, which requires quick
3 resolution to cases.

4 As we look ahead to the next decade of
5 service, we know the core mission of our work
6 will carry on. But beyond that, we want to
7 leverage our wealth of data to stop incidents
8 from happening. Intense trend analysis and
9 an evaluation of what providers and staff
10 need to train and support the next generation
11 of the workforce will be a focus of our
12 agency.

13 In addition, we understand the key
14 role stakeholders play in the success of the
15 agency, which is why we will be working to
16 strengthen these partnerships and build new
17 ones. We started this initiative last year
18 with a series of roundtables, where we peeled
19 back the good and the bad, so we can move
20 forward together.

21 We regularly interact with statewide
22 advocacy organizations, self-advocates,
23 families, labor unions, and members of our
24 advisory council to better inform our work

1 and to find more innovative ways to support
2 staff in the field.

3 We also present to providers all
4 throughout the state about Justice Center
5 processes and provide opportunities for
6 candid conversations with the direct care
7 workforce. We are eager to continue our
8 collective work to enrich the lives of the
9 people receiving services.

10 The Justice Center appreciates your
11 partnership in our mission to protect all
12 vulnerable New Yorkers, and I now welcome
13 your questions.

14 SENATOR BROUK: Thank you so much.

15 First we will start with
16 Senator Mannion.

17 SENATOR MANNION: Thank you, Director.

18 What we've seen particularly at OPWDD
19 is a decline in rates for staffing. And, you
20 know, a high number of vacant positions that
21 are out there, high turnover. So with the
22 declining rates of staffing across multiple
23 facilities, has this affected the rates of
24 reportable incidents or substantiated cases?

1 EXECUTIVE DIRECTOR MIRANDA: Sure, so
2 thank you for that question. Obviously the
3 workforce is dealing with unprecedented
4 challenges right now, right, a host of which
5 have been discussed earlier. I think one of
6 the things that's been very consistent about
7 the agency is the number of reports that come
8 in and the percentages of those reports that
9 are substantiated. Somewhere between 35 and
10 38 percent of the cases that are abuse and
11 neglect investigations actually result in a
12 substantiation.

13 The workforce -- you know, obviously
14 we spent a lot of time earlier today talking
15 about many of the challenges. But I think,
16 you know, besides the obvious compensation
17 conversation, we have to talk about mandatory
18 overtime, we have to talk about education, we
19 have to talk about lack of supervision. And
20 these are all challenges that have been
21 well-documented well before the creation of
22 the Justice Center.

23 SENATOR MANNION: Thank you. Have we
24 seen any changes as we've come out of the

1 pandemic related to the reportable cases or
2 substantiated cases, you know, in the last,
3 let's say, year and a half, two years or so?

4 EXECUTIVE DIRECTOR MIRANDA: Sure. So
5 during the pandemic we did notice a decrease
6 in reporting, and we attribute a lot of that
7 decrease to the fact that family members and
8 visitors were not able to often see and visit
9 loved ones, and they are a source of
10 reporting for the agency.

11 The numbers since then have resumed.
12 We receive approximately 85,000 to 90,000
13 calls a year. Obviously the overwhelming
14 majority of those cases are not abuse and
15 neglect. But the cases are now returning to
16 the original pre-pandemic level, which is
17 about 12,000, 11,000 a year.

18 SENATOR MANNION: And as far as the
19 Justice Center's own staffing, you mentioned
20 the funding available and the number of FTEs.
21 Is -- can you just make a comment on that as
22 far as the necessity or the ability to do it
23 or where we are right now or as we approach
24 this budget season compared to historically?

1 EXECUTIVE DIRECTOR MIRANDA: Sure. So
2 the \$1.3 million that are new allocated funds
3 will allow for 18 FTEs. Those resources will
4 be dedicated primarily to our investigatory
5 staff as well as our prevention efforts here
6 at the agency.

7 We dedicate those resources to
8 investigations primarily because we recognize
9 the importance of timely and efficient
10 investigations. While we do not make any
11 decisions or play any role in the employee
12 discipline process, we do realize that
13 investigations need to conclude timely so
14 that employers can make appropriate decisions
15 based on the outcomes.

16 So our ability to put more resources
17 on the ground to assist the many
18 investigators at the agency who are
19 tirelessly working every single day will be
20 of great relief I think for the agency as
21 well as for the providers and all
22 stakeholders -- and individuals, obviously,
23 receiving services.

24 SENATOR MANNION: Thank you, Director.

1 Thank you, Madam Chair.

2 CHAIRWOMAN WEINSTEIN: We go to
3 Assemblymember Seawright.

4 ASSEMBLYWOMAN SEAWRIGHT: Thank you,
5 Chair Weinstein.

6 And thank you, Director, for your
7 testimony.

8 Would you say there was a correlation
9 between the massive job hemorrhage that we're
10 seeing and the number of cases that you see
11 as a result?

12 EXECUTIVE DIRECTOR MIRANDA: So as I
13 mentioned before, you know, the creation of
14 the Justice Center right now dates back to
15 2013, and there was a report issued by
16 Clarence Sundram which really enumerated many
17 of the factors that were contributing to the
18 workforce crisis that was in 2011-2012.
19 Right? Many of those same pressures and
20 difficulties exist today. The numbers remain
21 relatively consistent with respect to the
22 number of cases that are called in, the types
23 of cases that we receive, and the rates of
24 substantiation.

1 ASSEMBLYWOMAN SEAWRIGHT: I'm hearing
2 from various people around the state. Here's
3 one letter I received: "My cousin was abused
4 in a group home 17 days ago. Why did the
5 Justice Center refuse to investigate because
6 he is nonverbal? This is discrimination
7 against the most disabled. This is not
8 unique. I hear from other families this is
9 happening. He went to the hospital, had a
10 broken clavicle. His family is afraid to let
11 him go back to a group home."

12 EXECUTIVE DIRECTOR MIRANDA: So let me
13 start by saying that it's the Justice
14 Center's specialty and expertise. We do
15 investigate cases for nonverbal individuals
16 receiving services. We investigate hundreds
17 of cases every single year for people who
18 are, as you describe, nonverbal.

19 So I can assure you that no
20 investigation, no case is turned away because
21 of those factors. That's what's unique to
22 the Justice Center, the expertise that we've
23 been able to develop making sure that we're
24 able to support individuals with special

1 needs, and interviewing techniques,
2 technology, et cetera.

3 So I'd be more than happy,
4 Assemblymember, to follow up offline with
5 respect to this particular constituent and
6 have further discussion to make sure that we
7 can, number one, clarify what our process is
8 and make sure that the case is guided
9 accordingly.

10 ASSEMBLYWOMAN SEAWRIGHT: And thank
11 you for that.

12 Can you provide a number for the
13 number of DSPs that were suspended from their
14 work because of unsubstantiated allegations
15 through the Justice Center?

16 EXECUTIVE DIRECTOR MIRANDA: No, we
17 don't have that data available, but I'm happy
18 to follow up.

19 ASSEMBLYWOMAN SEAWRIGHT: How can we
20 as a Legislature assist you to lessen the
21 burden of large caseloads and keep
22 New Yorkers with disabilities safer?

23 EXECUTIVE DIRECTOR MIRANDA: So I
24 think, you know, the Justice Center is really

1 committed to making sure that there is
2 transparency with respect to our operations.
3 We do a Justice Center summit; last year we
4 had over 1500 people attend. We do 90
5 presentations a year. I speak with labor
6 organizations, provider associations, I speak
7 directly with the workforce.

8 You know, we see the Legislature as a
9 partner in making sure that we're explaining
10 the purpose, the jurisdiction of the agency,
11 and the processes. So to demystify, you
12 know, some of the misconceptions that exist
13 out there. So certainly we welcome the
14 opportunity to speak with members in your
15 particular district and share some more
16 information about how we work and some of the
17 processes that are in place.

18 ASSEMBLYWOMAN SEAWRIGHT: Thank you.

19 CHAIRWOMAN WEINSTEIN: Assemblyman
20 Eachus.

21 ASSEMBLYMAN EACHUS: Thank you,
22 Madam Chair.

23 For 37 years I've been involved with
24 OMH, from the perspective of a parent and

1 of course now also as an Assemblyperson. And
2 I'm glad you're here, because I've never
3 heard of you. And I just from your
4 discussion here, you do amazing work, and I
5 appreciate what you and the Justice Center
6 do.

7 The one thing that I would like to
8 ask, though, is you talk about "we regularly
9 interact with statewide advocacy
10 organizations, self-advocates, families,
11 labor unions and members of our advisory
12 council." I fall into a couple of those
13 categories; I'd be very pleased to get
14 notifications from you and go to these
15 meetings that you hold and be an active part
16 of this.

17 EXECUTIVE DIRECTOR MIRANDA: Well, we
18 will certainly make sure that you receive all
19 the notifications. And I can tell you that
20 in April we will be hosting our second online
21 roundtable summit, Justice Center summit.
22 It's a two-day event where we invite all the
23 stakeholders in all the various groups that
24 you mentioned, right, to come and to ask

questions, while we also go through all of our operations.

It's a two-day event, it's extremely informative, it's been very well attended, and so we will certainly make sure that we provide your office with that information. And it's in April.

ASSEMBLYMAN EACHUS: I appreciate that very much. Thank you.

EXECUTIVE DIRECTOR MIRANDA: Sure.

CHAIRWOMAN WEINSTEIN: Thank you.

SENATOR BROUK: Wonderful. Thank you so much. That will conclude questioning for this panel. Thank you.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

SENATOR BROUK: The next panel will have -- sorry, we do have one question.

(Laughter.)

SENATOR BROUK: Just testing you, see how quickly you can get going. All right, Senator Webb, the floor is yours.

SENATOR WEBB: Thank you, Madam Chair.

I just have a question with regards to

1 the investigation process. So let's say, you
2 know, there's an agency in our respective
3 district that's under review. How is the
4 community at large notified of the
5 outcomes -- not just simply the families that
6 maybe filed the complaint, but the community
7 at large?

8 And the reason why I ask that is that
9 I know the question was asked by one of my
10 colleagues on how we can provide support, and
11 one of the ways that we provide support as
12 legislators is providing funding. And so
13 knowing that there are organizations in our
14 communities that are providing supports to
15 residents who have significant special needs,
16 and your agency is, you know, involved in the
17 investigations, like how -- like take me
18 through like your investigative process.
19 Like how does that work? Like how would we
20 know that, for instance, if we gave money to
21 an agency that was found to be mistreating
22 clients -- do you know what I mean? Like if
23 you could take us through that.

24 EXECUTIVE DIRECTOR MIRANDA: So sure.

1 The process for an investigation
2 starts typically with a call made to our call
3 center. We operate a 24-hour, 7-day-a-week
4 call center operation. There are mandated
5 reporters within the community and within the
6 various facilities under our jurisdiction;
7 they're obligated to report any suspicion of
8 abuse and neglect.

9 Those cases will come in, we will make
10 the appropriate notifications at that point
11 to the families and make sure that they're
12 obviously aware of the processes. And
13 notifications will also go out to the
14 provider to make sure that safety planning
15 occurs immediately.

16 The case will then get assigned to an
17 investigator, assuming it is an abuse and
18 neglect allegation, and the field staff will
19 work that case up. That can include speaking
20 to various witnesses, perhaps engagement with
21 law enforcement, speaking with employers at
22 the actual provider situation, and obviously
23 interviewing witnesses, individuals receiving
24 services.

1 Once the case -- the investigation is
2 closed, that case moves over to our Office of
3 General Counsel. And the Office of General
4 Counsel will make a determination as to
5 whether that case is substantiated or not.
6 They will also make a determination with
7 respect to the category level. Category 1 is
8 our most serious and egregious category
9 level. It is a permanent bar to employment
10 in any of the settings under our
11 jurisdiction. These are egregious cases of
12 sexual abuse, physical abuse, sexual
13 assaults, rapes.

14 Obviously very few cases fall into
15 Category 1, but we've got Category 2, 3 and
16 4.

17 Once a case is substantiated or the
18 determination is made by the Office of
19 General Counsel, a notification goes out to
20 the provider, and notifications will also go
21 out to the family member.

22 Now, I know your question I think was
23 focused on sort of sharing that information
24 at large, but what I will say is that

1 statutorily there are some privacy provisions
2 within the statute that limit how much
3 information we're able to share. But
4 notifications do go out to the provider as
5 well as the family.

6 SENATOR WEBB: Thank you.

7 SENATOR BROUK: Okay, now thank you.

8 (Laughter.)

9 EXECUTIVE DIRECTOR MIRANDA: Thank
10 you.

11 SENATOR BROUK: Now we will move to
12 Panel B. I'm calling it even if they raise
13 their hand.

14 So on Panel B we have the New York
15 State Conference of Local Mental Hygiene
16 Directors, Mental Health Association in
17 New York State, and the National Alliance on
18 Mental Illness for New York State.

19 So just as a reminder, each panelist
20 will have three minutes for their testimony,
21 and then every member, regardless of chair
22 position, will have three minutes for
23 questioning of the entire panel.

24 So let's -- I'll start you off, and

1 then you can duke out who does the second and
2 third. But Courtney David, executive
3 director for the Conference of Local
4 Mental Hygiene Directors.

5 MS. DAVID: Thank you so much.

6 Good afternoon, Chair Weinstein,
7 committee chairs and other distinguished
8 committee members. Thank you for the
9 opportunity to testify today regarding the
10 Governor's Executive Budget proposal.

11 My name is Courtney David. I'm the
12 executive director of the New York State
13 conference of Local Mental Hygiene Directors.
14 The conference represents the directors of
15 community services for the 57 counties and
16 the City of New York. The DCSs have
17 statutory responsibility for the cross-system
18 management of the local mental hygiene system
19 for the services impacting adults and
20 children with mental illness, substance use
21 disorder, and intellectual and developmental
22 disabilities.

23 As you continue to explore effective
24 policy approaches to reduce the number of

1 individuals with serious mental illness from
2 coming into contact with the criminal justice
3 system, one major issue continues to hinder
4 these efforts -- the state's competency
5 restoration process.

6 Competency restoration is mandated by
7 the court when an individual who's charged
8 with a crime is found to be unable to
9 understand the proceedings or is unable to
10 aid in their own defense due to an active
11 mental illness or intellectual disability.
12 Section 730 of the state's Criminal Procedure
13 Law governs this process.

14 Restoration services typically involve
15 admission to a forensic unit and include
16 administration of medication, education on
17 the criminal justice system, and other
18 services only to help stabilize an individual
19 to be competent to stand trial. However,
20 some judges believe they are helping
21 defendants obtain appropriate treatment by
22 issuing these orders.

23 It is estimated that between a quarter
24 and two-thirds of all defendants mandated for

1 restoration cycle through the system multiple
2 times on the same charge, equating to
3 hundreds of people each year. Currently
4 there is no requirement for OMH to consult
5 with the county mental health departments on
6 treatment planning, leaving decision making
7 up to the state's forensic providers.

8 While the majority of 730 defendants
9 can be restored within 90 to 150 days, there
10 have been several cases where defendants have
11 been held in restoration for three, six or
12 even 10 years. This practice leads to
13 further decompensation.

14 These lengthy confinements also
15 violate the Americans with Disabilities Act,
16 and other states have begun to reexamine and
17 update their laws to avoid future legal
18 action.

19 The daily rates for forensic placement
20 range from 1300 to over 1500 dollars per day.
21 In 2023, Oneida County paid \$3.9 million,
22 with a projected increase of 4.4 million this
23 year -- and they are not alone.

24 Since 2020 the state has charged the

1 counties 100 percent of these costs,
2 siphoning millions of dollars from the local
3 mental hygiene system. The Governor's
4 Executive Budget proposal seeks to expand
5 this forensic capacity in fiscal year 2025.

6 To offer a solution, we and our
7 colleagues at the New York State Association
8 of Counties have proposed amendments to the
9 statutory framework that governs this
10 process. Chairs Brouk and Gunther have also
11 acknowledged the importance of these reforms,
12 and we thank them for their continued support
13 and sponsorship of our bill.

14 Therefore, we strongly urge you to
15 enact these reforms as part of this year's
16 final budget so that 730 defendants are
17 provided a pathway to receive appropriate
18 mental health treatment and ensure millions
19 of county dollars directed to the state's
20 General Fund will be available for
21 reinvestment back into the community.

22 Thank you.

23 MR. SHAPIRO: Good afternoon,
24 Assemblywoman Weinstein, Senator Brouk,

1 Assemblywoman Gunther, and members of the
2 committee. Thank you for the opportunity to
3 provide testimony.

4 My name is Matthew Shapiro. I'm the
5 senior director of government affairs for the
6 New York State chapter of NAMI, the National
7 Alliance on Mental Illness, the nation's
8 largest grassroots organization dedicated to
9 improving the lives of individuals and
10 families impacted by mental illness.

11 NAMI-New York State envisions a world
12 where all people affected by mental illness
13 live healthy, fulfilling lives, supported by
14 a community that cares. And I'm excited for
15 the opportunity today to talk about how we
16 can build that community that cares for the
17 one in four families like mine who are
18 affected by a diagnosable psychiatric
19 disorder, as well as the countless
20 New Yorkers who are facing mental health
21 challenges.

22 Despite the positive momentum
23 generated by last year's budget, too many
24 New Yorkers continue to struggle to access

1 psychiatric services that are most
2 appropriate for them. Community behavioral
3 health providers continue to hemorrhage staff
4 as our dedicated workforce struggles with
5 caseloads that are unmanageable and, in too
6 many examples, not paid a living wage for
7 their herculean efforts.

8 Throughout New York our correctional
9 system remains disproportionately populated
10 by people living with a mental illness or
11 substance use disorder who deserve treatment,
12 not jails, and in communities, not cages.

13 New York's future, our youth, are in
14 crisis and facing negative mental health
15 stresses that would have been unimaginable
16 just a decade ago. It's clear more has to be
17 done. And there's a lot to celebrate in
18 Governor Hochul's budget -- which once again
19 adopts policy recommendations that we've been
20 making for years -- and boldly aims to
21 increase access for all those on the broad
22 spectrum of psychiatric disorders.

23 Our written testimony has our six
24 focus areas; I want to focus on two very

1 quickly.

2 Number one, the need for psychiatric
3 beds. It's not a popular topic around here,
4 but to be honest, those beds are very much
5 needed. My family needed those beds. On
6 three different occasions I've had to bring
7 my mom into a psychiatric emergency room and
8 have her admitted into the hospital. It's
9 not a pleasant experience, I assure you; it's
10 nothing that any family member wants to do.
11 But it's at times something that we need to
12 do to get her the necessary care.

13 But as unpleasant as that experience
14 was, our family is among one of the lucky
15 ones. As you said, Assemblywoman Gunther,
16 one of the consequences that we're seeing
17 from this are people being moved to another
18 part of the state to access a bed. And this
19 separates their family from the recovery
20 process.

21 We were so lucky that we were able to
22 support my mom all three times she was
23 hospitalized. And families that don't have
24 that opportunity have to make great

1 sacrifices to be a part of the process. We
2 need to do better by them.

3 I only have 15 seconds, but we also
4 very broadly support the criminal justice
5 efforts that are in the budget, especially
6 making 988 more equitable and including
7 maternal mental health services. Again,
8 Senator Brouk, you've been such a leader on
9 this.

10 We also greatly support the expansion
11 of mental health courts.

12 MR. LIEBMAN: Thank you. Thank you
13 very much. Thank you, I really appreciate
14 being here.

15 My name is Glenn Liebman. I'm the
16 director of the Mental Health Association of
17 New York State, MHANYS. This is my
18 20th year, and I've been testifying for
19 20 years. And, you know, I just want to say
20 that you have been really instrumental in so
21 many of the changes, so many of the positive
22 changes that have happened over that time
23 period.

24 So our organization is comprised of

1 26 affiliates in 52 counties throughout
2 New York State. We largely provide
3 community-based mental health services, but
4 we also spend a lot of time on advocacy and
5 training and education as well.

6 So what I want to say is that, you
7 know, the Governor said that -- in the State
8 of the State, that mental health is the
9 defining challenge of our time. Couldn't
10 agree more. Finally we have a Governor who's
11 talking about this. And the funding she's
12 put forward around this has been fantastic.

13 But, you know, like all of you, I'm
14 going to echo -- you know, what we're hearing
15 is that you have this great ship, you're
16 steering this ship, you want to make the
17 changes, and we support that 100 percent.
18 But if you don't have the crew to run that
19 ship, how are you going to succeed?

20 So this is why we are working so hard
21 around the COLA. So we have about 14 issues
22 that we're listing, but we're really focused
23 very much on a COLA and a workforce
24 investment.

1 So, you know, as the Governor added
2 1.5 in the budget -- and that's appreciated,
3 it's something. We need a lot more. And
4 we're urging your support for an additional
5 1.7 percent just to get to the 3.2 just for
6 the CPI. That's what we want, and certainly
7 we support a lot more.

8 And also -- and I appreciate,
9 Assemblymember Kelles, you were going through
10 the many years that we didn't get funding
11 for, you know, any sort of support. And the
12 reality is we've lost over \$600 million in
13 that time frame -- \$600 million that would
14 have gone to mental health has instead gone
15 to roads and bridges and other things. I
16 just imagine how much different our
17 behavioral health system would look like if
18 we had that kind of money. It would be
19 remarkable. We wouldn't have to worry
20 about -- I mean, we'd worry a lot less about
21 homelessness, incarceration. People would be
22 better served around this system.

23 So it's sad that we still have to deal
24 with this. We're dealing with the tsunami,

1 the turnover, the vacancy rate. It's just
2 really, really sad.

3 And there are a few other things -- we
4 don't want to sit there and say, you know,
5 COLA, COLA, COLA, because there are other
6 things that we talk about as well.

7 Assemblymember Gunther has introduced
8 a pension bill that studies how -- the impact
9 to pensions for not-for-profits. We have
10 800,000 people in the nonprofit sector. We
11 have had nothing in terms of a pension or a
12 retirement system for the population. We
13 need that. So we very strongly support the
14 study bill.

15 We also have a series of
16 recommendations around a pipeline bill,
17 qualified mental health associations -- which
18 Commissioner Sullivan briefly referenced.
19 But those are the paraprofessionals that we
20 need to get into our field. People talk
21 about mental health all the time now. We
22 have to get young people vested in our field.

23 So thank you very much.

24 SENATOR BROUK: Thank you all so much.

1 We're going to start the questioning
2 on the Senate side for three minutes with
3 Senator Palumbo.

4 SENATOR PALUMBO: Thank you,
5 Chairwoman. How are you all? Nice to see
6 you.

7 MULTIPLE PANELISTS: Good. Good to
8 see you, Senator.

9 SENATOR PALUMBO: I just started
10 thinking about these questions regarding the
11 COLA, Mr. Liebman. So there were some -- and
12 I believe there were some adjustments, there
13 was -- in the fiscal year '23, that there was
14 a 5.4 percent I believe enacted for that year
15 in cost-of-living adjustments, and 4 percent
16 this year.

17 And so this 1.5 percent is over that
18 as well, adjusting for inflation -- or is it
19 not? I just don't understand --

20 MR. LIEBMAN: No, that's okay.

21 So the 5.4 -- and by the way, you
22 know, Governor Hochul deserves a lot of
23 credit because she has been the only
24 Governor in the last three who's actually

1 given a cost-of-living adjustment. So that's
2 appreciated.

3 So the 5.4 percent was two years ago.
4 Last year ended up being 4 percent; you added
5 1.5 percent from the 2.5 percent she added.
6 Now, this year, she's put in 1.5 percent for
7 this year. So we're trying to get to the
8 point where we can get to the 3.2 percent so
9 we can at least meet the need for -- you
10 know, around the CPI. So that's -- yeah.

11 SENATOR PALUMBO: Sure, that's great.

12 And I know -- I mean, these have been
13 just ongoing issues, of course, with other
14 areas of employment getting minimum wage
15 hikes and so forth. And with the tremendous
16 work that folks do in this field -- you know,
17 God's work, really -- we need to make sure
18 that we fully fund it. So I do agree with
19 you that that cost-of-living adjustment is
20 nice so it doesn't become a Hunger Games
21 where you're back here every year asking for
22 a little bit more, and a little bit more, and
23 a little bit more. To make this a statutory
24 increase would be a wonderful thing.

1 MR. LIEBMAN: Thank you for that
2 comment, Senator. Really appreciate it,
3 because it's so true. And all of you have
4 articulated so well why our direct care
5 workforce, they love what they do. They're
6 mission-driven. But they've got to put food
7 on the table. You know, they really have to
8 put food on the table. And you can be all
9 the mission-driven you want -- I'm a -- my
10 son is a direct care worker, so I know. You
11 can put everything you want into that and all
12 that mission, but the reality is you can go
13 across the street to McDonald's and make more
14 money than you do as a direct care worker in
15 our fields. So that's got to change.

16 SENATOR PALUMBO: Sure. And it's such
17 tough work that you -- that folks in your
18 field are doing. We certainly respect that.

19 But thank you for your comments.

20 MR. LIEBMAN: Thank you, Senator.

21 CHAIRWOMAN WEINSTEIN: Assemblywoman
22 Gunther.

23 ASSEMBLYWOMAN GUNTHER: (Mic off.)

24 Well, my first thing is about the COLA. You

1 know, where -- am I on? I'm not.

2 UNIDENTIFIED PANELIST: You're always
3 on.

4 (Laughter.)

5 ASSEMBLYWOMAN GUNTHER: I'm always on,
6 yeah. If that's good or bad, I don't know.

7 UNIDENTIFIED PANELIST: It's good.

8 ASSEMBLYWOMAN GUNTHER: Anyway, the
9 first thing that we're going to talk about is
10 the COLA. You know, we were offered a
11 smaller COLA. Now we're up to 3.2 percent.
12 And I just want to understand what that would
13 mean to somebody that's working in the mental
14 health field. What's the average salary, and
15 what does 3.2 percent -- I think that's an
16 important question.

17 MR. LIEBMAN: So if I could answer
18 that, right now we're at 1.5 percent. So we
19 want to get to the 3.2 percent.

20 ASSEMBLYWOMAN GUNTHER: We want to get
21 to 3.2. But even at 3.2 --

22 MR. LIEBMAN: So we need that
23 1.7 percent.

24 So, you know, I think it was

1 Assemblyman Bores who said would you -- what
2 would that mean if you got a larger COLA.
3 The reality is 3.2 percent is nice, and it
4 will help, but you know this: It's not going
5 to keep people in the field for long-term.
6 We need a sustainable COLA.

7 We need -- you know, Senator Brouk has
8 legislation out there about making the COLA
9 standard. But we also need those long-term
10 solutions like you have on the pension idea.
11 And, you know, we have to figure out how we
12 can keep people in our field. These COLAs
13 are important, but -- you know, and again,
14 11 percent over the last three years, that's
15 something, and that's going to be helpful.
16 But we need something long-term and
17 sustainable.

18 ASSEMBLYWOMAN GUNTHER: The next one
19 is about, you know, we're increasing the
20 number of mental health beds across New York
21 State, which is important because we do need
22 a length of stay. But -- and also, you know,
23 this can get someone back on their feet.

24 But what happens after discharge is

1 what the problem is. And that's a big
2 problem. So, you know, people keep cycling
3 in, cycling in. So it's very important to
4 talk about that and see what -- you know, we
5 have to make some changes.

6 MR. SHAPIRO: Right. Again, what we
7 want to see, Assemblywoman, is a coordinated,
8 you know, care service. So, you know,
9 someone who needs hospital services today
10 hopefully will need community services
11 tomorrow, they can get out and thrive in the
12 community.

13 The essential thing is connecting them
14 to the community providers. And, you know,
15 again, this is an area where the Governor and
16 OMH have made great strides in creating these
17 teams, these coordination teams that connect
18 people. But we still want to see the type of
19 admission standards and discharge standards
20 that NAMI expects to see. You know, we still
21 have too many hospitals that are diverting
22 people away rather than admit them. They
23 discharge them before they're ready.

24 Again, I've experienced this three

1 times with my mom. In one example, I think
2 they discharged her way too early -- she was
3 back a month later. And, you know, these are
4 the recycling things that we see and we're
5 trying to prevent.

6 So again, we're going to be providing
7 OMH with the recommendations that we have for
8 admission and discharge standards and, you
9 know, work better to coordinate care and get
10 people connected to community services. It's
11 vital.

12 ASSEMBLYWOMAN GUNTHER: Well, the
13 short length of stay is -- they really
14 impact -- sometimes they're giving
15 medications and they don't see what the
16 efficacy is of the medications. And so
17 that's why we keep circling back round and
18 round and round.

19 You know, what about -- you know, it's
20 very difficult --

21 CHAIRWOMAN WEINSTEIN: Time is up.

22 ASSEMBLYWOMAN GUNTHER: My time is up?

23 (Laughter.)

24 ASSEMBLYWOMAN GUNTHER: I just wanted

1 to talk a little bit about pensions.

2 (Laughter.)

3 CHAIRWOMAN WEINSTEIN: To the Senate.

4 SENATOR BROUK: Great. Thank you all
5 so much for being here and everything that
6 you're doing every day to advocate for more
7 mental health resources.

8 I know we've talked a lot today about
9 COLA, but it's that time of year. So I'm
10 going to talk about that again. I think
11 hopefully we've made the case clear as to why
12 I think a lot of folks are talking about
13 needing more in this cost-of-living
14 adjustment.

15 But one thing I'm curious about is,
16 you know, we talk about recruitment and
17 retention for how these adjustments have been
18 able to help workforce-wise. How quickly do
19 you -- have some of the organizations that
20 you represent or work with, how quickly can
21 they see the effects of that? In other
22 words, have we already seen shifts in
23 retention once folks knew that these COLAs
24 were coming? Or was it -- was it too

1 difficult and, you know, people were still
2 leaving because it wasn't necessarily an
3 assured thing that it was going to happen
4 every year? Have we seen any effects of it?

5 MR. LIEBMAN: So I just had one of our
6 other agencies that are testifying today, the
7 Association for Community Living, has done a
8 great job in surveying the field and, you
9 know, I'll let them speak to it. But I
10 really think that it has had an impact in
11 terms of retention.

12 It really -- you know, the numbers --
13 yes, the numbers are still way too high and
14 our field still is starving for more funding.
15 But it has sort of turned the tide a little
16 bit. And the fact that we've had consistent
17 COLAs for the last three years, hopefully
18 this year again, the 3.2 -- will be something
19 that will help turn the tide. But the
20 reality, as you know, Senator, is we need a
21 lot more. We need a real strong investment
22 around mental health beyond just the
23 workforce piece.

24 MR. SHAPIRO: You know, and one other

1 thing, too. We talk about diversifying the
2 field too, and I want to thank you,
3 Senator Brouk, for introducing a bill that
4 would eliminate the social work exam, which
5 separates a lot of foreign-language providers
6 out of the system. And we knew that
7 culturally competent care is needed and we
8 need to diversify the system.

9 So, you know, obviously COLAs and
10 financially supporting the system is
11 important, but also looking at ways like you
12 have to diversify the system and make it more
13 inclusive.

14 SENATOR BROUK: Thank you.

15 And just to put a plug in for the
16 bill, that would create a statutory COLA
17 every year. But I think you could also maybe
18 help us illuminate what that means to your
19 field, you know, knowing that something is
20 going to happen every year. I imagine even
21 after three or four years of getting a COLA,
22 individuals in this -- in these fields still
23 don't think it's a guarantee every year.

24 MR. LIEBMAN: Absolutely, yup. No,

1 you're absolutely right. And we do have to
2 have that passed, signed into law. It's a
3 clear -- a major priority for us. So thank
4 you for sponsoring the bill.

5 SENATOR BROUK: Beautifully said.

6 (Laughter.)

7 SENATOR BROUK: Thank you.

8 CHAIRWOMAN WEINSTEIN: Assemblyman
9 Keith Brown.

10 ASSEMBLYMAN KEITH BROWN: Thank you,
11 Chair. Thank you all for being here and for
12 the work that you do.

13 I'm going to shift gears a little bit.
14 My question is related to the legalization of
15 marijuana. Have your members seen an uptick
16 in mental health illness as a result of
17 adults or children smoking marijuana?

18 MR. SHAPIRO: I don't know if anybody
19 wants --

20 MS. DAVID: We don't have any
21 statistics on that.

22 MR. SHAPIRO: Yeah. You know, we
23 don't provide direct services, so yeah, we
24 don't have any statistics about that.

1 ASSEMBLYMAN KEITH BROWN: Okay.

2 MR. LIEBMAN: You know, I can say from
3 our end that we've really not seen that
4 spike. But it wouldn't surprise me if those
5 numbers did bear out that there would be some
6 kind of spike.

7 ASSEMBLYMAN KEITH BROWN: And one of
8 our colleagues before was asking the
9 commissioners relative to potency. As you
10 know, there's a provision in the budget to
11 remove taxation of marijuana based on
12 potency. However, several states are
13 actually moving towards adopting potency
14 levels similar to alcohol proof.

15 Would your organizations or your
16 members support such a move in this state?

17 MR. LIEBMAN: That's a good question.
18 I would have to get back to you. I'd have to
19 talk to my board about it. But it's
20 something certainly we would take serious
21 consideration around.

22 ASSEMBLYMAN KEITH BROWN: Great.

23 Also, I think it was Commissioner
24 Sullivan when she was in front of us was

1 mentioning, when talking about school mental
2 health clinics -- that was a proposal in last
3 year's budget -- there's a little known
4 agency in the State of New York in the Office
5 of Children and Family Services called the
6 New York State Mentoring Program that was
7 actually started by Mario Cuomo's wife.

8 Are you familiar with this? And has
9 there been any effort to utilize their
10 resources as it comes to helping kids deal
11 with mental health issues in schools?

12 MR. LIEBMAN: You know, it's funny you
13 talked about that because -- I forget what
14 it's called now. I think it's got a
15 different name --

16 ASSEMBLYMAN KEITH BROWN: New York
17 State Mentoring Program.

18 MR. LIEBMAN: It is the New York State
19 Mentoring Program? Because we have, over the
20 years, been engaged with them to some degree.

21 So I really think it's incredibly
22 important, any -- you know, we were talking
23 about anything we can do to enhance our
24 workforce opportunities. Mentoring is a huge

1 part of that. So certainly we will be more
2 engaged with the mentoring folks in the
3 future. And thank you for that.

4 ASSEMBLYMAN KEITH BROWN: Great. Feel
5 free to reach out to them.

6 And last question, I raised the issue
7 of the AG's report that came out
8 December 7th. Have you all seen it and
9 looked at the recommendations? Yeah?

10 By all means, a letter-writing
11 campaign to the agencies and to us is I think
12 important in order to change how the system
13 operates and how we get people critical care.

14 Thank you so much for being here.

15 MULTIPLE PANELISTS: Thank you.

16 CHAIRWOMAN WEINSTEIN: So we're going
17 to just move on to Assemblymembers.

18 Now, Assemblyman Anderson.

19 ASSEMBLYMAN ANDERSON: Thank you,
20 Madam Chair.

21 And thank you all for all the work
22 that you guys do in the mental health space.

23 I also -- I want to give a special
24 thank you to NAMI. I worked recently with

1 NAMI-NYC, with Kim Blair and the rest of your
2 folks, about educating our constituents
3 around 988. So my questions will be a little
4 bit in line with 988, but also some of the
5 mental health proposals that are in the
6 Governor's Executive Budget proposal.

7 So the first question I had -- and
8 this could be for any of the panelists --
9 deals with the discharge of patients who are
10 struggling with mental health issues. So
11 you'll see a revolving door of individuals
12 that go in and out of the care system. I'll
13 give you one recent example. Folks might
14 have heard of the police-involved shooting
15 that took place in Edgemere yesterday in the
16 Rockaways. And an individual who was shot
17 and killed by police was an individual who
18 was reportedly, and stuff is still coming in,
19 a regular at our local hospital, in and out.

20 So I'm just wondering -- the
21 \$7 million that the Governor has proposed in
22 her Executive Budget, how that could be used
23 to help those individuals, those types of
24 patients -- and obviously we don't have all

1 the details of that type of patient -- but
2 those types of patients to be able to access
3 long-term care and services.

4 And then my second question is, how
5 helpful will the Governor's \$100,000
6 investment in maternal care for the
7 988 hotline be, for all of your
8 organizations? And anyone can take a pick at
9 this.

10 MR. SHAPIRO: I'll just jump in and
11 answer your 988 question first, Assemblyman.

12 Again, thank you for all the work that
13 you've done to promote 988 and to make sure
14 your constituents know what it is and that
15 it's different from 911, you know.

16 Again, the policy experts at NAMI
17 national have already kind of deemed that
18 New York's 988 system is the most equitable
19 in the country. We've had the most statutes
20 in place to ensure equity in reporting on it.

21 And to take it this extra step --
22 again, you know, Senator Brouk has done so
23 much to shed light on maternal mental health
24 issues. And I think those are -- we talked

1 about how things -- mental health issues are
2 stigmatized; I think these are even more
3 stigmatized. For a new mother to admit that
4 they have these feelings is very difficult.

5 And letting people know that they can
6 anonymously call 988 and talk about these
7 issues, they won't be judged and, you know,
8 they'll get some resolution, is tremendously
9 beneficial. So very excited about that new
10 option. And again, you know, we do hope that
11 it's still kind of being implemented, that it
12 is going to divert more people away from the
13 criminal justice system. You know, the
14 commissioner said less than 3 percent of the
15 988 calls result in 911 calls. So very
16 positive momentum in that direction.

17 ASSEMBLYMAN ANDERSON: And just really
18 quickly, if anybody can give me the answer --
19 thank you for that -- for the last 20 seconds
20 I have, on the revolving door for the
21 individuals who -- you?

22 MR. LIEBMAN: Just from my end, you
23 know, the administration talked about -- the
24 commissioner talked about Critical Time

1 Intervention programs, which are outreach
2 programs that immediately upon discharge from
3 a hospital -- even actually previous to
4 discharge from a hospital -- there's a
5 planning process in place which is necessary.

6 ASSEMBLYMAN ANDERSON: Thank you so
7 much. My time has expired.

8 Thank you, Madam Chair.

9 SENATOR BROUK: From the Senate side,
10 we'll now have Senator Canzoneri-Fitzpatrick.

11 SENATOR CANZONERI-FITZPATRICK: Thank
12 you. Thank you, everybody, for testifying
13 here today. Appreciate it.

14 My understanding is the cost of opioid
15 use disorder medications in every county jail
16 far outweighs the appropriate state funding,
17 and the majority of counties receive
18 approximately \$160,000 per year in state aid
19 to support these programs, which includes
20 clinical supports. Many counties have
21 supplemented the lack of state funds with
22 Opioid Settlement dollars in order to
23 maintain compliance with the state law. And
24 yes, I was reading from your statement.

1 So my question regarding this is, how
2 has this impacted local governments, since
3 they're now diverting funds away from other
4 programs to this issue? And what do you see
5 as a possible solution? Should we be
6 increasing funding?

7 MS. DAVID: Sure, yes. So I think in
8 my testimony I asked for additional funding
9 from the state side to support these
10 programs.

11 The conference did a study back I
12 believe in 2018 that initially said, you
13 know, there was a certain amount of funding
14 that was needed just on the clinical support
15 side to push some services into the jails for
16 individuals with substance use disorder. It
17 was never fully funded. I think we asked for
18 about 12.7 million when it first kicked off;
19 we received 3.75 million. And then as the
20 time increased, then we also had the
21 medication-assisted treatment mandate that
22 went in to make sure that all available
23 medications were available to anyone in the
24 jails.

1 So because of the cost of those
2 medications, the cost went significantly
3 higher. So while we have -- our original ask
4 for just supports was 12.7, you know, five
5 years ago, and now we're at 8.8, which we
6 fully appreciate the state funding us at a
7 higher level. But in order to sustain the
8 cost of those medications as well as those
9 clinical supports that are needed to coincide
10 with those, yes, a lot more money would be
11 needed on the state side to help really
12 expand and make sure that those medications
13 aren't draining other resources -- county tax
14 levy, Opioid Settlement funds.

15 SENATOR CANZONERI-FITZPATRICK: And
16 then as far as -- and I know my time is
17 short. Has there been coordination between
18 the state and NAMI regarding their best
19 practices and trying to make sure that we're
20 not reinventing the wheel every time we're
21 trying to address an issue.

22 MR. SHAPIRO: Yeah, thank you,
23 Senator.

24 We do talk to the staff at OMH

1 regularly and, you know, give our
2 suggestions, especially on key things like
3 the expansion of mental health courts, the
4 admission and discharge program, the
5 transition teams. So yeah, we have certainly
6 an open communication pipeline to OMH.

7 SENATOR CANZONERI-FITZPATRICK: Thank
8 you very much.

9 MR. SHAPIRO: Thank you.

10 CHAIRWOMAN WEINSTEIN: We go to
11 Assemblywoman Kelles.

12 ASSEMBLYWOMAN KELLES: Thank you all
13 so much. I appreciate it deeply.

14 A million questions; I'll talk to you
15 about some of them afterwards. But one
16 question I have, we've talked about the COLA
17 not being a pay raise, it's simply in real
18 dollars to prevent a pay cut, which we've
19 noticed that that is not the case. So
20 essentially, in real dollars, we've had a pay
21 cut over the last 10 years.

22 So just wanted to make that really
23 clear. So what is the impact on our
24 workforce? So can you talk a little bit

1 about the vacancies that you see in the
2 institutional setting and, you know, in the
3 nonprofit world?

4 MR. LIEBMAN: Yeah, and especially in
5 the nonprofit world. Because we have double
6 competition, in the sense that we not only
7 have competition with, you know, the
8 manufacturing sector, the Amazons and the
9 McDonald's, et cetera, et cetera, but we also
10 have the state-operated issues as well. The
11 state -- I think it was talked about earlier,
12 state-operated programs, they get higher
13 salaries than nonprofits do.

14 ASSEMBLYWOMAN KELLES: So you lose to
15 them.

16 MR. LIEBMAN: They get a pension --
17 which is another issue for another time.

18 But the bottom line is is that we lose
19 out on everybody. You know? So we are
20 the -- you know, people are doing it -- and I
21 said this earlier, people are doing it
22 because they really believe in the work.

23 ASSEMBLYWOMAN KELLES: So we
24 definitely need parity and pension.

1 What are the actual percentages that
2 you're seeing in vacancy rates now in the
3 nonprofit sector?

4 MR. LIEBMAN: It's hard to say.
5 Again, I would say that what we generally
6 have is about 25 to 30 percent on a yearly
7 basis, which is brutal --

8 (Overtalk.)

9 ASSEMBLYWOMAN KELLES: -- that's tough
10 enough. We are saying that we are lacking in
11 mental health, it's the biggest crisis of our
12 time, and then we know we need and we're
13 25 percent short of what we actually need?
14 That in and of itself answers that.

15 But I did -- we can follow up, but
16 that is -- that is the number I wanted on
17 record because it's so important. So thank
18 you.

19 MR. LIEBMAN: Sure.

20 ASSEMBLYWOMAN KELLES: I did want to
21 get to the competency restoration services
22 that you --

23 MS. DAVID: Sure.

24 ASSEMBLYWOMAN KELLES: Can you talk

1 about -- well, first of all, having a mental
2 health and wellness court system throughout
3 every county that would redirect people into
4 comprehensive mental health services, would
5 that be a help to this issue?

6 And are what you're saying with
7 competency restoration services that they are
8 only being provided short-term, acute, but
9 not actually addressing the issue? Is that
10 basically fundamentally what you're saying?

11 MS. DAVID: Yes. And it's a very
12 complicated issue to get out in three
13 minutes, so --

14 (Laughter.)

15 ASSEMBLYWOMAN KELLES: Exactly.

16 MS. DAVID: So yes. I mean,
17 ultimately, you know, the competency
18 restoration services are very limited
19 services that are supposed to bring someone
20 back to be restored, to be able to understand
21 the charges brought against them. Right? So
22 they are not long -- they're not supposed to
23 be long-term mental health treatment.

24 The facilities that these individuals

1 are in are not conducive to long-term
2 appropriate mental health treatment. But we
3 are seeing that they are not -- you know,
4 they're languishing in these facilities for
5 long periods of time.

6 ASSEMBLYWOMAN KELLES: Do you think
7 promoting or ensuring that we have a mental
8 health and wellness court in every county
9 redirecting people into comprehensive mental
10 health services would address some of this
11 instead of putting them in jail?

12 MS. DAVID: So it would -- I can
13 follow up with you.

14 CHAIRWOMAN WEINSTEIN: If you'd answer
15 that to the committee as a whole, in writing.

16 MS. DAVID: Yeah.

17 CHAIRWOMAN WEINSTEIN: We next go to
18 Assemblywoman Chandler-Waterman.

19 ASSEMBLYWOMAN CHANDLER-WATERMAN:
20 Thank you, Chair. And thank you for the work
21 that you all are doing right here in the
22 mental health space.

23 I want to shout out NAMI, working with
24 my AD for the mental health task force within

1 my district. We partnered on and -- for
2 Caucus Weekend, on 988 and the challenges and
3 how we can improve. So thank you for that.

4 I'll start with Mr. Shapiro, then I'll
5 have a question for you, Mr. Liebman.

6 Can you please offer any strategies
7 and specific recommendations on how the state
8 can reform hospital admissions and discharge
9 planning?

10 And two, as we know, there are
11 incarcerated people living with mental health
12 conditions who are currently in prison,
13 jails, and many of them are Black and brown.
14 Jails and prisons, as we know, are not a
15 therapeutic setting for people to recover.
16 And when people transition back into the
17 community, there isn't enough community
18 support, resources -- and to add, there is a
19 high recidivism rate with the population.

20 So what can we do in our roles as
21 legislators to ensure that justice-involved
22 individuals have an opportunity to get care
23 and not jail or prison time by our mental
24 health courts?

1 So those are two, sorry.

2 MR. SHAPIRO: All right. I'm going to
3 try to be quick so you can get to Glenn. I'm
4 going to try to keep it to a minute.

5 So for admission, I mean, again, we
6 want to make sure people look for ways to
7 admit people and not divert them. Right?
8 And admit them properly, and look at their
9 full case history. And again, especially if
10 people have been coming in and out of
11 hospitals. You know, I use my mom as an
12 example. I know she was discharged too
13 early, was back in a month later. Right?
14 But they never looked at what happened a
15 month ago and why she was discharged too
16 early or things that might have failed the
17 patient in the past.

18 So, you know, a few years ago we
19 introduced something called Nicole's Law that
20 was going to look into these issues, and the
21 state has kind of run with it, which we
22 appreciate, in looking at -- you know, again,
23 looking at someone's full case history and
24 don't repeat things that have failed them in

1 the past as far as admissions, and really
2 making sure you're getting person-centered
3 care, which is so important.

4 And as far as discharge, again,
5 someone shouldn't have to wait weeks to get
6 connected to a community provider. They
7 should be connected before discharge, with
8 their medication, and they know where they're
9 going to continue their recovery in the
10 community. That's what's so important.

11 I want to make sure I give Glenn time.

12 MR. LIEBMAN: Thank you very much.

13 ASSEMBLYWOMAN C HANDER-WATERMAN:

14 Thank you. Yes.

15 MR. LIEBMAN: And just my response is
16 around the justice-involved population. The
17 1115 waiver, which just came out last month,
18 there was supposed to be -- we were
19 anticipating that there was going to be, as
20 part of the waiver, this 30-day window in
21 which individuals, before they were released
22 from prison, would have 30 days prior to make
23 sure they got all their services in place,
24 make sure they were Medicaid-billable,

1 everything was Medicaid-billable so the
2 second they walked out the door they would
3 get those services.

4 Unfortunately, it was not in the
5 1115 waiver. Now we're hearing that it might
6 be in another waiver. But right now that is
7 an opportunity that we really lost here. Can
8 you imagine just if people knew, 30 days in
9 advance, that they could link with a -- the
10 second upon discharge, get their medication,
11 link with a provider, link for housing -- it
12 would be, you know, a game-changer.

13 ASSEMBLYWOMAN C HANDER-WATERMAN:

14 Thank you so much.

15 MR. LIEBMAN: Yup.

16 CHAIRWOMAN WEINSTEIN: Assemblywoman
17 Giglio.

18 ASSEMBLYWOMAN GIGLIO: Hi. Thank you
19 all for being here today. Thank you,
20 Madam Chair.

21 So my question is dealing with
22 Stony Brook University and when law
23 enforcement is picking up people that they
24 think may need a psychiatric evaluation and

1 they're bringing them to Stony Brook
2 University Hospital, and they're having to
3 hold that bed for them until they can find a
4 place for them to go for a 30-day program.

5 And then I'm hearing from the people
6 in the 30-day program that when they let them
7 out, they go back to the places that they
8 were in and they sometimes come back again.

9 So I want to know what your solution
10 to the problem is, if you could fill me in,
11 please. Thank you.

12 MR. LIEBMAN: Well, first of all, you
13 know, we have to invest in the system. You
14 don't want to say money's the answer to
15 everything, but it is incredibly important.

16 You know, I went through all the
17 years, as did Assemblymember Kelles, all the
18 years we didn't get any funding. So if we
19 were able to, you know, where we're looking
20 to propose this whole notion of getting a
21 \$500 million investment into mental health --
22 because you're absolutely right.

23 And it's going to -- unless we have
24 that kind of funding in place for the

1 community-based programs, then you're going
2 to see this cyclical nature of what you're
3 facing, what this individual faces at Stony
4 Brook every day, because there's not enough
5 placement for them. There's not enough
6 programs for them. There's not enough
7 services, support or housing for them.

8 And this is something that we have to
9 change. Hopefully -- again, the Governor's
10 got this vision; hopefully that will help
11 change. But the reality is we need a lot
12 more to make those investments happen.

13 ASSEMBLYWOMAN GIGLIO: Yeah, another
14 thing that's also happening is that when they
15 do get out of the 30-day program, they are --
16 an appointment is made for them to go and
17 talk to a psychiatrist or to somebody, a
18 sociologist, that would be able to help them.
19 And they're not going.

20 So what happens to those people, and
21 what can we do to make sure that they make
22 those appointments, that they're taking their
23 medications so that they're not repeating the
24 same cycle?

1 MR. LIEBMAN: I think that the
2 outreach is obviously key. I talked about
3 the critical intervention programs. I also
4 think that there are the community ACT teams,
5 the sort of community treatment teams that
6 are dealing with those who are hardest to
7 serve in the community.

8 We have to -- again, there is this
9 whole movement around creating more and more
10 of them -- which is great clinically, and a
11 great idea, and we totally support it -- but
12 you don't have the staff to be able to hire
13 these people to bring them on.

14 ASSEMBLYWOMAN GIGLIO: And if you
15 don't have access to transportation.

16 So have you identified areas where
17 people are living or where they're coming
18 from that a central location might be
19 necessary for either group meetings or
20 something to require them to go? Because
21 they're really taxing the hospital system,
22 and the hospitals need those beds.

23 MR. LIEBMAN: Yeah, it's a -- what you
24 have to do -- it's not just me, you have to

1 identify hotspots across the different areas
2 in the communities, and you say, these are
3 the places -- you look at those, and these
4 are the places where we clearly have the most
5 issues with people coming in and out of the
6 hospital, and we have to make sure that we
7 emphasize that area and put a lot more
8 funding, a lot more staffing into those
9 areas.

10 ASSEMBLYWOMAN GIGLIO: Okay, I'll look
11 forward to your map as to where those areas
12 are.

13 (Laughter.)

14 ASSEMBLYWOMAN GIGLIO: Thank you.

15 MR. LIEBMAN: Thank you.

16 CHAIRWOMAN WEINSTEIN: Assemblyman
17 Burdick.

18 ASSEMBLYMAN BURDICK: Thank you for
19 your testimony.

20 And this is a question for
21 Mr. Liebman, Mental Health Association. And
22 I saw in your testimony that you're working
23 to try to develop a pipeline for career and
24 mental health --

1 MR. LIEBMAN: Yes.

2 ASSEMBLYMAN BURDICK: And that with
3 respect to OMH, that there was a provision in
4 the budget -- it didn't get through because
5 of opposition from professional
6 associations that you tried to address. Can
7 you tell me what that opposition is and how
8 you're trying to address it and where it
9 stands and how we might help?

10 MR. LIEBMAN: Well, thank you very
11 much for that. And actually Assemblymember
12 Gunther has a bill out about the qualified
13 mental health associate title.

14 So that's the title that OMH developed
15 last year. And it didn't get through the
16 budget because I think, you know, a lot of
17 the clinical programs were very upset that it
18 was going to infringe on their scope of
19 practice. So, you know, the social workers
20 were very concerned, the psychologists,
21 psychiatrists, very concerned that these
22 qualified mental health associates would
23 really, you know, infringe on that scope.

24 So we, as the Mental Health

1 Association, have been working with the
2 Office of Mental Health to say how do we
3 divide and say which of the services that are
4 not going to impact clinically at all --
5 because there is a need for those
6 paraprofessionals to come into our field.

7 ASSEMBLYMAN BURDICK: So is it in
8 the -- a section of budget now, or is there
9 any conversation at this point to --

10 MR. LIEBMAN: No, there is not. And
11 again, we're talking -- you know, the Office
12 of Mental Health wants to be in response,
13 because they like the idea, but there's
14 nothing that we've seen in the Executive
15 Budget in it.

16 But we're talking about it because we
17 think it should be a policy.

18 ASSEMBLYMAN BURDICK: So -- but OMH is
19 amenable to it, is that correct?

20 MR. LIEBMAN: They are very amenable
21 to it. We're having good conversations with
22 them because they recognize, Assemblyman,
23 that paraprofessionals, 18-year-olds who are
24 graduating high school, looking for careers,

1 they don't necessarily want to be
2 clinicians --

3 ASSEMBLYMAN BURDICK: So are you
4 allaying any concern at the association?

5 MR. LIEBMAN: We've talked to the
6 associations, and we're just, again, making
7 sure that they understand that the last thing
8 we want to do is infringe on clinical
9 practice, that these people can be helpful to
10 you and not be, you know, an impediment.

11 ASSEMBLYMAN BURDICK: I'd be
12 interested in talking with you offline on it.

13 MR. LIEBMAN: I would love to.

14 ASSEMBLYMAN BURDICK: Thanks so much.

15 MR. LIEBMAN: Thank you.

16 CHAIRWOMAN WEINSTEIN: Thank you.

17 So now I'm going to try and channel
18 Assemblywoman Gunther.

19 (Laughter.)

20 CHAIRWOMAN WEINSTEIN: Glenn, the two
21 questions that there wasn't time to answer
22 before: How would a pension system help the
23 mental health workforce? And then, secondly,
24 what is your organization's role in mental

1 health first aid training statewide?

2 MR. LIEBMAN: Well, thank you for
3 those questions.

4 First of all, I don't think a pension
5 would help at all, so don't -- don't -- no,
6 of course I'm kidding.

7 (Laughter.)

8 MR. LIEBMAN: You know, look back at
9 the 1920s when Governor Al Smith was here.
10 He created a pension system for the city and
11 the state and the county workers. Then in
12 the last 50 years we've had police and
13 firefighters and teachers who have all gotten
14 a pension, appropriately. We totally support
15 that. And it's not a great pension anymore,
16 we know that. We totally support that.

17 But the reality is we have 800,000
18 people in our community workforce. We're not
19 just talking mental health, I'm talking
20 across the board -- 800,000 people who, when
21 they retire, when they leave, guess what
22 their benefit is? See you around. Maybe
23 they have some sort of small, you know --
24 some sort of small funding, but the reality

1 is they're not going to get anything.
2 They're really not -- you know, and our
3 ability to be able to give them a retirement
4 and a pension system would be huge.

5 So we don't know how much that would
6 cost, frankly. We know it's well deserved,
7 because these people are working very hard.
8 We know it would certainly help with
9 retention. We don't know how much it will
10 cost. So that's why we have this study bill
11 in place that Assemblymember Gunther has
12 introduced to find out, to bring together
13 three of the major agencies to find out the
14 cost of that.

15 And alongside that, we also have --
16 we're working with Cornell University to
17 study the survey results that we've put
18 together. So they're going to put out a
19 report about the impact also.

20 So in terms of mental health first aid
21 and youth mental health first aid and teen
22 mental health first aid, you know,
23 Commissioner Sullivan referenced teen mental
24 health first aid as a really -- as a strong

1 adjunct to the engagement with peers around
2 mental health support and services. That's
3 essential. And we really have to have youth
4 mental health first aid with those
5 individuals, those agencies, just so they --
6 you know, the front-facing agencies and the
7 schools, just so they have an understanding
8 what mental health first aid is.

9 It's just a teaching. It's an
10 education. It's an eight-hour training that
11 can really give people a sense of what mental
12 health services are about and end the stigma
13 and, frankly, respond to the crisis as well.
14 So ...

15 (Inaudible legislator comment.)

16 MR. LIEBMAN: You're certified? There
17 we go, that's great.

18 SENATOR BROUK: Wonderful.

19 I want to thank our panelists so much.
20 That is the end of your questioning.

21 MULTIPLE PANELISTS: Thank you. Thank
22 you, Senator.

23 SENATOR BROUK: Take care.

24 Next we'll call up Panel C. So we

1 have New York Disability Advocates; Families
2 Together in New York; Citizens' Committee for
3 Children of New York; New York State
4 Coalition for Children's Behavioral Health;
5 and the JCCA.

6 All right, everyone is situated. It's
7 a big panel. So we will start with
8 Mike Alvaro, president, for New York
9 Disability Advocates.

10 MR. ALVARO: Good afternoon. Thank
11 you very much for having us here.

12 I'm with New York Disability
13 Advocates. That's a statewide coalition of
14 providers. We have over 350 providers, and
15 that is six associations: IAC, the New York
16 Alliance, New York Emerging and Multicultural
17 Providers, The Arc of New York, DDAWNY and
18 where my day job is, CP State.

19 And I'm going to be repetitive. We
20 have needs. We have gotten a group together,
21 and we have come together on our ask. And
22 our ask is pretty simple. We need a COLA,
23 the 3.2 percent that you've been talking
24 about. It functions as a Medicaid rate. We

1 have had more than a decade of cuts and no
2 investment in our system. And the recent
3 COLAs have been helpful, but they don't make
4 up for where we were.

5 When we do have a COLA -- and I think
6 it's important when you hear some of the
7 other testimony today -- the 5.4 percent COLA
8 was used, created a 7.2 percent increase in
9 salaries that the providers got the funds and
10 created and reinvested in their workforce.
11 So we need not a 1.5 percent COLA, but we
12 need the full COLA. We are losing ground,
13 and we need to make sure that we bring the
14 field back up to where it was back many years
15 ago.

16 We also need a direct support wage
17 enhancement. Senator Mannion was talking
18 about the bill that he and Assemblymember
19 Seawright have. We are looking for that
20 \$4,000 investment. We need not just to have
21 our organizations be brought up to a certain
22 point, but we need to make sure that the
23 staff in our field are brought to a living
24 wage. That \$4,000 investment will do that.

1 We've had vacancy rates -- the crisis
2 in the workforce has been significant. We've
3 had vacancy rates right now of about
4 17 percent, but we've been as high as
5 30 percent. What has happened is that the
6 investment in our workforce has made a
7 difference, but we are still at significant
8 levels of shortages and staff crisis levels
9 across the state.

10 These are not minimum-wage jobs. They
11 are not home care, and we do not receive the
12 benefit of home care. We need to keep the
13 separation from minimum-wage jobs and the
14 jobs that are in this field.

15 Right now, 44 percent of our folks
16 have a college degree. Our DSPs, we have
17 110,000 statewide -- 70 percent are women;
18 65 percent are Black, Asian or Latino. Yet
19 80 percent of those folks make less than
20 \$20 an hour. There's an imbalance between
21 the skills needed and the compensation they
22 receive.

23 We've conducted a survey, the
24 Miami-Ohio survey that included 4500 DSPs,

1 and we found that 85 percent like their job.
2 And of those folks that like their job, one
3 in four are not satisfied with their pay.
4 Which makes it very difficult to keep them.

5 So I'll be really quick. We need the
6 3.2 percent and an investment in our
7 workforce.

8 SENATOR BROUK: Thank you.

9 Next up, Paige Pierce, CEO of Families
10 Together in New York.

11 MS. PIERCE: Thank you. Thanks,
12 chairmen and committee members, for taking
13 the opportunity to listen to us.

14 I'm Paige Pierce. I'm the CEO of
15 Families Together in New York State. We
16 represent the voice of families and young
17 people involved in multiple systems,
18 primarily mental health. But as you heard
19 earlier when Assemblymember Walsh talked
20 about -- read that email from a parent from
21 her district, how frustrating it is as a
22 family member to not be able to access the
23 kinds of services and to really try to
24 navigate a system that's unnavigable and not

1 really a system at all.

2 We are an organization that represents
3 the voices of families, and we are family
4 members. I'm a parent of a child who was
5 diagnosed with autism when he was three years
6 old, and he's now 32. So the navigating part
7 is -- we are peers. We have that lived
8 experience so we have the ability to be able
9 to help -- our philosophy is "nothing about
10 us without us." We can help you all do your
11 jobs and better create policies that will be
12 effective because you listen to us as
13 stakeholders.

14 One of the things that was really
15 frustrating about hearing that email from
16 Assemblywoman Walsh was that this is -- she
17 gets those emails, you all get those emails.
18 We get those emails and phone calls every
19 single day from family members who are trying
20 to navigate what we call a system of care but
21 is really not. We have a quote from a family
22 member from Long Island who says: "We have a
23 great behavioral health system on paper.
24 I've never experienced it, but I'm told it's

1 there."

2 You know, I think that's really
3 telling about -- what we're trying to
4 communicate to you all is that the multiple
5 systems that are siloed are not effective
6 when they work with the walls up between
7 them. We need more coordination and
8 collaboration, and we need more family and
9 youth involvement in order to be able to do
10 it right.

11 You know, Governor Hochul, I've got to
12 give her credit for the emphasis on mental
13 health, and particularly children's mental
14 health, in both her State of the State and in
15 the budget. It is like no other Governor has
16 ever done. We used to joke about if we could
17 get the Governor to mention children or
18 families in their State of the State, it
19 would be a miracle -- and then mental health
20 and children and families was monumental.

21 And we do appreciate the attention
22 being paid, and the investments being
23 created. But there is still a lot to be
24 done.

1 The rising demand -- you can see in my
2 testimony -- I'm not going to go over all the
3 testimony, but the bulleted areas that are
4 our priorities at Families Together, the
5 rising demand and eroding capacity -- we know
6 that the needs have gotten stronger,
7 particularly with the pandemic, for
8 behavioral health services, particularly for
9 children and families. And the demand is
10 there, and the resources need to be able to
11 reach that same demand.

12 The rest of it's in my written
13 testimony.

14 SENATOR BROUK: Thank you. Fabulous.

15 Next we'll go to Ronald Richter, CEO
16 of JCCA.

17 MR. RICHTER: Thank you so much.

18 And good afternoon, Chairs and members
19 of the Senate and Assembly. I'm Ron Richter;
20 I'm the CEO of JCCA and have previously
21 served as New York City's ACS commissioner
22 and a judge of the Family Court.

23 So you know, JCCA is a child and
24 family services agency. We work with about

1 17,000 children and families a year,
2 providing a continuum of behavioral health,
3 preventive and foster care and residential
4 services. Our work sits at the intersection
5 of child welfare and behavioral health. So
6 when one of your colleagues asked this
7 morning of the commissioner of Mental Health
8 about how that agency is supporting foster
9 children, JCCA is here to say that there are
10 serious silos between the Office of Children
11 and Family Services, which licenses foster
12 care and residential, and the Office of
13 Mental Health, which is responsible for the
14 well-being of children and families,
15 especially those that have experienced a
16 separation because of foster care and,
17 of course, for some reason a judge decided
18 they couldn't live with their family.

19 I want to just emphasize I support the
20 COLA, I think it's critical. We have
21 significant turnover at JCCA in all of our
22 frontline positions. They are difficult to
23 fill. I appreciate your acknowledgement in
24 your comments today of how important that is.

1 We also need to look carefully at
2 Medicaid rates for child and family treatment
3 support services, for health homes, and for
4 home- and community-based services. The
5 Governor proposes a cut in health homes. The
6 only way you can get the highest-end
7 community-based service in New York, under
8 our current rules, is if you're in a health
9 home. So how the Governor proposes to cut
10 health homes -- while services we provide
11 require one -- suggests that there's a
12 disconnect or perhaps another way to get
13 these services. But unless that exists,
14 we're really cutting off children that need
15 the highest level of care.

16 The last thing I just want to
17 emphasize is my agency, because of the
18 challenges OPWDD has in building capacity,
19 takes care of children that are 22 and 23.
20 They're young adults, they're not children.
21 We are not licensed to do so. Because we are
22 not licensed to do so, the state's agreements
23 with MCOs do not require MCOs to pay for
24 health and behavioral health services for

1 kids who are 22 and 23 and in foster care or
2 residential.

3 So our agency eats over a million
4 dollars a year because we still provide the
5 health and the behavioral health. I urge the
6 Legislature to think about how agencies like
7 mine can support a Medicaid program with no
8 Medicaid dollars.

9 Thank you so much for your concern.

10 SENATOR BROUK: Thank you.

11 Next we'll go to Maria Cristalli,
12 board chair for the New York State Coalition
13 for Children's Behavioral Health.

14 MS. CRISTALLI: Well, good afternoon
15 and thank you, Chairs Brouk, Weinstein,
16 Gunther and members of the Assembly and
17 Senate. Thank you so very much.

18 I'm Maria Cristalli. I serve as
19 president and CEO of Hillside and as the
20 board chair of the New York State Coalition
21 for Children's Behavioral Health. The
22 coalition represents 43 member organizations
23 that serve approximately 200,000 individuals
24 each year and employ over 14,000 staff.

1 We are pleased -- I agree with my
2 colleagues that the Governor has repeatedly
3 talked about and created action around the
4 mental health investments that we need. In
5 fact, today, listening to Commissioner
6 Sullivan standing up new programming two
7 years in a row with ACT teams, investment in
8 school-based mental health, crisis services,
9 standing up beds -- all very good. But what
10 we're looking for in terms of a system is a
11 sustainable behavioral health system for
12 children.

13 What do I mean? The Governor said
14 during her address "Our children need much
15 help," and they do. And all of the testimony
16 today reinforced that need. Building on some
17 of the areas to focus on, health homes
18 serving children. Approximately 30,000
19 children and families receive health home
20 care management. We strongly oppose the cut
21 that is proposed in the Executive Budget and
22 ask you to restore that.

23 Let me share a few data points on why
24 this is important. For those children, a

68 percent increase in primary care visits. That's helpful. ER visits, a decrease by 12 percent. This program is working for individuals in the behavioral health system. And at least 80 percent of those children have one mental health diagnosis.

Very important when we think about the front end of that system and the connection to the service array that's part of Medicaid managed care -- the Child and Family Treatment Support Services and the home and community-based waiver services, that \$195 million ask for sustaining that system is critical to the future of behavioral health.

I want to also emphasize the support for the 3.2 percent COLA and suggest a multi-prong approach. We need that COLA year after year, but we need investments like the Community Mental Health Loan Repayment Program. Thanks to the Governor for including that in the appropriation for child-serving staff and agencies.

But also let's think about scholarship

1 programs, so we can help elevate people in
2 our field, people of color and women that are
3 interested in progressing into clinical roles
4 and leadership roles.

5 Thank you.

6 SENATOR BROUK: Thank you so much.

7 And finally we have Jennifer March,
8 executive director for the Citizens'
9 Committee for Children of New York.

10 MS. MARCH: Hi. Thank you for having
11 me. I'm Jennifer March, the executive
12 director of Citizens' Committee for Children.
13 We're a child advocacy organization based in
14 New York City, but we do statewide advocacy.

15 And today I'm really here on behalf of
16 the Healthy Minds, Healthy Kids Campaign,
17 which is a statewide campaign of clinical
18 practitioners, caregivers, youth and people
19 working across the State of New York to
20 actually address the behavioral crisis that
21 children and families are facing.

22 I want to, because time is of the
23 essence, talk really about what's not in this
24 budget and what we hope that you can

1 consider. The Healthy Minds, Healthy Kids
2 campaign undertook a Medicaid rate study that
3 examined rates of reimbursement for
4 Article 31 and Article 32 services,
5 children's Home and Community Based Services,
6 and Child and Family Treatment and Support
7 Services, and we really examined these rates
8 to try to uncover what would enable the
9 outpatient behavioral health system to expand
10 the urgent needs that they're seeing, so that
11 we can actually confront waitlists, address
12 wait times, shore up the workforce, prevent
13 the cycling of children in and out of
14 hospitals, and ultimately avoid the need for
15 crisis intervention.

16 And we found four things. First is
17 rates of reimbursement must keep pace with
18 inflation every year. That is not debatable.

19 Second, we need to establish a care
20 team coordination fee. These providers are
21 responsible for coordinating with a growing
22 array of care managers because children and
23 families touch many different systems, and
24 they should be compensated for the time it

1 takes to do so. That would cost about
2 \$20 million.

3 Three, we need to adjust children's
4 clinic rates to reflect the extra effort and
5 expertise of serving children. Children live
6 in families. Clinicians must actually
7 interact with many, many people in the
8 households, and this rate study suggests that
9 we need a 35 percent rate enhancement for
10 clinic visits provided to children. That
11 would cost \$117 million.

12 And fourth, we need to address the
13 CFTSS and children's HCBS rates to
14 acknowledge that we never achieved the volume
15 efficiencies that were anticipated when
16 Medicaid redesign was established, and
17 frankly the providers of service in this area
18 are subsidizing state rates in order to
19 continue to provide these services at the
20 community level. So an increase in rates for
21 CFTSS and HCBS would cost another
22 \$44 million.

23 That's a \$195 million ask. It would
24 result in 1300 more clinicians in the field

Thank you.

To start on the Senate side, we will have Senator Mannion.

Three minutes. Ronald, you mentioned that lack of coverage with the MCOs. Is there -- is a legislative fix possible, and is there any active legislation that would make that change?

Most of our young people on our campus

1 in Westchester -- we have right now somewhere
2 around 25 young people that are 22 or 23, and
3 we're providing those services.

4 The answer is yes, I think there is a
5 solution. No, there is no legislation.

6 SENATOR MANNION: We'll keep that
7 conversation going, then, if you could
8 contact our office.

9 MR. RICHTER: Absolutely. And thank
10 you very much.

11 SENATOR MANNION: Mike, thank you for
12 making the distinction between home care and
13 direct care, and we'll continue to have that
14 conversation.

15 And I sat up here for a workforce
16 hearing where someone testified that many
17 years ago, when they worked as a DSP, the
18 minimum wage was \$2.75. They received \$5.
19 That's what drew them into the profession.

20 That leads me to my question, which is
21 you have seen a decrease in the number of
22 vacancies. Do you attribute that to -- would
23 number one on the list be because of the wage
24 increases that have been provided over the

1 last couple of years?

2 MR. ALVARO: Yes, I think that
3 personally probably that is the biggest
4 driver.

5 But that doesn't resolve the issue of
6 the discrepancy between the level of the
7 minimum wage and where we are as a field.
8 Right now we're very close to the minimum
9 wage, and the state-operated facilities doing
10 the exact same work are making a lot more
11 money for the same amount. Let me just give
12 you a couple of them right here. That the
13 workers who are starting in downstate that
14 work in the voluntary sector are making \$17,
15 or \$34,000 a year, and the state-operated are
16 making \$55,000 a year.

17 In upstate, state-operated are making
18 \$50,000 a year, and starting salaries are
19 \$33,000 a year.

20 So those differences are so
21 significant. Yes, we've gotten the number
22 down, but the fluctuation is still there and
23 we're still spending over \$100 million a year
24 in the churn because we aren't able to keep

1 the staff on board.

2 SENATOR MANNION: Agreed. We need a
3 set-apart from minimum wage.

4 And Maria, can you tell me about your
5 retention rates in the first year of your
6 staff?

7 (Pause.)

8 CHAIRWOMAN WEINSTEIN: Assemblywoman
9 Sea --

10 MS. CRISTALLI: Sorry, I'm playing
11 with the mic here.

12 They are, Senator Mannion, 57 percent.
13 So we are churning 43 percent of new hires
14 after only one year. It's astounding. And
15 it's expensive.

16 SENATOR MANNION: Thank you.

17 CHAIRWOMAN WEINSTEIN: Thank you.
18 Sorry.

19 Assemblywoman Seawright.

20 ASSEMBLYWOMAN SEAWRIGHT: Thank you to
21 this distinguished panel for all of your
22 testimonies.

23 I'd like to direct my question to the
24 NYDA president, Mike Alvaro.

1 What's the outlook for provider
2 agencies under the proposed Executive COLA of
3 1.5 percent?

4 MR. ALVARO: We -- the COLA is really
5 important for things like insurance. We all
6 live in the world today, right? The
7 insurances alone we're seeing anywhere from a
8 20 to 30 percent increase across our
9 agencies. That alone, the 1.5 percent
10 doesn't cover.

11 We aren't really able to maintain
12 operations. So the 1.5 percent really is not
13 going to keep up with the day-to-day
14 operations and the money needed to keep our
15 doors open. We fall further behind.

16 ASSEMBLYWOMAN SEAWRIGHT: Thank you.

17 SENATOR BROUK: Next we'll have, on
18 the Senate side, Senator Webb.

19 SENATOR WEBB: Thank you all so much
20 for being here.

21 My question is specifically for you,
22 Maria, with regards to youth Assertive
23 Community Treatment teams. And so I know
24 that there's a \$9.6 million increase in

1 funding for the creation of 12 additional
2 youth Assertive Community Treatment, or ACT
3 teams statewide.

4 And my question is, where will these
5 12 new programs be located? And has the
6 pandemic stunted the progress of these
7 programs?

8 MS. CRISTALLI: Thank you, Senator.
9 And I'll have to get back to you on where
10 they will be located.

11 I will tell you, in terms of standing
12 up these programs and my organization and my
13 colleagues -- my organization, we personally
14 have three programs. They have been
15 difficult to stand up, especially in rural
16 areas, because of the time commitment, the
17 crisis component of the program, and the
18 shortage of clinicians in our sector. That
19 Community Mental Health Loan Repayment
20 program will help. It's not the only thing.
21 Getting back to the COLA, you know, we have
22 to have incentives, sign-on bonuses.

23 We as an organization -- I know my
24 colleagues have done the same -- keep raising

1 compensation. Compensation has become a
2 year-long sport because we need to attract
3 the people to do so.

4 I'm very pleased that the Office of
5 Mental Health, Commissioner Sullivan, has
6 heard the feedback from providers on how
7 difficult it has been in standing up youth
8 ACT teams, has lowered the capacity per team,
9 cost-neutral adjustments. And also the
10 option to utilize crisis -- the crisis
11 component of that work in a different way
12 with OMH approval.

13 For example, my organization, we have
14 24/7 clinicians that staff and serve the
15 community, and they're able to help the youth
16 ACT teams.

17 Thank you.

18 SENATOR WEBB: Thank you.

19 CHAIRWOMAN WEINSTEIN: Assemblywoman
20 Gunther.

21 ASSEMBLYWOMAN GUNTHER: I'm okay.

22 CHAIRWOMAN WEINSTEIN: Assemblywoman
23 Giglio.

24 ASSEMBLYWOMAN GIGLIO: Good afternoon.

1 Thank you all, and thank you for your
2 advocacy.

3 So we know that there's no shortage of
4 people that are seeking assistance as parents
5 age out and are trying to get their family
6 members or children into programs. But we
7 know that there is a shortage with the DSPs.
8 And from what I'm being told is that the
9 increase from the 1.5 percent to the
10 3.2 percent would be \$50.8 million.
11 Fifty-point-eight million. And the wage
12 enhancements would be another 125 million.

13 Budgets are about priorities. And
14 it's a small price to take care of our most
15 vulnerable population. And I urge my
16 colleagues, as they have done in the past
17 years that I've been here, to continue their
18 advocating and their voice being heard in the
19 budget process, to make sure that 3.2 percent
20 of a COLA increase is the minimum.

21 So now my question for you is, when
22 you do find somebody that may want to become
23 a direct support professional -- and you talk
24 about the turnover, which is extremely high;

1 43 percent is just really unfathomable. But
2 there is a big turnover. And the wages seem
3 to be the -- requirement for the wages to do
4 this kind of work keeps going up. They want
5 more money to do this kind of work.

6 So what do you suggest we do in order
7 better train or provide incentives through
8 SUNY/CUNY programs, so that people are
9 interested in pursuing this career, perhaps
10 with a career beyond, like moving into the
11 nursing industry from coming out of being a
12 DSP in a home setting, and then getting a
13 college education at the same time. Any
14 suggestions?

15 MS. CRISTALLI: Well, I'll start. I
16 think earning and learning is important. So
17 for this segment of our workforce, they have
18 to have the opportunity to continue working
19 while they're earning, whether it be a
20 credential, going on to complete their
21 education. So it does have to be a
22 multi-prong approach that applies not only
23 the adjustments in salary and benefits, but
24 also the opportunity for scholarships for

1 them to go back to school while they're
2 working.

3 Many of the -- and I'll speak for
4 myself, my organization. The DSPs, they have
5 other jobs, whether it be an assignment
6 within our organization, outside our sector,
7 to make ends meet. So I think we have to
8 provide incentives like that, multi-prong-
9 approach ways to even subsidize what they
10 might need to be successful. Like childcare,
11 for example. It is a complex solution.

12 ASSEMBLYWOMAN GIGLIO: It is, because
13 they're paying for education; meanwhile
14 they're collecting a smaller salary than what
15 someone would be in pursuing a career in
16 healthcare.

17 So thank you.

18 MS. CRISTALLI: Thank you.

19 SENATOR BROUK: Thank you.

20 Now we'll have Senator
21 Canzoneri-Fitzpatrick.

22 SENATOR CANZONERI-FITZPATRICK: Thank
23 you, Chair.

24 Thank you for everybody being here. I

1 especially like the list that we got of
2 priorities.

3 There are a number of things that I've
4 heard in the testimony that are so troubling.
5 The fact that there is such an increase in
6 youth that are making a suicide plan and
7 actually trying to attempt suicide is just so
8 heartbreaking. And one of the things that I
9 read in your testimony, Ms. Cristalli, about
10 half of New York's youth with major
11 depressive episodes in the past year, did not
12 receive treatment at all.

13 ' And one of the things that I've talked
14 about is changing the narrative to say that
15 we should be talking about mental wellness so
16 that our youth are not stigmatized as to the
17 fact that they need help. Right? We tell
18 them, go to the doctor when you have a
19 stomach ache or a headache, but to feel
20 depressed, we don't somehow have that
21 narrative yet.

22 So my question, though, to you,
23 because you're the experts and not me, is how
24 do we change that? How do we get more kids

1 to ask for help? What are we doing wrong?
2 And I know that there's a shortage of the
3 people that are actually giving them the
4 care, and the COLA increase certainly will
5 hopefully help them. But certainly looking
6 at the fact that there's only 28 child
7 psychiatrists per 100 children is just so
8 troubling.

9 And I've often said I would love to be
10 able to say give a professional who wants to
11 get that extra education -- that's where we
12 give them a loan forgiveness. Because let
13 them serve in a community-based program or
14 serve underserved communities where we really
15 need it, and give them the benefit of
16 those -- that free education.

17 But I really would like to open it to
18 anybody. What are we doing, what can we do
19 better to get our youth to ask for help?

20 MR. RICHTER: Well, I'll say that I
21 think that it is important to integrate
22 mental health services into schools, and I
23 applaud the Governor for that. But there are
24 costs associated with getting those started.

1 As you're very aware, many of our schools
2 don't have space for a janitor's closet let
3 alone a mental health clinic.

4 So I think that while it's a
5 phenomenal proposal that does address some of
6 what you're saying, on the ground it's
7 extremely difficult to make happen. The more
8 that those services are there, the more
9 people are going to talk about how it's okay,
10 you know. But it's few and far between.

11 MS. MARCH: And I would just add
12 quickly we did the rate study to identify
13 concrete, pragmatic solutions so that
14 children and families get services timely.
15 Because the worst thing you can do is make
16 someone wait weeks and months, because then
17 there is a disconnection from the very thing
18 that could be lifesaving.

19 SENATOR CANZONERI-FITZPATRICK: Thank
20 you.

21 CHAIRWOMAN WEINSTEIN: Thank you.
22 Assemblyman Eachus.

23 ASSEMBLYMAN EACHUS: Thank you,
24 Madam Chair.

1 I apologize for not being here for
2 most of your testimony and all. But please
3 know that I am very aware of all the needs
4 you have. If you recall, I've said in past
5 years I have a daughter who's 37 years old
6 who since birth has been involved with the
7 Office of Mental Health and all of the
8 various different programs.

9 You mentioned about how difficult it
10 is to get into schools. These clinics that
11 they're talking about, and the fact that
12 there is no room, that is true. I'm from the
13 Hudson Valley. That's true in the Hudson
14 Valley, as it is all over.

15 And that's why I actually have started
16 a discussion with Commissioner Sullivan about
17 opening up a wing of a hospital that has been
18 closed, and then making that a reception
19 center, evaluation center for all of the
20 school districts in the area. You have the
21 physical facility already, and then all we
22 would have to do is staff it properly.

23 And of course it also wouldn't take
24 the kids out of -- which is what the idea is

1 here -- out of their community to get
2 evaluation, to receive services and so on
3 like that. So there are some other things.

4 I am going to ask one way out of the
5 ballpark question, because I notice that you
6 all deal with children and families and so on
7 like that. And the question I have is, is,
8 in any of your programs, there an active
9 program to get the parents to sign up for
10 guardianship for their kids? Because that's
11 so important.

12 I can tell you it makes a big
13 difference when they're older, you know, past
14 18, on the type of services that they can
15 actually receive, because the parents can
16 still stay involved with those kids and so on
17 like that. So do we, in any place or
18 anywhere, encourage guardianship?

19 MS. PIERCE: Most of the people on
20 this panel specifically work with families
21 and children with behavioral health, mental
22 health needs more than developmental
23 disabilities. And we do have -- you know,
24 our hope always for our young people is that

they will be their own self-advocates and
that they will be independent.

So we're not as involved in that kind of guardianship kind of thing as people in the developmental disabilities community might be. And that's why I ask if you might want to --

MR. ALVARO: Absolutely. So we do have guardianship programs where we work with families to make sure that they are involved. So I thought you were talking about --

(Overtalk.)

ASSEMBLYMAN EACHUS: Let me tell you something. It's not just developmental disabilities. It also applies to mental disabilities. And that's why -- and of course that guardianship does not have to be expressed, even if it's signed up for. But if you don't sign up for it, that child, if it's necessary, needs guidance when they're older, may not get it if the parent does not have guardianship.

So I think it's very essential.

MS. MARCH: I wonder too if healthcare

1 proxy could be pursued, as an alternative
2 path which allows you to have permission to
3 be involved in healthcare decisions.

4 ASSEMBLYMAN EACHUS: Sure. Thank you.

5 SENATOR BROUK: All right, so I'm up
6 next on the Senate side.

7 And first I have to say thank you all
8 for everything you do.

9 Paige, I've used your slogan, "Nothing
10 about us without us," in so many instances
11 because it's so, so true.

12 And obviously, Maria, great to have
13 other Rochesterians here with us.

14 So I won't -- I wish I could belabor
15 the point, but I only have three minutes. So
16 I won't belabor -- you know, we've talked
17 about the \$195 million investment, we've
18 talked about what that means. Jennifer,
19 thank you for walking through that.

20 I do want to ask, because I think that
21 you all particularly, as a panel, have so
22 many stories and experiences, because this is
23 your everyday. Right? And I think one of
24 you said it, we get a few emails and calls

1 about what families are going through --
2 that's your everyday. And it's multiple
3 families, it's hundreds and thousands of
4 families.

5 So I would like to just take a minute
6 to hear from you a little bit more about the
7 waitlists that we hear about. If someone
8 wants to take it to describe exactly what
9 families are looking at in terms of looking
10 for services for their children, in terms of
11 waiting times.

12 MR. RICHTER: I can say that in
13 addition to the waiting times -- and then
14 I'll pass it off to Paige -- it takes a long
15 time to get approvals from insurance
16 companies for certain services. So once a
17 child is in a health home and has care
18 management, you have to apply to get approval
19 for HCBS services or the like. And we lose a
20 lot of families while they're waiting for
21 whether they get approval or not. And then
22 there's a waitlist.

23 SENATOR BROUK: Can you give us a
24 time -- I mean, are we talking days, weeks,

1 months, average?

2 MR. RICHTER: It can be a couple of
3 months.

4 SENATOR BROUK: Okay, thank you. Just
5 for that piece.

6 MR. RICHTER: Yeah, for that part.

7 MS. PIERCE: And I'm just going to
8 talk really briefly and then hand it over to
9 Jennifer to talk about the Healthy Minds,
10 Healthy Kids study.

11 But, you know, we hear stories of
12 families whose kids are in ERs for months,
13 months, living in an ER. Just entirely
14 inappropriate. And mostly it's because of
15 the lack of availability for -- it's because
16 of the waitlists elsewhere.

17 So I just wanted to share that and
18 then let Jen talk about the study.

19 MS. MARCH: Well, we're actively
20 trying to ascertain like concrete waitlist
21 data both from OMH and providers. But we
22 know it can range from -- anything from
23 several weeks to several months.

24 SENATOR BROUK: And within that time

1 period, I have to imagine the needs get more
2 complex.

3 MS. MARCH: Correct.

4 SENATOR BROUK: And when you're
5 talking -- I mean, you said months. To be a
6 child in an emergency department? I mean,
7 that's a complete retraumatization, I would
8 imagine. And then you're probably dealing
9 with even more than you were originally.

10 MS. PIERCE: And I just want to point
11 out also for those who are sort of the
12 bean-counters or, you know, more thinking
13 about the financial impact, the impact on the
14 parents -- imagine if your child is in the ER
15 for months. How are you supposed to go to
16 work? How are you supposed to make a living?
17 Your employer is then suffering as well.

18 SENATOR BROUK: Thank you.

19 CHAIRWOMAN WEINSTEIN: To close
20 questioning for this panel, Assemblywoman
21 Kelles.

22 ASSEMBLYWOMAN KELLES: Just so I can
23 clarify my questions, do any of you work with
24 developmental disabilities, or is --

1 MR. RICHTER: Our agency does have a
2 program. They're child-welfare-involved
3 young people, in our case.

4 ASSEMBLYWOMAN KELLES: Okay. So I
5 just want to share -- I had an experience
6 this weekend that I'm still processing, and
7 so I'm going to share a couple of points and
8 then I have a question for you.

9 Five families, all with children who
10 have been classified as permanently disabled,
11 severely disabled. They are distraught to an
12 extreme because they cannot get any services
13 for any reason. So I just wanted to share
14 some of the things that they said that are
15 just absolutely broken.

16 Providers don't get paid for time
17 spent billing, writing reports, literally
18 only the minutes that they spend with the
19 individual.

20 There's a new Medicaid system that
21 they're now being asked to do, and they had
22 another one they just did three years ago.
23 So many of them are dropping out because it's
24 like literally the last straw.

1 Annual Medicaid renewal applications
2 for Medicaid --

3 MR. RICHTER: You might have been
4 speaking to one of us.

5 (Laughter.)

6 ASSEMBLYWOMAN KELLES: So the
7 application process has to be done annually.
8 I'm going to try and yell it out.

9 The Medicaid renewal application
10 annual -- it's 32 pages, it changes the order
11 of the questions every year. It doesn't
12 align with OPWDD, so they have to do the same
13 application for every single department that
14 they work with, which is usually three or
15 four of them.

16 They also talked about guardianship
17 process costs a lot of money, impossible to
18 access.

19 Here's the last one. They have a
20 critical nursing shortage. Parents recruit
21 someone, and to bill Medicaid the nurse needs
22 to register in the Medicaid system as a
23 vendor. This process takes 60 to 120 days
24 before she can bill. By that time, this

1 woman had already found another job because
2 she literally couldn't bill for any of her
3 services.

4 In tears, frustrated about all the
5 nuanced systems -- I didn't even read through
6 the whole list.

7 Can you talk about the red tape that
8 you are seeing consistently across the board
9 like this, how you would like us to help?
10 Because this is costing us an insane amount
11 of money, extra money that it doesn't need
12 to.

13 MS. CRISTALLI: I'm going to jump in
14 in one area, thank you very much. And I
15 think that it is related to services through
16 the managed care plans.

17 And for providers like my
18 organization, certainly we're on, and our
19 colleagues that are contracting with 10 or 12
20 managed care plans -- all the processes that
21 you're describing, credentialing, the
22 contract process, paperwork, are all done a
23 little bit differently. So if we can
24 standardize as much as possible and say,

1 here's a standard of how we're going to do
2 these things -- because we do want the
3 majority of time doing the work with young
4 people and families.

5 That's one concrete suggestion.

6 MR. RICHTER: Yeah, I mean,
7 administrative fees -- you know, we have
8 created essentially a hospital setting at a
9 social services agency which includes having
10 people to deal with insurance companies that
11 generally deny claims. So we now have a
12 staff that we are not paid to have in order
13 to capture Medicaid money.

14 ASSEMBLYWOMAN KELLES: Let's connect
15 after this. Love to get these solutions.
16 Thank you so much.

17 CHAIRWOMAN WEINSTEIN: Thank you.

18 SENATOR BROUK: That wraps up all our
19 questions. Thank you so much to our
20 panelists.

21 MULTIPLE PANELISTS: Thank you.

22 SENATOR BROUK: Next, we're going to
23 start Panel D. We have the Drug Policy
24 Alliance; Coalition of Medication-Assisted

1 Treatment Providers and Advocates; Alliance
2 for Rights and Recovery; Licensed Creative
3 Arts Therapists; and the New York Alliance
4 for Inclusion and Innovation.

5 Welcome, everyone. We will start with
6 Toni Smith, New York State director for the
7 Drug Policy Alliance.

8 MS. SMITH: (Mic off; inaudible.)

9 SENATOR BROUK: You need to turn your
10 mic on.

11 MS. SMITH: It's -- very close, okay.

12 My name is Toni Smith. I'm the
13 New York State director at the Drug Policy
14 Alliance, the leading organization in the
15 United States promoting drug policy that is
16 grounded in science, compassion, health, and
17 human rights.

18 It has taken decades to undo just some
19 of the harms of mass criminalization and the
20 drug war. And now, in the midst of really a
21 record-breaking overdose crisis, we are
22 concerned that we are seeing a change in
23 response to drug use from a public health
24 concern to once again a criminal legal system

1 concern. We cannot recreate the Rockefeller
2 Drug Laws.

3 DPA is urging the Legislature to omit
4 Part U of the Health and Mental Hygiene
5 Article VII language, which proposes
6 scheduling many new substances. We urge this
7 for a number of evidence-based reasons.

8 First, scheduling does not reduce
9 overdose deaths. Criminalization has been
10 the default response to the drug market for
11 decades, in which time the drug supply has
12 become more adulterated and overdose deaths
13 have skyrocketed. This is because the
14 criminalization of the drug supply results in
15 the introduction of new adulterants, which
16 are often more potent and unpredictable.

17 Second, criminalization amplifies the
18 risk of fatal overdoses. A 2023 study of
19 drug seizures and overdoses found that
20 drug busts were associated with almost a
21 24 percent increase in opioid overdose
22 deaths.

23 Third, scheduling undermines drug
24 checking. New York State recently launched

1 drug-checking programs across the state.
2 Embedded in harm-reduction programs, drug
3 checking creates an important feedback loop
4 between providers and consumers. By
5 understanding what and why consumers are
6 using, providers can relay a more nuanced
7 understanding of the drug supply to public
8 health officials, which is critical to
9 informing our public health response.

10 To be most effective, community
11 members need to know that knowing what's in
12 their drugs is not going to be used to
13 criminalize them.

14 Fourth, scheduling hinders lifesaving
15 research. Some of the most important
16 medications developed to address the crisis
17 are the result of research on opioid-related
18 substances such as naloxone.

19 Part U proposes to add, to Schedule I,
20 more fentanyl analogs, five
21 benzodiazepines -- which are only temporarily
22 placed on the federal schedule -- and
23 proposes to add xylazine as a Schedule III
24 drug, even though it is not federally

1 scheduled.

2 We need more research, not
3 criminalization. It is still unclear, for
4 example, how effective naloxone is in
5 responding to xylazine-involved overdoses, so
6 research is key. Instead of criminalization,
7 you can pass legislation to ground drug
8 checking in health by protecting participants
9 from punishment and criminalization and you
10 can expand overdose prevention centers. The
11 state does have the authority and the
12 resources to expand OPCs.

13 DPA commends the work of the
14 Opioid Settlement Fund Advisory Board for
15 their recommendations and their work, echoing
16 their recommendation to use settlement funds
17 for OPCs. And we urge the Legislature to do
18 the same. At this time, we can save lives or
19 we can criminalize, but we cannot do both.

20 Thank you.

21 SENATOR BROUK: Thank you so much.

22 Next we have Allegra Schorr, president
23 of the coalition of Medication-Assisted
24 Treatment Providers and advocates.

1 MS. SCHORR: Good afternoon. My name
2 is Allegra Schorr. Thank you for the
3 opportunity to testify today on behalf of
4 COMPA. COMPA represents medication-assisted
5 treatment providers and the opioid treatment
6 programs across New York State.

7 The New York State Overdose Death
8 Dashboard shows overdose deaths increased by
9 73 percent from 2018 to 2022. And during the
10 same time period, overdose deaths connected
11 to illicit fentanyl increased by 127 percent.
12 And furthermore, while overdose deaths for
13 all racial and ethnic groups grew, Black and
14 Latino/Latina New Yorkers had the highest
15 overdose deaths and the largest increase in
16 rate from 2021 to 2022.

17 We need immediate action. But the
18 Executive Budget proposes a 13.4 percent
19 decrease to the OASAS budget. A renewed
20 sense of urgency and investment is needed to
21 combat the current opioid crisis. We need to
22 increase access to treatment, but how?

23 Adding more and more program sites in
24 the middle of a workforce crisis creates more

1 of a workforce staffing shortage, as existing
2 programs struggle to retain staff and compete
3 to recruit staff.

4 Moreover, we keep seeking to add
5 programs while our communities are watching
6 an increase in fentanyl use and homelessness,
7 and then they blame the syringes they see on
8 the street and the blight they are
9 experiencing on our existing programs.

10 Increasing access is more than
11 starting a lot of new programs. We need to
12 address the insurance reforms so that
13 whatever coverage you have is how you can
14 access treatment. We need to pivot from
15 criminalization to public health. We need to
16 work with our communities to defeat NIMBY.

17 We need to increase reimbursement, and
18 we need to ensure that commercial
19 reimbursement is at least equal to Medicaid.
20 We need to tie the COLA to the Consumer Price
21 Index to recruit and retain our workforce.

22 We need to invest in career
23 development. We need to reform the OMIG's
24 audit practices so they pursue actual fraud

1 and abuse and stop taking money back from
2 providers who have actually delivered
3 services. And there are opportunities to do
4 this in the budget.

5 We can reduce the cost of toxicology
6 testing. We can make the Opioid Stewardship
7 Fund permanent. We must capture savings from
8 managed care and reinvestment in the system.
9 And we must remember that the cost of
10 overdose is high. The economic costs are
11 staggering, but the human cost is
12 incalculable.

13 Thank you. Thank you for all your
14 work on this.

15 SENATOR BROUK: Thank you.

16 Next we have Harvey Rosenthal, CEO of
17 Alliance for Rights and Recovery.

18 MR. ROSENTHAL: Good morning -- good
19 afternoon, and thank you.

20 In my three minutes, I hope to be able
21 to offer some specific recommendations to
22 some of the key questions that have been
23 asked around what we can do to help people
24 manage their health in ways that prevent

1 avoidable ER, hospital, jail and prison stays
2 and, if they end up there, what we can do to
3 break the cycle.

4 I'm Harvey Rosenthal, person in
5 long-term recovery, CEO for 30 years of the
6 Alliance of -- of the New York State
7 Association of Psych Rehab Services and now
8 the Alliance for Rights and Recovery.

9 I've got plenty of comments in my
10 testimony, but I want to say the people that
11 I represent are people who are called having
12 serious and persistent mental illness,
13 complex conditions, hard to serve, people on
14 Medicaid. A number of them are people of
15 color, and a number of them are
16 justice-involved.

17 And my folks first wanted me to tell
18 you the great sense of alarm and outrage they
19 feel about the onerous direction in which
20 discussions and some mental health policies
21 have been going in New York City and New York
22 State. Yes, we've seen a tremendous increase
23 in violence of all kinds, but we are not the
24 cause by any means, we're not the cause of

1 that violence. Four percent of violence in
2 our community. You would not know that if
3 you read the newspapers -- and now even the
4 New York Times, I just have to say that out
5 loud.

6 But there is a narrow focus here in
7 our answers -- traumatizing hospitalizations,
8 medications that may have side effects or
9 don't work, and coercion. Now we're
10 rebuilding beds on the same hospital grounds
11 we were trying to, you know, move into the
12 community about.

13 There are people saying we don't have
14 a -- they don't have a right to live in the
15 community if they don't take treatment, they
16 don't have a right to live in the community.

17 Some people want to place more people
18 with outpatient treatment orders -- I'm
19 sorry, I'm trying too hard to get it in. But
20 if you notice on Kendra's Law, the outpatient
21 commitment law, which we're so against, both
22 the Times and the Comptroller found that
23 these programs are not working. People are
24 not getting to the services.

And imagine if you don't have a court order, you're really not getting to the services. So it's really about connectivity, and we'll talk about that a little bit if we have time.

Remember, also, if we're going to do a study, which we're doing now, four out of five AOT orders in New York City, three out of five statewide, are leveled at people of color. Why is that?

There's some new legislation out you may hear about, Assembly 812, Senate 5508. We ask you to reject it: More coercion.

We know a lot more of what works to engage people. Okay, prevention. Mrs. Gunther really funded a pilot which we made really into a national model. It's called INSET. It engages people who meet every criteria for Kendra's Law but are engaged voluntarily by peers, 80 percent at a time. The state is doing that; we need more of those.

We need to divert people from avoidable emergency room visits. We have

1 stabilization centers, but they're only a
2 one-day program. We need more peer crisis
3 respite programs that can last eight to 28
4 days. Oh, my goodness.

5 AMT providers, from Daniel's Law. We
6 need alternatives to police. We need a Peer
7 Bridger -- just give me one second.

8 SENATOR BROUK: I have to cut you off
9 now, Harvey.

10 MR. ROSENTHAL: A peer bridger is a
11 person that will help you leave the state
12 hospital and stay out of it and won't come
13 back --

14 SENATOR BROUK: Thank you.

15 MR. ROSENTHAL: -- and won't pass you
16 on to somebody else but will stay with you.
17 It's a great model. I'll tell you more later
18 if we get a chance.

19 SENATOR BROUK: Thank you. Okay.
20 Well, I'm sure someone will ask about all of
21 those things at some point, and we'll hear
22 more.

23 I do want to get to Drena Fagen,
24 Licensed Creative Arts Therapists.

1 MS. FAGEN: Hi. I'm so glad to be
2 here. I am testifying on behalf of the
3 Licensed Creative Arts Therapy Advocacy
4 Coalition.

5 For those of you -- I think many of
6 you are already familiar with us. The
7 license is Licensed Creative Arts Therapists;
8 sometimes, for short, we're called LCATs. So
9 I might slip and call us that sometimes, so
10 you'll know what I'm talking about.

11 I'm representing over 2,000 already
12 licensed legally practicing psychotherapists
13 who work in New York State. We are licensed
14 by New York State. The rules for how we were
15 licensed were created by the state.

16 We are -- I've been in the mental
17 health sector for almost 20 years as a
18 licensed clinical social worker and a
19 licensed creative arts therapist.

20 We can all agree universally all day
21 long that there is a shortage of
22 psychotherapists for children, teens and
23 adults, and there's a shortage of jobs -- or
24 psychotherapists to take jobs at clinics and

1 hospitals and all these other facilities.
2 This is a crisis. There is a very high
3 demand for workers and clinicians, and there
4 is a very high demand by consumers for
5 therapists to get them off those waiting
6 lists.

7 So I'm going to be a real exception
8 today; we are not asking for money. Are you
9 ready? We are asking for language to be
10 added to this budget that will help fix the
11 problems that people have been talking about
12 all day.

13 There are -- a couple of days ago
14 there were 2,116 licensed creative arts
15 therapists who are licensed in this state to
16 practice psychotherapy, to bill insurance
17 using procedure codes that are identical to
18 clinical social workers, mental health
19 counselors, and marriage and family
20 therapists. There are 2,116 of us who could
21 take these jobs and who could help people if
22 you add language to the budget that says that
23 we can be added to the Medicaid provider
24 list. That's it.

1 So I'll tell you a little bit about
2 creative arts therapists, if you don't know,
3 in particular related to the things of today.
4 We are specialized, we have specialized
5 training that makes us different from the
6 other mental health counselors. We have
7 expertise in working with children in
8 particular who are developmentally more
9 responsive to play and creative arts
10 interventions in conjunction with
11 evidence-based and best practice therapy
12 models that everybody uses, and we use as
13 well.

14 We are also well trained to work with
15 anxious, depressed and school-avoidant teens.
16 Highly reluctant participants in therapy do
17 very well with nonverbal activity-based
18 therapies that again are grounded in
19 psychotherapy principles that all the other
20 practitioners are using. We are very
21 effective with nonverbal disabilities and
22 culturally aligned with immigrants who might
23 find talk therapy stigmatizing.

24 Thank you.

1 SENATOR BROUK: Thank you so much.

2 And finally we'll hear from Michael
3 Seereiter, president and CEO, New York
4 Alliance for Inclusion and Innovation.

5 MR. SEEREITER: Thank you. Good
6 afternoon.

7 My name is Michael Seereiter, with the
8 New York Alliance for Inclusion and
9 Innovation. We're also a member of the
10 coalition Mike Alvaro spoke about earlier,
11 New York Disability Advocates.

12 Over the past two years the CPIU has
13 increased 13.9 percent. Governor Hochul has
14 proposed during that time a 7.9 percent
15 increase. And while that's a significant
16 improvement over her predecessor, it's
17 nothing to be proud of.

18 Thanks to the Legislature, that has
19 been increased to 9.4 percent, but remains
20 4.5 percent below what was needed simply to
21 maintain the status quo for all human
22 services, including our OPWDD services and
23 programs.

24 And now the Governor is proposing to

1 continue that underfunding by 50 percent with
2 a CPIU that's at 3.2 percent and a
3 1.5 percent COLA. Let's make no mistake
4 about this. Our deplorable 17 percent
5 vacancy rate and 35 percent turnover rates
6 are directly attributable to almost 15 years'
7 worth of shortchanging provider organizations
8 who use those resources primarily to fund
9 their workforce, to compensate their
10 workforce.

11 The very least that the state can do
12 is not perpetuate this and fully fund the
13 3.2 percent COLA this year. And to make
14 reparations for those years in which there
15 was no COLA, we ask you to fund the \$4,000
16 direct support wage enhancement so that we
17 can begin bringing compensation for direct
18 support professionals closer to what it
19 should be to reflect the complexity of their
20 work.

21 New York State has historically failed
22 to demonstrate the political willpower to
23 fund OPWDD and other human services as they
24 were originally designed decades ago. Now,

1 simultaneously, OPWDD has failed to evolve,
2 to provide flexibility to use the limited
3 resources that we do have more effectively.
4 And you now have an antiquated system that is
5 completely unstable and at high risk of
6 collapse.

7 Commissioner Neifeld's efforts to
8 partner with stakeholders and pursue reform
9 of OPWDD are the most genuine and significant
10 that I have seen in my 25 years of doing
11 this. But the combination of the Governor's
12 lack of commitment to address OPWDD's
13 priority number one -- the workforce -- and
14 the intransigence of OPWDD and its resistance
15 to change, is too much to expect one
16 individual leader to overcome.

17 So I'm left with a quote from Dorothy
18 Day: "Our problems stem from our acceptance
19 of this filthy, rotten system."

20 It is time for the Legislature to
21 initiate a comprehensive redesign of supports
22 and services for New Yorkers with
23 intellectual and developmental disabilities.
24 While we ask you to stabilize the system with

1 a COLA and the direct support wage
2 enhancement, we also ask you to establish a
3 blue-ribbon commission to reimagine and
4 redesign a system that will be sustainable to
5 support New Yorkers with intellectual and
6 developmental disabilities for the next
7 50 years.

8 Thank you.

9 SENATOR BROUK: Thank you so much.

10 We will start on the Senate side with
11 three minutes for Senator Fernandez.

12 SENATOR FERNANDEZ: Okay. I thought I
13 had more time.

14 Well, really quick, thank you so much
15 for being here. I'm really sorry that there
16 wasn't more availability for additional
17 advocates to testify today, because we know
18 there are so many of you and the work that
19 you do is really immeasurable.

20 But I want to go back to the
21 scheduling topic while we have a few minutes.
22 It's been -- oh, I can tell from the work
23 that I've done, the conversations that I've
24 had, our communities are desperate to see

1 drugs off our streets because of the terrible
2 things that we've seen come of them. And
3 scheduling is always quick to be assumed to
4 be a solution because we're going to get it
5 off.

6 Could you please go into it further
7 about how harmful scheduling can be and how
8 it restricts research?

9 MS. SMITH: Sure, thanks.

10 So interestingly, when the federal
11 government themselves even schedules,
12 announces that they're scheduling new
13 substances, in the justification they will
14 often say we are scheduling this because the
15 last scheduling created new substances to
16 enter the market.

17 And so as we are struggling to catch
18 up, our health responses are struggling to
19 catch up with understanding xylazine and
20 understanding new analogs and understanding
21 the best way to treat wounds and other
22 symptomology that people are experiencing,
23 the drug supply is changing faster than we
24 can respond.

1 And so it is tempting to want to do
2 something quickly to stop a substance. But,
3 one, the scheduling doesn't remove the
4 substance that's scheduled, and it also
5 incentivizes the creation of new -- new
6 substances that are often more potent and
7 less --

8 SENATOR FERNANDEZ: I think that
9 should be repeated. It incentivizes the
10 creation of new substances, right?

11 MS. SMITH: Yeah. It does, right,
12 like the --

13 SENATOR FERNANDEZ: And then we're
14 going to have another drug out on the market,
15 like xylazine, that could be causing worse if
16 not the same harm.

17 MS. SMITH: Yeah.

18 SENATOR FERNANDEZ: Thank you for
19 that.

20 I also want to ask about peer support
21 services. It's my understanding that it is
22 not something reimbursable. Could you speak
23 about the importance of peer support services
24 and maybe why we need to? You, Harvey.

1 MR. ROSENTHAL: Great question. Peer
2 support is not adequately reimbursable under
3 Medicaid. The state plan does not pay for
4 that. So there's so much lost opportunity to
5 be able to deploy peers. OMH is trying to
6 pay for them too in the rehab option for
7 clinics, but they're needed everywhere and
8 there's not enough funding to -- at hospitals
9 and emergency rooms and jails and prisons
10 there's not the range of funding streams we
11 need.

12 SENATOR FERNANDEZ: And a peer is
13 somebody with experience, lived experience.

14 MR. ROSENTHAL: Like me, a person in
15 long-term mental health recovery.

16 SENATOR FERNANDEZ: Thank you.

17 I have 28 seconds. OPCs, that has not
18 been discussed today. The bill that is in
19 existence by Senator Rivera -- he was here
20 today -- is not the idea that is fearmongered
21 out there. It specifically allows current
22 needle-exchange programs to allow for an OPC.

23 Could you speak about the need about
24 that -- or for that?

1 MS. SMITH: Sure. We have two in
2 New York, the only two in the country.
3 They've been operating without interference
4 for over two years. In those two years they
5 have intervened in over 1300 overdoses
6 successfully.

7 And Rhode Island, Massachusetts,
8 Minnesota are all on their way to authorizing
9 or have already authorized overdose
10 prevention centers, and New York is being
11 left behind.

12 SENATOR BROUK: Thank you.
13 Assembly.

14 CHAIRWOMAN WEINSTEIN: We go to
15 Assemblywoman Gunther.

16 ASSEMBLYWOMAN GUNTHER: Harvey, how
17 are you? I haven't seen you in a long time.
18 Good to see you.

19 MR. ROSENTHAL: You too.

20 ASSEMBLYWOMAN GUNTHER: Can you speak
21 about the benefits of the Peer Bridger and
22 crisis -- those programs?

23 MR. ROSENTHAL: Thank you.

24 So I wanted to say that to

1 Assemblywoman Giglio, who was asking these
2 questions. When someone's in the hospital,
3 what we do now is we force them out quickly,
4 without supports, and they just return.

5 We created a Peer Bridger model in
6 1993. It's very prescribed. It starts in
7 admission, goes all the way through discharge
8 and nine months thereafter. We're not
9 handing off to people. That trust is really
10 important. We stay with you until you're
11 really engaged, and we work with you on
12 housing, peer support, wellness, you know,
13 and relapse prevention.

14 It's a fabulous program. It's
15 replicated around the country. So that's the
16 Peer Bridger program. And right now, we
17 would love to see -- and if you're going to
18 bring up new hospitals and put all that money
19 in them, and they're going to be discharged
20 in that same poor way, there should be a
21 Peer Bridger program in every hospital.

22 ASSEMBLYWOMAN GUNTHER: Okay, what
23 about -- I want to talk about Kendra's Law
24 and voluntary programs. What's going on with

1 that?

2 MR. ROSENTHAL: Well, the INSET
3 program that you funded -- it's done
4 amazingly -- is a national standard now. And
5 again, it's -- in order to get in the program
6 you have to meet every criteria for
7 Kendra's Law --

8 ASSEMBLYWOMAN GUNTHER: I'm talking
9 about the study, like the study --

10 MR. ROSENTHAL: Yes. Yes. We have a
11 study that actually the Assembly encouraged
12 us to put in that will look at, again,
13 scientifically, at whether people are getting
14 better because of better services or the
15 forced treatment. There's a real
16 controversy. We're looking for that study to
17 really examine that and, also, the overuse
18 of, you know, people of color in forced
19 treatment.

20 ASSEMBLYWOMAN GUNTHER: I was
21 interested in your, I don't know, the
22 psychotherapists and the crisis. I've never
23 heard of that before, and I was very
24 interested in that. And, you know, how --

1 I've been using it for a long time, I just
2 never heard of it.

3 MS. FAGEN: So psychotherapy is the
4 term that's used in --

5 ASSEMBLYWOMAN GUNTHER: Well, I know
6 psychotherapy, but --

7 MS. FAGEN: Right. Right. So we're
8 one of the four licensed -- creative arts
9 therapists are one of the four mental health
10 practitioner licenses that were created in
11 2006 under Article 163. So we're just one of
12 the four. I mean, to put it simply, each of
13 those professions has slight distinctions and
14 differences between each other, but
15 fundamentally we're all doing diagnosis,
16 we're all doing treatment planning and
17 assessment, and we're providing psychotherapy
18 to clients with mental health needs.

19 In a variety of settings -- in OMH
20 settings, in inpatient, in Article 31 and 32
21 clinics, in substance abuse facilities, IOPs.
22 And I run a large private practice that
23 serves the Hudson Valley and Brooklyn, in
24 Williamsburg, Brooklyn.

1 So we've been around for the exact
2 same amount of time, almost 18 years now,
3 and -- yeah. So yeah. And it's a little bit
4 of an uphill battle for us because people
5 aren't always exactly sure who we are and
6 what we are. But it's -- we are actually the
7 second largest of the mental health
8 practitioners, 14 percent.

9 ASSEMBLYWOMAN GUNTHER: I'll have to
10 talk to you after this.

11 MS. FAGEN: Sure, okay. Sure.

12 ASSEMBLYWOMAN GUNTHER: Interesting.

13 SENATOR BROUK: All right, next we
14 will go to Senator Canzoneri-Fitzpatrick.

15 SENATOR CANZONERI-FITZPATRICK: Thank
16 you, Chair.

17 And thank you to everybody on the
18 panel for what you're doing.

19 Ms. Fagen, I'm intrigued by what
20 you've presented to us about --

21 MS. FAGEN: The no money part?

22 SENATOR CANZONERI-FITZPATRICK: --
23 creative arts therapists, and I hope that
24 we'll be able to take your recommendation and

1 incorporate more of that since we have such a
2 workforce shortage.

3 And I do want to just say we've been
4 talking about it all day, about the COLA
5 increase and the challenges that you have in
6 your workforce, and I really sympathize with
7 you trying to get a job done.

8 My questions are limited because of
9 time. Mr. Seereiter, I wanted to ask you
10 about something you put in your statement
11 about artificial intelligence and what we can
12 do for people with intellectual and
13 developmental disabilities. Could you
14 describe to us why -- how you would use that?

15 MR. SEEREITER: First of all, you need
16 to put some pretty significant parameters in
17 place in terms of the rules of what's allowed
18 and what's not allowed. But after that, I
19 think it presents some really interesting
20 opportunities to take away, if you will, some
21 of the mundane, more routine aspects of
22 service delivery that occupy an inordinate
23 amount of time for the direct support
24 professionals that we hire.

1 I'm going to guess, taking a guess
2 here, 25 to 30 percent of their time on a
3 day-to-day basis is occupied with activities
4 that don't really have an awful lot to do
5 with what people receiving services and their
6 families want.

7 But the artificial intelligence can
8 also be used to start to really push the
9 boundaries, if you will, in terms of how we
10 use technology to support people to live more
11 independently. We've seen great
12 opportunities already with little pilot
13 projects, if you will, to support people who
14 have lived in a, for example, certified
15 residence, to then live on their own with the
16 use of technology. Remote supports provided
17 by a direct support professional, who is
18 supporting five or 10 or 15 people in their
19 own homes and can be called at a moment's
20 notice and can show up at a residence, at an
21 apartment, within five minutes.

22 There are lots of these opportunities,
23 and I think we should be looking to see how
24 the technology can augment the opportunity to

1 support us to provide services and supports
2 for a population of people that we're
3 struggling to do so with the population of
4 staff who we're able to attract to these
5 jobs.

6 And quite frankly, I think it also
7 then creates more opportunity to push more of
8 the resources back into the compensation for
9 those staff who do the work.

10 SENATOR CANZONERI-FITZPATRICK: Yeah,
11 I wasn't quite sure how you would use it.
12 Certainly going through therapy with AI, I
13 didn't think that was what you were
14 proposing, so I appreciate you clarifying it.

15 MR. SEEREITER: We've seen some
16 remarkable things where AI-empowered robots
17 are engaging with individuals on the autism
18 spectrum who have never spoken with a
19 human being in their life. It's stunning
20 stuff.

21 SENATOR CANZONERI-FITZPATRICK: Okay.
22 Well, that's very interesting to hear.

23 I just had a general question. I know
24 that Zoom and other technology, remote

1 technologies, have been used quite a bit
2 during COVID in every aspect of our life. Is
3 it still permitted to be used for services?
4 And do you find that that's helping you reach
5 more patients?

6 MR. SEEREITER: Me?

7 SENATOR CANZONERI-FITZPATRICK: That
8 would be great if you could --

9 MR. SEEREITER: I'm happy to answer
10 it. Yes, we do have some permissions on
11 that. We really need to expand it and look
12 to extend to utilize the technology to the
13 fullest extent. We clearly started that
14 process in the pandemic. I think we need to
15 continue it.

16 SENATOR CANZONERI-FITZPATRICK: Thank
17 you.

18 CHAIRWOMAN WEINSTEIN: Assemblyman
19 Brown.

20 ASSEMBLYMAN KEITH BROWN: Thank you,
21 Chair.

22 Mr. Se-reeder --

23 MR. SEEREITER: See-reiter.

24 ASSEMBLYMAN KEITH BROWN: Seereiter,

1 thank you.

2 I want to talk to you about your
3 comment about a blue-ribbon panel, and I want
4 to talk to you about parity. It seems to me
5 that one of the best ways to fix the system
6 is fix the funding, the commercial health
7 insurance paying 50 percent on the dollar of
8 what Medicaid and Medicare will pay.

9 So what do you see, you know, if we
10 were to create a blue-ribbon panel, first of
11 all, what agencies would we include? I have
12 an idea. And what issues would you tackle
13 under that?

14 MR. SEEREITER: The blue-ribbon
15 commission that we're envisioning is one
16 really focused on the OPWDD system. I'm sure
17 that there are plenty of opportunities for my
18 colleagues to be weighing in on other systems
19 that deserve that attention as well.

20 When we're talking about OPWDD
21 services, we have defined the system and
22 defined the way in which we -- I'm going to
23 put big air quotes around it -- assure
24 quality in such a way that it is all

1 compliance-based. It has zero to do with how
2 people receiving services and their
3 families -- what they want and how they want
4 those supports provided.

5 We need to move our system towards
6 something that's much more focused on
7 outcomes, defined by people who are receiving
8 services and their families. What are those
9 valued outcomes? We need to be moving in
10 that space in a very significant way, which
11 would then allow us to free ourselves from
12 some of these compliance-based activities
13 that occupy an inordinate amount of time of
14 the direct support staff that we can attract
15 and engage and retain in our programs.

16 This is the kind of thing I think we
17 really need to think about, because at least
18 as I see on the horizon, I don't see any
19 major changes happening in terms of the
20 ability to recruit and retain for us to be
21 able to compete with jobs that are paying \$25
22 and \$30 an hour. We're going to need to get
23 to that level or we're going to need to
24 comprehensively redesign the way in which we

1 envision services for people with
2 disabilities.

3 ASSEMBLYMAN KEITH BROWN: Thank you
4 very much.

5 MR. SEEREITER: Sure. My pleasure.

6 ASSEMBLYMAN KEITH BROWN: Thank you,
7 Chair.

8 SENATOR BROUK: Okay, next we will
9 have Senator Webb.

10 SENATOR WEBB: Thank you all for being
11 here.

12 I just have two questions, one with
13 respect to the Executive's proposal to cut
14 the OASAS budget by 13.4 percent. And so I
15 know that there's a renewed sense of urgency
16 and investment needed to combat the opioid
17 crisis. So this question is specifically for
18 you, President Allegra.

19 What would this funding go to
20 specifically? So that's one question.

21 And then my next question picks up
22 where my colleague Senator
23 Canzoneri-Fitzpatrick asked a question around
24 AI and helping those with special needs. I

1 know there's been a lot of concerns around
2 AI, especially as it pertains to potential
3 ethical implications and how we can protect
4 the public. And so my question is, would
5 there -- or would there need to be things we
6 need to do to address potential ethical
7 concerns for individuals with special needs?

8 MS. SCHORR: Thank you for the
9 question, Senator.

10 I think that looking specifically at
11 the budget slides that OASAS presented, the
12 bulk of the cut looks as though it goes to
13 the Aid to Localities.

14 But just taking a step back from
15 there, I think one of the big issues that we
16 have is that the OASAS budget is really
17 designed to be broad-based and will really
18 support services across everybody in the
19 state. There does seem to be some -- an
20 emphasis on Opioid Settlement dollars, which
21 as you heard earlier this morning from the
22 commissioner, great work, of course, and
23 we're certainly appreciative of those -- of
24 that funding. But they were always intended

1 to be really based in innovative projects and
2 not really meant to be ongoing kind of
3 funding.

4 So that it really is apples and
5 oranges, and we want to make sure that
6 that -- that those OASAS funds go fully
7 across and continue to support -- and that
8 those dollars get where they need to be.

9 MR. SEEREITER: On AI, as I said
10 before, I think we need to really establish
11 some ground rules about what's appropriate
12 and not appropriate in terms of the use of
13 technology to support people. That needs to
14 be key.

15 One of the things that's become very
16 clear to me is that if we're not part of the
17 conversation, we will become the victims of
18 that conversation. We need to be engaged in
19 that discussion about what's going to be
20 appropriate and not, what's in bounds and
21 what's out of bounds, clearly defining that.
22 And that's going to be very difficult for
23 many of us who are, you know, challenged with
24 some of these technologies.

1 But a set of guiding principles that
2 we at least as a sector can adopt, if you
3 will, that the state can consider using as a
4 set of rules to say this is what's allowable
5 and what's not allowable. But you need to
6 engage in the conversation. Otherwise, it
7 will get done to us in some capacity or
8 another.

9 SENATOR WEBB: Thank you.

10 CHAIRWOMAN WEINSTEIN: Assemblywoman
11 Simon.

12 ASSEMBLYWOMAN SIMON: Thank you all
13 for your testimony.

14 Mr. Rosenthal, I wanted to ask you --
15 or explore with you a little bit the
16 programming you've done, but also, you know,
17 this Daniel's Law which we are proposing,
18 first responders not be law enforcement but
19 actually properly trained people, and follow
20 that model of the Cahoots model from -- I
21 think it's Oregon, right?

22 How familiar are you with that? How
23 is that consistent with the work that you've
24 done? Or not.

1 MR. ROSENTHAL: Well, I think it's --
2 you know, we -- we're part of the Daniel's
3 Law Coalition, and we work very closely with
4 the Senator on that. It's a key piece of
5 diversion from the criminal justice system.
6 It's an avoidable arrest, it's an avoidable
7 incarceration, by sending a mental health
8 worker who knows how to respond, rather than
9 a police officer who may not.

10 We used to spend a lot of time
11 training police officers, a lot of turnover.
12 It's not always a fit. Peers and EMTs are
13 the way to go. That model really works.

14 ASSEMBLYWOMAN SIMON: Thank you.

15 And Ms. Fagen, I could have sworn in
16 last year's budget we got the LCATs back in.

17 MS. FAGEN: We did have support in the
18 Assembly and the Senate to put them back in,
19 but it didn't happen.

20 ASSEMBLYWOMAN SIMON: Okay, so it
21 didn't happen in the final analysis.

22 MS. FAGEN: So we're back.

23 ASSEMBLYWOMAN SIMON: Because I've
24 been working with the Brooklyn Conservatory

1 of Music and their therapists, music
2 therapists, who are the same license, right?

3 MS. FAGEN: Right. Yeah, they have an
4 esteemed program that brings music therapy
5 specifically to schools all across Brooklyn
6 particularly, right, and I think even
7 probably beyond. Yeah.

8 ASSEMBLYWOMAN SIMON: Okay, great.

9 So I apologize for that. Hopefully we
10 can get that happening, because it's really
11 important.

12 MS. FAGEN: Yeah, thank you.

13 ASSEMBLYWOMAN SIMON: Thank you.

14 SENATOR BROUK: Okay, so I guess I'm
15 up.

16 I first want to thank all of you for
17 all the work that you do. I think the
18 passion for your work comes out in your
19 testimony, and it's certainly noted.

20 Just to pick up where my
21 Assemblymember colleague left off, looking at
22 the licensed creative arts therapists. So I
23 just want to make sure that these numbers --
24 I have these right. You said you were the

1 second or third biggest group of folks --
2 what was the statistic?

3 MS. FAGEN: We're the second-largest
4 of the mental health practitioners.

5 SENATOR BROUK: Second largest. And
6 how many --

7 MS. FAGEN: Right. So social
8 workers -- which I am also a social worker --
9 it's no contest. There's like 50,000 of
10 them. But in terms of the mental health
11 practitioners, the first one is the licensed
12 mental health counselors, there's around
13 11,000. We're the second ones, just over --
14 a bit over 2,000. Licensed marriage and
15 family therapists, who are Medicaid-covered,
16 are below us. And the licensed
17 psychoanalysts. So that's the pecking order.

18 SENATOR BROUK: And you're the one
19 that's not able to be a Medicaid provider.

20 MS. FAGEN: And the licensed
21 psychoanalysts also, both of us.

22 SENATOR BROUK: Today we're talking
23 about you.

24 MS. FAGEN: Yeah, yeah, I know. But,

1 I mean -- you know.

2 But the thing is, just to speak on
3 that, we care about increasing the services,
4 right? And if there's these two licensed
5 professions, right -- I care about us, but
6 also why are they not here? Like why are we
7 not --

8 SENATOR BROUK: It doesn't seem
9 logical.

10 MS. FAGEN: It doesn't seem logical.

11 SENATOR BROUK: So we're going to try
12 again.

13 (Laughter.)

14 SENATOR BROUK: But I think, you know,
15 we've talked about the workforce issue, and
16 right now we're literally looking at, as we
17 sit up here on this dais, looking at
18 potential providers for folks who aren't able
19 to reach every person who needs help simply
20 because of something we could change here in
21 Albany. So I appreciate you kind of
22 hammering that home.

23 In my last minute and 27 seconds I'm
24 coming to you, Harvey, to talk about -- you

1 mentioned the INSET program, you talked about
2 diversion programs. You had some very
3 interesting statistics in terms of the
4 success rate for some of these programs that
5 are peer-led as opposed to law
6 enforcement-led. And I would love for you to
7 dig deeper on that and whatever other notes
8 you had to share with us.

9 MR. ROSENTHAL: Oh, thank you.

10 Well, I know the CAHOOTS program, on
11 which Daniel's Law is based, is 30 years of
12 data in proving that very few people have to
13 get involved with the police.

14 The INSET program engages 83 percent
15 of people who otherwise everybody thinks are
16 unengageable and would be on an order. The
17 Peer Bridger program has reduced recidivism
18 by between 40 and 70 percent in state and
19 local hospitals through this model I
20 mentioned earlier.

21 I do want to say one thing. When
22 people leave a hospital, they need three
23 things: A person to support them, a Peer
24 Bridger; a place to live that will accept

1 them -- Housing First, not only a housing
2 program, housing that takes you even if
3 you're symptomatic or using; and a place to
4 go, a clubhouse, for example. So a Bridger,
5 Housing First, and a clubhouse.

6 SENATOR BROUK: And you believe
7 programs that would include those three
8 things would be much more successful at
9 taking individuals who have severe mental
10 illness when they're being discharged from
11 hospitals, to keep them out of perhaps the
12 carceral system --

13 MR. ROSENTHAL: That will break the
14 cycle.

15 SENATOR BROUK: -- or keeping them off
16 the street without the care that they need as
17 well. Okay, thank you.

18 MR. ROSENTHAL: Thank you, Senator.

19 CHAIRWOMAN WEINSTEIN: We go to
20 Assemblywoman Seawright.

21 ASSEMBLYWOMAN SEAWRIGHT: Thank you to
22 the panel for your testimony.

23 I'd like to direct my question to
24 President Seereiter. You mentioned in your

1 testimony your partnership with the McSilver
2 Institute for Poverty Policy Research at NYU.
3 Can you expand on the findings of the report
4 and how you're partnering with OPWDD on the
5 \$30 million statewide DSP recruitment
6 campaign to assist providers with finding new
7 staff?

8 MR. SEEREITER: I can do a bit of
9 that, and I can also share the report with
10 you as well.

11 We've been working in collaboration
12 with OPWDD to provide technical assistance to
13 the provider organizations as they try to
14 recruit and retain direct support
15 professionals. And what we did was
16 essentially an organizational self-assessment
17 of those organizations throughout the state,
18 all provider organizations, and we also
19 matched that up with a survey of direct
20 support professionals so that we could
21 identify where there are likenesses and where
22 there are differences in the perception about
23 what's working well and what's not working
24 well.

1 We're now using that experience and
2 that data to drive specific technical
3 assistance in the remaining time using those
4 ARPA dollars to drive specific technical
5 assistance to provider organizations to help
6 them up their game. We've got some pretty
7 interesting findings from that. Probably a
8 better use of time would be to share the
9 report with you and you can peruse it, and
10 I'd be happy to answer questions later on.

11 ASSEMBLYWOMAN SEAWRIGHT: Great.
12 Thank you very much for all your work.

13 MR. SEEREITER: Thank you.

14 CHAIRWOMAN WEINSTEIN: So next we go
15 to Assemblywoman Kelles.

16 ASSEMBLYWOMAN KELLES: I really
17 appreciate all of you being here and taking
18 the time and your patience.

19 A ton of thoughts, and I'd love to
20 hear your feedback. One -- I have three, so
21 let's see how fast we can do this. The peer
22 support programs, Harvey, that you were just
23 talking about, I have heard from some
24 colleagues and something that concerns me is

1 the belief that they -- that peer support
2 programs use people who are not qualified and
3 you should only use people who have
4 certifications and therefore, you know, these
5 programs don't work.

6 Can you respond to that?

7 MR. ROSENTHAL: It's absurd.

8 (Laughter.)

9 ASSEMBLYWOMAN KELLES: Thank you.

10 It's on record.

11 MR. ROSENTHAL: But also peers are
12 certified in New York through the OMH Academy
13 of Peer Services.

14 ASSEMBLYWOMAN KELLES: Thank you.

15 MR. ROSENTHAL: They're heavily
16 trained. My Bridgers are trained in numerous
17 -- and they have certificates in peer
18 wellness coach, peer bridging, you know, all
19 kinds of training and competency.

20 ASSEMBLYWOMAN KELLES: So they're
21 educated, trained, qualified and they have
22 trust, inherently.

23 MR. ROSENTHAL: They deserve better
24 pay, too. Yup.

1 ASSEMBLYWOMAN KELLES: Just want that
2 on record. Okay, cost-effective.

3 MR. ROSENTHAL: Thank you for that.

4 ASSEMBLYWOMAN KELLES: With respect
5 to -- this is for Toni of the Drug Policy
6 Alliance. I'm curious, I've been seeing
7 stigma about just drugs in general
8 skyrocketing -- going in the wrong direction,
9 for some reason, over the last couple of
10 years. Making it harder for OASAS, for
11 example, to have their clinics in communities
12 for people to access.

13 Tons of stigma for people. I have a
14 bill, for example, that would bring -- that
15 people could bring their drugs to a clinic to
16 find out whether or not it's laced with
17 something so that they don't overdose, and
18 also provide the opportunity for treatment at
19 those centers. The political ability to even
20 talk about it in this environment -- can you
21 talk about what changes we need, education,
22 to be able to --

23 MS. SCHORR: I think you just said it.
24 Education is really like the key word there.

1 And we're doing frankly not enough, not a
2 good job. And I think there's enormous -- I
3 think people in communities, you know, people
4 understand this is something that affects
5 everybody everywhere. And, you know, there's
6 that thing where, you know, you have people
7 stand up, do you know someone, does
8 somebody -- that when you have people stand
9 up in a room, basically the whole room is
10 left standing. Because everybody knows
11 somebody who is affected by addiction. It
12 affects everybody everywhere.

13 And yet when it comes down to on my
14 block, in my world, you know -- and I said it
15 in the testimony, it's always I don't
16 necessarily want to see this here, and it's
17 because -- it's not because -- it's not
18 because of the treatment, it's not because of
19 what is actually working, it's because
20 they're seeing something else and they're
21 confusing them. They think it's the people
22 that are in treatment that are causing the
23 problems. But that's never true. And if you
24 were to take a magic wand and remove all the

1 treatment centers, you would not solve any of
2 the problems that they're seeing.

3 ASSEMBLYWOMAN KELLES: Yeah. One of
4 the things I just --

5 MS. SCHORR: It might make them worse.

6 ASSEMBLYWOMAN KELLES: -- want to
7 note, a comment in the last five seconds is I
8 keep hearing from all of you the lack of
9 funding that we're putting in these
10 cost-effective programs is leading us to
11 depend on more expensive programs which is
12 driving our Medicaid costs.

13 MS. SCHORR: That's exactly it.

14 CHAIRWOMAN WEINSTEIN: Thank you.

15 To the Senate.

16 SENATOR BROUK: Absolutely. Next we
17 have Senator Mannion.

18 SENATOR MANNION: Thank you, Chair.

19 Michael, I apologize, because I had to
20 duck in and out. I know we've had
21 conversations in the past about the great
22 challenges that we face in delivering
23 services for individuals with disabilities
24 and how, you know, workforce is certainly a

1 piece of that.

2 I know that you've proposed a task
3 force or a blue-ribbon commission to really
4 look at this holistically so that we can have
5 a pathway forward that is manageable,
6 practical, meaningful, and has -- you know,
7 makes significant changes where they're
8 needed.

9 Can you just provide a little -- I
10 missed it, but can you tell me a little bit
11 about what you think the commission would
12 look like as far as its composition and how
13 it would -- the results it would produce and
14 potential legislation that might be required?

15 MR. SEEREITER: I think it can be
16 assembled in any number of ways. You can use
17 many of the commission models of past years
18 or experiences to look at that.

19 I think you really want to look at the
20 fact that you have a system that was designed
21 to operate with an entire cadre of people who
22 no longer are within our workforce, and on
23 the horizon we don't expect to see those
24 individuals coming back to our workforce. So

1 that means we need to fundamentally think
2 about how we do things differently -- how do
3 we support people to live more independently
4 with fewer direct supports, but using, for
5 example, technology to support people to live
6 more independently.

7 But one of the major factors -- and I
8 mentioned this before -- is we need to have a
9 very significant conversation about what
10 constitutes quality, and we need to shift our
11 system from one that has activities like
12 checking the temperature of the refrigerator
13 once a day to things that are actually
14 meaningful to the people receiving services
15 and their families. And use those as an
16 opportunity to shift our system so that we're
17 using that precious direct support
18 professional time a lot more efficiently than
19 we are today. You push in technology in a
20 very significant way, and quite frankly you
21 need to experiment with some different ways
22 in which to serve people and support people.

23 I think of this when I think of the
24 concept of prototypes, taking things that

1 have promising practice in a pilot and then
2 replicating that in four, five, six locations
3 across the state with different populations
4 of people, providing services, receiving
5 services, urban, rural, upstate, downstate.
6 And you start to learn what works and what
7 does not work well so that you can replicate
8 the things that work well and you can stop
9 spending money and time and resources on the
10 things that don't work well.

11 We need to comprehensively rethink
12 what services and supports are going to look
13 like for people like my brother for the next
14 50 years. We are well overdue, quite
15 frankly, in our opportunity to look at that.

16 SENATOR MANNION: Thank you.

17 MR. SEEREITER: Sure.

18 CHAIRWOMAN WEINSTEIN: We go to
19 Assemblywoman Chandler-Waterman.

20 ASSEMBLYWOMAN CHANDLER-WATERMAN:
21 Thank you so much, Chair.

22 Thank you to all the panelists. Thank
23 you for the important work that you do.
24 That's very significant to my family and my

1 community.

2 We are happy with the passage of
3 Daniel's task force. We can't wait to take
4 what we learn and start implementing it, and
5 also look for the passage of Daniel's Law.
6 So thank you, Harvey, working closely with
7 our Assembly District 58, you know,
8 Mental Health Task Force members.

9 I want to ask you a question based on
10 your knowledge of mental health emergencies
11 and response teams. Where does Daniel's Law
12 fit into the crisis -- the continuous
13 services continuum? And what else is needed
14 to make it effective? What are the needed
15 steps to get Daniel's Law teams with peers on
16 the ground to respond to mental health
17 emergencies?

18 MR. ROSENTHAL: Let me see if I got it
19 right.

20 So when the -- instead of being
21 arrested or worse, killed or, you know, those
22 kind of interactions, the mental health
23 worker or the EMS worker -- in some cases you
24 might be having a medical condition; we'd

1 make sure that that was addressed. But in
2 terms of a mental health condition, there's a
3 number of alternatives to admission or even
4 the emergency room.

5 We have now crisis stabilization
6 centers, crisis respite programs. So we have
7 places for people to go that are not as
8 traumatizing and that are alternatives to
9 mainly arrest and incarceration. You know,
10 but we have a continuum in mental health that
11 I think is growing and needs to be more --
12 and it needs to be sensitized to people, you
13 know, who have justice-involvement. We are
14 developing peer programs in that space.

15 ASSEMBLYWOMAN CHANDLER-WATERMAN:

16 Thank you. And what other community-based
17 services are needed that are not listed in
18 the Executive Budget?

19 MR. ROSENTHAL: That are not in this
20 budget?

21 ASSEMBLYWOMAN CHANDLER-WATERMAN: Yes.
22 What other community-based services?

23 MR. ROSENTHAL: Well, everything I
24 want. The Peer Bridger program. More INSET

1 programs. My computer's off here.

2 More Housing First. OMH has housing,
3 but really it doesn't seem like it's real
4 Housing First. You have to invest in that so
5 that people who really are using and who are
6 having symptoms still need a place to go
7 that's not an emergency room or jail or
8 prison. That's that model. It's old,
9 long-time; they're not funding in enough.

10 ASSEMBLYWOMAN CHANDLER-WATERMAN:

11 Thank you so much.

12 MR. ROSENTHAL: You're welcome.

13 CHAIRWOMAN WEINSTEIN: Now we go to
14 Assemblyman Maher.

15 ASSEMBLYMAN MAHER: Thank you.

16 And a lot of you addressed a lot of
17 the questions I was going to ask, so I just
18 want to start by saying thank you for all of
19 the work that you're doing, boots on the
20 ground. We appreciate you.

21 A lot of folks that we work with that
22 call our office that need help, whether it's
23 a teenager and her mother can't work within
24 the issues that they're having -- there's

1 violence, there's mental health issues.
2 You'll call on the police, they'll go to the
3 hospital, they'll pass seven to 10 days, then
4 they'll go back home and they'll go to the
5 hospital and go back home and go to the
6 hospital.

7 It seems like there's a lot of issues
8 for both mental health and for addiction
9 where we're in need of more inpatient
10 services, more beds. In your opinion,
11 because you've been doing this work for so
12 long, why have we not been able to meet those
13 needs? Why does this continue to be a
14 crisis? Why -- what is it that's holding us
15 back?

16 MR. ROSENTHAL: You know, there's a
17 lot of thinking that we need more beds. I'm
18 not sure that a bed is always the answer.
19 It's pretty traumatizing. And people don't
20 recover in a hospital, and they often leave
21 for the bad discharge and no place to go.
22 Now we're forcibly admitting people because
23 they have problems with food, shelter and
24 clothing. That's not what a hospital's

1 supposed to do. So we have to really build
2 in this continuum of alternatives to
3 hospitals.

4 While I've got the floor, the Governor
5 wants to close five state prisons. We have
6 24 state hospitals, more than California,
7 Maryland, Texas, and one other state I can't
8 remember combined. It's time to look at that
9 again. You know, you have time until next
10 year. But we started the recovery system by
11 closing five state hospitals and replacing
12 them with this array of alternatives.

13 ASSEMBLYMAN MAHER: I agree, and that
14 was actually my point, that the hospital is
15 not the place. Right? But there's no other
16 locations, not enough beds in terms of those
17 facilities for that care that they need, for
18 the surroundings they need. And that's where
19 I'd like to get some ideas on why we're not
20 hitting that mark.

21 MS. FAGEN: So I've been working in
22 outpatient mental health treatment for about
23 20 years, and currently still do. And we see
24 about 300 people a week, so we're small

1 compared to these big guys. But it seems to
2 me that this is all related.

3 So if there's a waiting list, so if a
4 teen is in crisis, if we catch it at the
5 beginning or even before it's a crisis, then
6 we don't move to possibly needing to go to a
7 Four Winds or some kind of inpatient facility
8 because we got an early intervention. If you
9 think of it almost as an early intervention
10 approach.

11 And the teens and the kids, to
12 somebody's question earlier, are actually
13 pretty keen on getting services. It's the
14 parents who are reluctant and
15 resistant and/or the access to care because
16 they can't find a Medicaid provider, which
17 becomes an issue in our community. Or their
18 commercial insurance isn't covering certain
19 licenses, et cetera.

20 So I really think it's an early
21 intervention problem. And if we don't have
22 people at the outpatient level that can
23 actually see people when they're at the
24 outpatient level, then they move to the

1 hospitals.

2 ASSEMBLYMAN MAHER: Would love to
3 connect with you all offline.

4 MS. SCHORR: We also -- we didn't
5 really touch on addiction there, but I think
6 there's also a way to address that
7 outpatient, using medications --

8 CHAIRWOMAN WEINSTEIN: Thank you --

9 MS. SCHORR: -- things that are fully
10 funded.

11 CHAIRWOMAN WEINSTEIN: Thank you.

12 We go to our final questioner,
13 Assemblywoman Giglio.

14 ASSEMBLYWOMAN GIGLIO: Okay. So
15 again, thank you all for being here.

16 And Michael, my question is for you,
17 to continue our conversation from this
18 morning about people leaving a group home and
19 going into a hospital and then maybe not
20 being able to come back to the group home
21 because they might be on a feeding tube or
22 they may be needing some further help than
23 what they can get in the group home because
24 of the short staffing.

1 So can you just finish up on our
2 conversation and tell us how to fix that.

3 MR. SEEREITER: Sure, absolutely.

4 Quite frankly, I think this needs to
5 get considered as part of a reenvisioning
6 process for the Office for People with
7 Developmental Disabilities. It needs to be a
8 much more nimble system to be able to meet
9 the needs of individuals when those needs
10 show up.

11 The way that that works right now is
12 that when an individual who needs an
13 inpatient level of support goes into a
14 hospital setting, they stay, on average,
15 two-and-a-half-times longer than the rest of
16 the Medicaid population, which is a long
17 time.

18 Many people get stuck for months and
19 sometimes years. We have some of these
20 crisis diversion and crisis respite types of
21 approaches that do seem to work quite well.
22 We need to model them out further and test
23 them with more rigor in other localities and
24 other locations.

1 But the problem is that when a
2 provider is looking to support someone to
3 come back to where they live, their home,
4 there's not a reimbursement to be able to --
5 the reimbursement isn't nimble enough to meet
6 the needs, the increased needs for that
7 period of time. You're going to have to wait
8 at least two years until the next rebasing
9 period to be able to recognize those costs in
10 a cost report to then get reimbursed for it.

11 That's not how this works when you're
12 living on a shoestring. You just can't do
13 that. So you end up with lots of situations
14 where people are getting stuck in hospitals,
15 otherwise going to a nursing home, otherwise
16 ending up in a homeless shelter and lots of
17 settings that are completely against what the
18 Olmstead Supreme Court decision talks about
19 as the least restrictive setting to support
20 people.

21 ASSEMBLYWOMAN GIGLIO: Thank you.

22 And I yield my time for anything else
23 that you would like to add to your testimony,
24 or any of you --

1 MR. ROSENTHAL: Yes. To answer your
2 question, sometimes it's about the money.
3 We're here for more money, but it's not
4 always more money. It's spending the money
5 we have better.

6 It's \$3,000 a day in a local hospital.
7 It could be three, four, 500,000 a year in a
8 state hospital. Think about the array of
9 services. You know, we're getting hospital
10 crazy because we want to get people off the
11 street because people are afraid or they
12 think it's going to solve the problem, and
13 we're wasting money if we're going to go in
14 that route.

15 ASSEMBLYWOMAN GIGLIO: And you see
16 more and more hospital beds lined up in the
17 hallways of emergency rooms because the
18 capacity just is not there.

19 MR. ROSENTHAL: We need alternatives.

20 MS. SCHORR: Yeah, I also would add to
21 that, and it's true on the addiction side
22 too, that it all comes back to workforce.
23 You could keep adding more and more
24 facilities, but if we don't have the staff to

1 treat people, regardless of which system
2 you're in, it's a pointless exercise.

3 ASSEMBLYWOMAN GIGLIO: So the training
4 to recruit people into these fields is a dire
5 need.

6 MS. SCHORR: It's really where you
7 have to start.

8 ASSEMBLYWOMAN GIGLIO: Scholarships.
9 Thank you.

10 SENATOR BROUK: Wonderful. That's the
11 end of our questions. Thank you so much to
12 our panel.

13 MR. SEEREITER: Thank you.

14 SENATOR BROUK: Last but certainly not
15 least, we have Panel E. We've got The Arc
16 New York; the Association for Community
17 Living; Times Square Alliance; and Coalition
18 for Self-Direction Families.

19 (Off the record.)

20 SENATOR BROUK: Wonderful. We will
21 start with Erik Geizer, CEO of The Arc
22 New York.

23 MR. GEIZER: Okay, great, thank you.

24 Good afternoon. I'm Erik Geizer, CEO

1 of The Arc New York, the largest provider of
2 services and supports for people with
3 intellectual and developmental disabilities
4 in New York State -- and probably the
5 country.

6 You've been hearing all day that our
7 system is in crisis. Quite frankly, you've
8 been hearing it year after year after year.
9 And we do think you've listened, and we
10 appreciate that. You've made recent
11 investments into our field. But it's
12 dangerously easy to think that years of
13 disinvestment have been addressed and the
14 crisis has been resolved. Today I'm here to
15 show you why it's not.

16 Fifteen years ago the average DSP made
17 nearly twice the minimum wage. Today, the
18 average DSP starts at \$16.48 an hour, only
19 10 percent above minimum wage. In our
20 written testimony we graphed the decline over
21 time, and the result was stunning even to us.

22 I want to just hold this up (showing
23 graph). The trajectory -- this is the
24 trajectory of the value New York places on

1 DSPs.

2 CHAIRWOMAN WEINSTEIN: I'm sorry to
3 interrupt, but we don't allow signs or
4 placards or that.

5 MR. GEIZER: Oh. Okay.

6 CHAIRWOMAN WEINSTEIN: Thank you. But
7 you're welcome to share it with the committee
8 afterwards.

9 MR. GEIZER: Okay.

10 The trajectory has gone down for our
11 DSPs. The trajectory of our DSP compensation
12 over the last 15 years has decreased
13 significantly. And the trajectory of their
14 quality of life has gone down. It has
15 plummeted. Now, you've made investments, and
16 they are appreciated. But this is where we
17 are after those investments.

18 A recent Miami University of Ohio
19 study reported that half of New York's DSPs
20 are experiencing food insecurity. Half are
21 experiencing housing insecurity. This should
22 be shocking. These are trained professionals
23 with a high level of responsibility for the
24 well-being of vulnerable New Yorkers, and

1 providers have been forced to set up food
2 pantries for staff.

3 These are people working tirelessly to
4 ensure the needs of people they support are
5 met, and they are skipping meals because the
6 work doesn't even meet their needs of their
7 own family.

8 The work of a DSP is very fulfilling.
9 It's important. It's not easy work. In the
10 daily activity of a DSP you might be cleaning
11 wounds, you might be helping with toileting,
12 you're managing complex medication, you're
13 operating feeding tubes and colostomy bags,
14 you're deescalating explosive behavior.
15 Would you do all that for \$16 an hour? My
16 teenager can make that at a cash register.

17 According to the Miami University of
18 Ohio survey, 85 percent of DSPs are satisfied
19 in their work -- 85 percent -- yet one in
20 three leave the field every year, and there
21 are 20,000 vacancies across the state.
22 Because, quite frankly, fulfillment doesn't
23 feed your family. Until we change that
24 trajectory, we can't fix our system.

1 We're asking for a 3.2 percent COLA
2 and a DSWE of \$4,000 per employee. We need
3 your support. Thank you.

4 SENATOR BROUK: Thank you.

5 Next we have Sebrina Barrett,
6 executive director of the Association for
7 Community Living.

8 MS. BARRETT: Thank you.

9 I am Sebrina Barrett, executive
10 director of the Association for Community
11 Living. Our members provide housing in
12 communities across New York State for more
13 than 42,000 people with severe mental
14 illness. Our staff help them achieve
15 recovery and independence, but today our
16 staff are struggling.

17 More than one in five positions are
18 vacant. Those who show up to work have to do
19 more. Many don't make a living wage; they
20 have to work two or three jobs to support
21 their families. They can't afford childcare.

22 Our ability to recruit and retain
23 workers is becoming harder and harder. Our
24 members report a reduced applicant pool,

1 significant interview no-shows, and a high
2 staff turnover. We need a full 3.2 percent
3 COLA. Anything less is a cut because we have
4 to keep pace with inflation or else we will
5 again go backward and have a funding gap.

6 Our members know well what that looks
7 like. After years of zero COLAs, they cut,
8 they scrimped, and they learned to do more
9 with less. There are no more corners that
10 can be cut, there are no more pennies to be
11 pinched.

12 Housing providers are grateful for the
13 investments over the past two years, but
14 those have only allowed us to take a breath.
15 They are not enough to modernize our models.
16 Our models are outdated and struggling to
17 serve today's residents. They were created
18 as many as 40 years ago, and since then
19 everything has changed but the funding.

20 And let me say this. It is a COLA.
21 Wages are important. But part of retention
22 is a modernized model. We are asking staff
23 to perform miracles with old models, and
24 we're paying them less to do it. It's no

1 wonder they're leaving.

2 Today's residents take 15-plus daily
3 medications, as opposed to yesterday's
4 residents who took one or two. There are no
5 more daytime rehabilitation programs where
6 they can attend, so they rely on housing
7 staff. They have multiple co-occurring
8 conditions like substance use disorder and
9 struggle with severe addictions.

10 Today's residents are older. They
11 have complex medical conditions and daily
12 living needs that our programs weren't
13 created to provide. They live in programs
14 that are highly regulated, require technology
15 and privacy resources, and security measures
16 that weren't even thought about when our
17 models were created.

18 Our residents are individuals who are
19 considered the hardest to serve in the
20 community. They come from state and
21 community hospitals, jails and prisons,
22 street homelessness and shelters. They live
23 in models that are 30 to 40 years old. They
24 deserve to live in models that meet today's

1 needs. Our staff deserve to work in modern
2 models where they have a chance at helping
3 the residents reach success.

4 We recognize that model enhancements
5 will require an investment. We have a plan
6 that we estimate the cost of these
7 investments would be about \$230 million. We
8 know that that has to be phased in over time,
9 but it's also a plan that cannot wait.

10 We respectfully request a full
11 3.2 percent COLA as well as additional
12 investments so that we can modernize our
13 outdated programs and begin to meet today's
14 needs.

15 Thank you.

16 SENATOR BROUK: Thank you so much.

17 Next we'll have Tom Harris, president
18 of Times Square Alliance.

19 MR. HARRIS: Good afternoon, chairs
20 and members of the Senate and Assembly.
21 Thank you very much for your time today.

22 My name is Tom Harris, president of
23 the Times Square Alliance. I would like to
24 commend the Governor, the Senate and the

1 Assembly for making robust support for mental
2 health services a continued priority. It is
3 certainly one of the greatest challenges we
4 face on the streets of Midtown Manhattan.

5 Holding hospitals accountable and
6 opening more beds are great first steps, but
7 more is needed. The Times Square Alliance
8 has been providing service and support to
9 those in need in Times Square since 1992.
10 Our Community First initiative, that has peer
11 navigators and a clubhouse model, has reduced
12 homelessness on our streets from 31 to 10.
13 Those 10 high-need people require a different
14 approach to keep them from dying slowly on
15 the streets or, more probably, committing a
16 crime and ending up in the very criminal
17 justice system we have all been trying to
18 keep them from.

19 One of our community members, Emma
20 Linda, who's been on the street for six
21 years, lives in an encampment laden with
22 flammable materials. Another homeless man,
23 Mohammad, who has a history of violent
24 behavior and who has threatened members of

1 the public, has lived on the streets of
2 Times Square for over six years. A woman,
3 Salvation, has been on our streets for
4 five years and has clear signs of psychosis,
5 yet denies that she is homeless and rejects
6 any offer of services. Another woman,
7 Sabria, known to have been living on our
8 streets with mental illness for two years,
9 just had surgery and narrowly avoided having
10 her legs amputated. She was told to stay
11 indoors, but she refused and is back on our
12 streets. A man, Gann, living on our streets
13 for the last two years, is known to fake
14 seizures to attract attention, once in the
15 middle of Seventh Avenue traffic.

16 There's been a 292 percent increase in
17 311 calls related to unhoused individuals in
18 Times Square -- not because outreach programs
19 aren't trying, but rather because current
20 policies and measures of success fail to
21 adequately support the most vulnerable.

22 To make meaningful strides and address
23 the totality of issues we see on our streets,
24 we need to focus on and improve outcomes for

1 all programs, including increasing the number
2 of teams on our streets and establishing
3 meaningful measures of success; clarifying
4 the definition of what constitutes harm to
5 self as a standard; mandate that hospitals
6 use the totality of a patient's history to
7 make a determination of treatment; mandate
8 that hospitals provide outpatient treatment
9 programs and broaden the definition of
10 providers who are authorized to provide
11 958 removals for the very small percentage of
12 people that outreach alone does not help.

13 Thank you very much for your time.

14 SENATOR BROUK: Next, and finally,
15 we'll have Jim Karpe -- I hope I said that
16 right. Okay, great. Jim Karpe, steering
17 committee member for the Coalition for
18 Self-Direction Families.

19 MR. KARPE: Thank you so much.

20 I'm Jim Karpe. I'm the father of two
21 young adults with developmental disabilities.
22 I am here representing the Coalition for
23 Self-Direction Families. There's now 30,000
24 people, one out of every five in the OPWDD

1 system, who are now in self-direction. And
2 since we don't have another parent here, I'll
3 go ahead and speak for the 130,000 total who
4 are in the OPWDD system.

5 And so I'll start with endorsing what
6 you've heard from Erik Geizer, what you've
7 heard from Mike Alvaro and many others. We
8 need a living wage for the DSPs. We
9 absolutely need that.

10 Another 54 cents from 3.2 is not
11 enough. Another \$2.54, by putting the wage
12 restoration and the 3.2, is still not
13 enough -- but it's at least a good start.

14 I'd like to continue by focusing in on
15 innovation. We've heard from Mike Seereiter
16 about some ideas for -- we need a change in
17 the system, because we don't just need money.
18 We need better ways of spending our money.
19 And those of us in self-direction I believe
20 are in the vanguard. We're out there finding
21 new creative ways to bring additional
22 capacity into the system. We don't have
23 enough DSPs, so families have gone out and
24 found community providers who can do things

1 that are meaningful for our children.

2 The community class issue is so
3 emotional for us, because it's not just "you
4 don't get to do that," it's an attack on the
5 things that make life meaningful.

6 The option -- if you don't go to a
7 community class, the option is not you go off
8 to some other meaningful thing. The option
9 is you're sitting at home on the couch
10 watching television. And that is not a more
11 inclusive environment.

12 We're boxed in. We have to not
13 replicate other services with community
14 classes, but we have to replace, we have to
15 reduce the need for those.

16 I'm glad to talk to you more. You've
17 got my written testimony, and I'm glad to
18 answer questions. But we need not just
19 money, we need the freedom of choice to spend
20 the money that we're getting today.

21 Thank you.

22 SENATOR BROUK: Thank you all.

23 We will start our questions with
24 Senator Webb.

SENATOR WEBB: Thank you all for being here.

My question is for Mr. Harris. In your testimony you mention that data shows that when a nurse, social worker or other mental health professional conducts removal, patient outcomes as far as connecting with treatment are significantly better than removals conducted by law enforcement.

And so my question is, what can we do as a state to make this norm statewide with regards to mental health professionals being a part of first line of response for persons that are in crisis?

And then my follow-up question is the core function of our mental health system is to help each person who's suffering heal, and to maximize their potential. Would you agree that the best way to do this is to expand access to mental health professionals, including peers?

MR. HARRIS: Great questions.

So first, how can we flip the numbers?

So we got this data from the City of New

1 York. If there's a 941 removal basically
2 done by a police officer, 75 percent of the
3 time they end up back on the street. If it's
4 a 958 removal done by a mental health
5 professional, 75 percent of the time they get
6 the service and support that they need.

7 So the way to do that is to just
8 increase more people who are authorized to
9 perform those removals on the street.

10 And then your second question? I
11 apologize. Could you just repeat it quick?

12 SENATOR WEBB: Yes, sure.

13 We know that the core function of our
14 mental health system is to help each person
15 in their healing, especially as they're
16 dealing with mental health challenges. So
17 would you agree that the best way to do this
18 is to expand mental health professionals,
19 including peers?

20 MR. HARRIS: So our Community First
21 program has peer navigators that go out on
22 the streets of Times Square and have been
23 very, very successful -- 31 down to 10. So
24 that is one tool in the toolbox, if you will.

1 And we also use the clubhouse model.
2 We work with Fountain House. We have a
3 recharge station. And it's a place for
4 gathering, it's a place that's an alibi.
5 They could charge their phone, get coffee.
6 It's all part of a comprehensive system that
7 we have in place.

8 But there are gaps. And I think some
9 of the items in my testimony would close some
10 of those gaps.

11 SENATOR WEBB: Thank you.

12 And with the time that I have left, my
13 last question is as we've been hearing today,
14 you know, we have to continue making
15 investments as pertains to mental health
16 services. We're way behind. And so knowing
17 that this is a fast-growing population in our
18 jails and prisons, are you concerned that
19 relying upon law enforcement as the first
20 line of response for mental health
21 emergencies will exacerbate this phenomenon?

22 MR. HARRIS: I wouldn't do that. I
23 wouldn't think that having law enforcement as
24 a first order of response makes any sense.

1 SENATOR WEBB: Thank you.

2 SENATOR BROUK: Thank you.

3 I'm going to now be Assemblymember
4 Weinstein too -- oh, you want to go? Oh,
5 she's not ready to go yet. Okay, go ahead.

6 CHAIRWOMAN WEINSTEIN: But I'm going
7 to have to run to our conference in a few
8 moments.

9 Assemblywoman Seawright.

10 ASSEMBLYWOMAN SEAWRIGHT: Thank you,
11 Chair Weinstein.

12 And thank you to our panel for your
13 testimony today.

14 I have two questions. I'd like to
15 direct the first one to Jim Karpe.

16 You brought up concerns with Medicaid,
17 including the agency's consideration of
18 moving to a managed care model for certain
19 services. At the same time you mentioned
20 that non-certified services are under attack.
21 How do you see such services faring under a
22 managed care model?

23 MR. KARPE: So hopefully we don't have
24 to find out. Managed care is in so many ways

1 the opposite of self-direction. The
2 decision's being made not by the person in
3 cooperation with their family, their circle
4 of support, it's being made by somebody at a
5 managed care organization.

6 So the three models that we've seen
7 are, in other states, self-direction just
8 gets completely carved out. Another model
9 we've seen is the managed care organization
10 says, Sure, we'll take our 6 percent, thank
11 you very much, increases our bottom line, and
12 you get the other 94 percent, you get to use
13 it.

14 And the model that I'm not sure is
15 actually in place anywhere is where the
16 managed care organization tries to interfere
17 with the individual choice. I don't know
18 whether they've even tried that one.

19 ASSEMBLYWOMAN SEAWRIGHT: Thank you.

20 And my next question is for
21 Mr. Geizer. Your testimony and leadership of
22 Arc is commendable, and I thank you.

23 According to your report, 15 years ago
24 the average DSP wage was nearly twice the

1 minimum wage. What do you see as the cause
2 for this rapid devaluation of DSP workers?
3 If you could comment on that.

4 MR. GEIZER: Sure. Let me just open
5 the mic.

6 So you're correct, 15 years ago the
7 average DSP wage was twice the minimum wage.
8 Over the 15 years since that time, the
9 trajectory, as I mentioned in the testimony,
10 has gone down precipitously. It's
11 essentially due to a lack of investment in
12 our system.

13 For 10 years there were absolutely no
14 COLAs for our system -- zeroes. Now, while
15 over the past three years we've received some
16 investment, even this year the 1.5 percent
17 that's being proposed by the Governor doesn't
18 even keep up with inflation. So unless we
19 find the additional 1.7 percent to make up
20 the difference, we're going to fall behind
21 yet again, and that trajectory will continue
22 to drop.

23 ASSEMBLYWOMAN SEAWRIGHT: Thank you.

24 SENATOR BROUK: Okay, back to the

1 Senate. We'll have Senator Rolison.

2 SENATOR ROLISON: Thank you,
3 Madam Chair.

4 Mr. Geizer, I recently had the honor
5 to go to The Arc in New Windsor, and I just
6 have to say that experience and how they
7 interacted, both at a staff level and also
8 the individuals that participate in those
9 programs, was really, really --

10 MR. GEIZER: Thank you.

11 SENATOR ROLISON: -- not only
12 heartfelt, it just -- it made the week to see
13 what was happening there.

14 And then listening to the testimony
15 throughout the day, and the DSPs and all
16 that -- and I understand that completely. I
17 think obviously everybody does. But I
18 just -- there have been a couple of comments
19 that were made, in the last panel too --
20 we've heard it here, I think Sebrina talked
21 about, you know, the same old models.

22 So how -- if you're going to change a
23 model, and you're in a system with state
24 support and state guidelines, how does that

1 work? Or does it work?

2 MS. BARRETT: So yeah, we had a
3 workgroup and we have a plan that essentially
4 would take the best of what our model has,
5 but we would add staff -- because the
6 staffing model was created, as I said, in the
7 '80s when there were other resources.
8 Daytime programs, the residents would leave
9 and be gone for the day. Today they're there
10 all day long. And so the same number of
11 staff that worked then doesn't work now.

12 Also we have residents with more
13 challenging needs. And so we need
14 different-credentialed staff. The staffing
15 that is in mental health housing programs
16 right now are paraprofessionals. We don't
17 have nurses. We don't have -- you know, we
18 have very few licensed professionals. These
19 are folks with high school diplomas who come
20 in and get training. And they are making
21 just above minimum wage.

22 Housing is the same as these other
23 programs that we've been talking about. In
24 the 1980s, our staff made three times the

1 minimum wage. Today they make just a buck or
2 two over. They can make more money flipping
3 a hamburger.

4 So we're really asking staff to deal
5 with a much more challenging population with
6 less -- with a staff that is less educated
7 and is compensated in a lower fashion.

8 So those are the enhancements we would
9 make: More staff, different-credentialed
10 staff. We would also add staffing for
11 maintenance and housekeeping. That's all
12 extra. So all the money that we spend on
13 that is money that is taken away from service
14 provision.

15 SENATOR ROLISON: And thank you for
16 that.

17 And Mr. Harris, I just concluded seven
18 years as mayor of the City of Poughkeepsie,
19 and have looked at your model in
20 Times Square. And kudos to you for that.

21 MR. HARRIS: Thanks.

22 And I think just to follow up on your
23 other question, the way we changed that was
24 we had an outcome-based measure of success,

1 not process-based. So we looked to reduce
2 the number of people who slept on the streets
3 and increase the number of people we provided
4 services for instead of just counting and
5 asking people if they want services.

6 SENATOR ROLISON: Thank you.

7 Thank you all.

8 MR. HARRIS: Thank you.

9 CHAIRWOMAN WEINSTEIN: Assemblywoman
10 Giglio.

11 ASSEMBLYWOMAN GIGLIO: Yes, thank you
12 all for being here.

13 And my question is for Erik, from
14 The Arc, because I was there last -- the
15 winter of 2021, and it was explained to me
16 that the programs, a lot of the programs that
17 you provided, such as bowling or going to see
18 a movie and things like that -- quality-of-
19 life issues for the people that are living in
20 the homes -- that those programs are no
21 longer happening. They were decreased by
22 38 percent in 2021.

23 So I'd like for you to talk to me
24 about -- and to us -- about the quality of

1 life of the people within the homes, by not
2 having adequate staffing with DSPs.

3 MR. GEIZER: Sure.

4 So my testimony today focused
5 primarily on the wages and compensation for
6 our DSPs. But I want to make the connection
7 to quality of care, because it's the people
8 we support and serve, they're the ones that
9 are being impacted.

10 When we don't have enough staff in our
11 homes, we can't take them on recreational
12 events. We can't take them out into the
13 community. Sometimes we have to close
14 programs. That causes people to move to
15 other locations, maybe farther away from
16 family and loved ones.

17 Staff that can't afford to work in our
18 field. You know, we're providing the most
19 intimate of care to the people we support.
20 Imagine someone you don't know coming in
21 every other day and providing those supports
22 and services.

23 So I know we've talked a lot about
24 wages today, and that's really where it

1 starts. It starts and ends with staff.
2 Because without a decent wage, without a
3 living wage, it impacts the lives of the
4 people we support in an adverse way. So
5 that's really what it's all about.

6 ASSEMBLYWOMAN GIGLIO: Okay. And then
7 for Mr. Harris -- hi.

8 MR. HARRIS: Hi.

9 ASSEMBLYWOMAN GIGLIO: So when it
10 comes to homelessness and it comes to
11 homelessness that is -- for people that maybe
12 have some mental health issues -- and I know,
13 being a local police commissioner, that the
14 police were the first line of defense.
15 Someone's trying to break into my house or
16 someone's outside my house screaming, and
17 they get picked up, they get brought to CPEP.
18 And then they get returned back to the
19 community that they were in, and they repeat
20 it.

21 So you're saying law enforcement
22 shouldn't be the first line there, is what I
23 think I heard you say. So what should be the
24 first line in that situation where someone is

1 screaming outside of somebody's home or
2 banging on the windows?

3 MR. HARRIS: Well, I suppose it all
4 depends on the scenario.

5 I think there's a place for law
6 enforcement. Maybe they shouldn't be the
7 first responder unless it's a life-or-death
8 or an emergent situation like that.

9 So something that you described,
10 someone banging on a door for help, I think
11 definitely the police need to be involved.
12 But there could also be a co-response with
13 other service providers.

14 ASSEMBLYWOMAN GIGLIO: So when it
15 comes to involuntary admission, we have
16 community ambassadors in Suffolk County that
17 witness -- I'm sorry, I'll catch up with you,
18 because it's --

19 MR. HARRIS: I'd like that.

20 ASSEMBLYWOMAN GIGLIO: -- a topic I'm
21 very interested in.

22 SENATOR BROUK: Next on the Senate
23 side we will have Senator Mannion.

24 SENATOR MANNION: Thank you, Chair.

1 A few words I heard today were,
2 recently, innovation, freedom, flexibility,
3 opportunity, choice. When we don't have a
4 workforce, we don't have any of those things,
5 and we don't have quality.

6 My question is on self-direction, for
7 Jim. There have been recently changes to
8 regulations or qualifications for individuals
9 with self-direction. Can you talk about what
10 those are and what population we're talking
11 about that is under those new rules?

12 MR. KARPE: So I think what you're
13 referring to are the shadow policies. In
14 November of 2022, OPWDD gave a presentation
15 to the fiscal intermediaries, providing them
16 with 10 red flags that they had a
17 responsibility to look for. And these
18 include a class going for too long, a class
19 advertising itself as being open to the
20 public -- because of course if you say you're
21 open to the public, that's something to be
22 suspicious about.

23 You heard the commissioner talk about
24 how we must obey the contract that we have

1 with the federal agency. There's a far-off
2 land on the other side of the Hudson --
3 New Jersey -- where they apparently have a
4 different federal agency, because they allow
5 classes that are aimed purely for people with
6 I/DD. Their equivalent to OPWDD actually
7 pre-approves a community provider to provide
8 a class.

9 So the idea that New York is somehow
10 constrained by federal oversight is simply
11 not as true as New York would like to have
12 you believe.

13 The feds say New York has the right to
14 put in further restrictions if they want, and
15 New York has. And that is having a negative
16 impact on people who are everywhere from very
17 light needs, such as my daughter, to people
18 with very heavy needs, like my colleague
19 Jackie's son, who's nonverbal,
20 six-foot-three, 220 pounds, and won't be
21 taken by most dayhab programs. So she has
22 created something which is a place, a
23 community class where he can go, but now
24 she's under attack, JCCs are under attack.

1 It's a ridiculous thing. It's an innovation
2 that should be embraced. It's that start of
3 a new thing. And instead, we seem here in
4 New York to be saying, Let's put a stop to
5 that, let's only do what we've done before.

6 If we keep doing what we've done
7 before, we're not going to make progress.

8 SENATOR MANNION: Thank you.

9 CHAIRWOMAN WEINSTEIN: Thank you.

10 Assemblyman Maher.

11 ASSEMBLYMAN MAHER: Thank you.

12 So I don't think I've met a colleague
13 on either side of the aisle, in the Senate or
14 the Assembly, that doesn't -- that I have
15 talked to that doesn't agree about the
16 3.2 percent and more. So I'm hoping from now
17 to the budget, that when it's finalized, you
18 guys get that start that you want. I'm, you
19 know, hopeful for that, we'll be pushing for
20 that.

21 When it comes to innovation, I'm very
22 curious about some of those programs. I know
23 you submitted written testimony. Can you
24 speak to anything that is outside the box in

1 terms of addressing the need for housing?

2 MR. KARPE: So with regard to housing,
3 there's the housing subsidy, which is -- it's
4 wonderful that they have increased it, that
5 after a decade of neglect we are now at the
6 current rate. That's fantastic.

7 It can still be challenging, depending
8 upon the environment. It's adequate in rural
9 areas, it's adequate in some boroughs but not
10 others.

11 Where we would like to see more
12 innovation is in the ability to support
13 people once they're in that housing. There's
14 a model that's been in -- it's sad to say,
15 New York is 20 years behind Kansas. There's
16 a model that's been in place in Kansas for
17 two decades where people can, using remote
18 technology, be supported in their home by
19 essentially a coach on demand. Not a
20 hotline, but a cold line.

21 ASSEMBLYMAN MAHER: So I love the fact
22 that we can learn from our -- some of our
23 neighboring states and some
24 not-so-neighboring.

1 I know there are a lot of hidden costs
2 to individuals and families that are
3 receiving services and that are provided
4 resources. For example, we have a local
5 family that insurance didn't cover a car seat
6 for a larger child that has special needs,
7 and these expenses can be thousands of
8 dollars.

9 Do you see that there is a shortage of
10 some nonprofit organizations, or maybe
11 there's more synergy that needs to exist in
12 terms of some of those individual expenses?
13 And do you see that as much of a need as
14 I'm seeing it in my local community?

15 MR. KARPE: Absolutely. There is a
16 process of getting technical support, support
17 for durable equipment, but it's a very
18 onerous process. Even when it's as clear-cut
19 as your wheelchair has broken and you need a
20 new wheelchair. It's not as fluid as it
21 should be. Absolutely.

22 ASSEMBLYMAN MAHER: Okay. Thank you
23 all.

24 SENATOR BROUK: Okay, next we have

1 Senator Canzoneri-Fitzpatrick.

2 SENATOR CANZONERI-FITZPATRICK: Thank
3 you, Madam Chair.

4 Thank you, everybody, for being here.

5 Mr. Karpe, we had a chance to meet
6 yesterday and I was very happy to learn more
7 about self-direction, and I support what
8 you're trying to do for your family. And I
9 know Jackie as well, and what she's trying to
10 do. So thank you for being here today to
11 testify.

12 Mr. Harris, I had a question about
13 some of the statistics in your report.
14 Community First navigators have interacted
15 2,273 times with 881 individuals. So quick
16 math, it seems like we're interacting with
17 the same people two and three times.

18 And 17 people voluntarily accepted
19 mental health services. So my question to
20 you is, what happened in those 17 specific
21 situations that we need to try to do better
22 with the other 881 people?

23 And then my follow-up question is
24 about the Supportive Intervention Act,

1 because my understanding is that involuntary
2 admission is not something that we push for
3 because it doesn't typically work. So I'd
4 like to have you explain why you think that
5 that's going to fix our gaps and flaws.

6 MR. HARRIS: So first, with -- the
7 Community First model is built on trust. So
8 we go out there, our peer navigators interact
9 with the same people. They meet them where
10 they are, find out what resources and support
11 that are needed, and then we move them to the
12 next step.

13 So it really is trust-based, building
14 that trust. We work with Breaking Ground, we
15 work with Fountain House, we work with the
16 Center for Justice Innovation so we can sort
17 of provide a robust array of services. And
18 we were lucky that it clicked with those
19 17 people and they accepted service.

20 As far as the involuntary removal,
21 it's a tool in the toolbox for a small --
22 small minority of people who are out on the
23 streets who really are dying slowly. I mean,
24 I have -- I won't share the pictures, but I

1 could share them afterwards. If you just
2 look at the people who are suffering on our
3 streets and dying slowly or, worse yet,
4 committing crimes and ending up in the
5 criminal justice system, we need to find
6 another option.

7 And if that option is taking them
8 briefly to a hospital so that we can get a
9 reset and get them back functioning -- we saw
10 two instances when we had involuntary
11 removals last year. It was Code Blue, so
12 they picked up anyone -- it was under 32
13 degrees. They picked up five people in
14 Times Square. Three of them stayed in, got
15 service and support and never went back to
16 the street.

17 We did a program with the Mayor's
18 Office of Mental Health where, two weeks in
19 Times Square, intensive, eight people were
20 brought to the hospital with a clinical
21 psychiatrist. They did not come back out to
22 the street.

23 SENATOR CANZONERI-FITZPATRICK: Thank
24 you.

1 MR. HARRIS: So it's a balance.

2 SENATOR BROUK: Next we have
3 Assemblymember Kelles.

4 ASSEMBLYWOMAN KELLES: I just want to,
5 so it's on the record, share a summary of
6 what I've been hearing today from everyone,
7 just so it's clear. In my mind, one way or
8 another, we're still paying.

9 I loved that you said at the bottom,
10 it's about the direct service provider --
11 it's about the providers, making sure that
12 they get paid. Right now, because they're
13 not paid, we have a shortage of 25 percent in
14 some categories of what we need across the
15 board. Right? On top of it, they don't get
16 paid enough, so they're on social services.
17 So we pay there.

18 We also pay -- because there's not
19 enough, we end up with more people who end up
20 homeless. Because they're homeless, we know
21 that they're more likely to be engaged with
22 the criminal justice system. Again, we pay
23 again.

24 We have people who have mental health

1 issues that we're not treating. Many times
2 they end up treating with substance -- you
3 know, ending up with a substance use disorder
4 because they're self-medicating. Again, we
5 pay for that. They end up in the carceral
6 system, again, we pay for that. We have
7 direct service providers that they're -- just
8 to continue to keep working, end up in cases
9 where they have substance use disorders
10 because they don't have time to treat
11 themselves. They end up losing their job,
12 they end up homeless -- spiral, spiral,
13 spiral.

14 I could just keep going. This is -- I
15 just want to note we still are paying. So
16 why don't we just start paying where we
17 could, which is paying the service providers
18 to prevent all of this stuff in the first
19 place? So I just want to say this is just
20 the most efficient use of our funding. So
21 that's just out of respect to all of you,
22 just to make that note.

23 I did want to also note that when
24 we're talking about COLA, again, again,

1 again, it is not a wage increase. It is just
2 to keep a wage cut. That's really important.
3 This Governor, though, she has invested in
4 COLA for the last couple of years. I want to
5 honor her for that. And it's still not
6 enough. We need it to meet inflation every
7 single year, and it has been less than
8 inflation for many of those years.

9 So I know that isn't a question, and I
10 am sorry for that, but I just wanted you all
11 to know that I hear you. I did just want one
12 last, in the 48 seconds, because I can't ask
13 everyone questions. I met with a group of
14 parents, very, very frustrated with the
15 self-directed program. One of the things
16 they said is that there are nuanced
17 restrictions that seem totally arbitrary that
18 prevent, you know, them using the system.

19 Can you talk a little bit about those
20 arbitrary restrictions, share a couple of
21 ideas?

22 MR. KARPE: Yes. So for example, one
23 fiscal intermediary did some freelance
24 policymaking and said anything that lasts

1 longer than two hours will not be approved.

2 Other fiscal intermediaries have been
3 forced by fear -- and they're not to blame,
4 but have been forced by fear to sit outside a
5 class and look at the people going in and
6 judge how many of those people are disabled.

7 SENATOR BROUK: Thank you.

8 ASSEMBLYWOMAN KELLES: Just a couple
9 of examples. Thank you very much.

10 SENATOR BROUK: Next we will have --

11 (Time clock continuing to chime.)

12 SENATOR BROUK: Okay.

13 (Laughter.)

14 SENATOR BROUK: Next we'll have
15 Senator Weber.

16 SENATOR WEBER: Thank you,
17 Madam Chairwoman.

18 And I want to thank the panel for
19 being here today and really providing great
20 testimony and real-life and real-world
21 experiences as to what's going on.

22 You know, we in Rockland County, the
23 legislators, recently met with our DSP
24 providers, and we all saw the fear in their

1 eyes. You know, whether or not they're going
2 to be able to keep the doors open long-term.

3 We've heard the -- we've heard the
4 stories of employees sleeping in their cars,
5 not having enough food, not having enough
6 money to pay their rent and the utility bills
7 because they're not making a wage that is
8 anywhere near matching the cost of living
9 where we are downstate.

10 So I just want to reinforce -- and I
11 know my colleagues feel the same way, you
12 know. The wage enhancement, totally in favor
13 of it. The COLA increase, 3.2, it probably
14 should be 6.4, higher than that. I think we
15 all realize that. And I believe if we all
16 had a magic wand, we would make that happen
17 right now. And that's the commitment I know
18 you have from this legislative branch.

19 Jim, I just want to pick up on a few
20 things, because I meet with self-direction
21 family advocates all the time. And the
22 community class -- you know, the frustration
23 with the community classes is something that
24 I know is of major concern with them.

1 And maybe you could just speak to that
2 a little bit more. And also maybe -- also
3 speak to what administrative changes would
4 you like to see made at OPWDD? If you had a
5 priority list, what things can be done, you
6 know, administratively that you think would
7 free up the system and be helpful in so many
8 ways?

9 MR. KARPE: So thank you for that
10 opening.

11 One thing that the community of
12 self-direction families believes would be
13 very useful would be to have a seat at the
14 table. Not someone for us to talk to, but
15 somebody to talk for us. When the
16 commissioner sits with her deputies, there is
17 not anybody who represents self-direction.
18 To find somebody who's devoted to
19 self-direction, you have to go not one level,
20 not two levels, but three levels below the
21 commissioner. So you have people from audit
22 and you have people from budget, and you
23 don't have somebody who can say, No, it's not
24 true that self-direction is more expensive

1 per person. And no, it's not true that
2 self-direction is less equitable.

3 Self-direction is actually, at this
4 point, based on OPWDD's statistics, is more
5 equitable than certified residences. We
6 still have a lot of room to go. If they
7 could prepay for -- right now it requires
8 reimbursement, and that creates a financial
9 barrier to entry. I am, at any point in
10 time, waiting for \$5,000 in reimbursement.
11 I'm blessed to be able to do that. There's a
12 lot of families out there who don't. It
13 wouldn't take that much money to eliminate
14 that.

15 SENATOR BROUK: Thank you.

16 SENATOR WEBER: Thank you.

17 SENATOR BROUK: Next we'll go to
18 Assemblymember Burdick.

19 ASSEMBLYMAN BURDICK: Thank you.

20 And sorry that I'm a little late to
21 hearing this panel.

22 Questions for Mr. Karpe, but before
23 that I would say that I am joining the chorus
24 of everyone who wants to see the 3.2 percent

1 and the \$4,000 wage enhancement. I think
2 probably all of us have been to rallies and
3 so forth for that.

4 But I want to go back to the
5 conversation that a number of us had with you
6 about community classes. And I guess it must
7 be the New Jersey Division of Developmental
8 Disabilities that has said CMS allows for
9 this. Do you happen to know whether they got
10 a waiver for that? Did they get anything
11 that is in writing from CMS that we then can
12 discuss with OPWDD? That's one question that
13 I have for you.

14 A second one -- and I may have some
15 more that I'll do in writing. And if you've
16 already been asked this question, just forget
17 it. You brought up concerns about managed
18 care. And I'd like to know a little bit more
19 about our opposition to that.

20 MR. KARPE: Sure.

21 So CMS -- I fear that what's going on
22 is that New York still has a relationship
23 with the CMS in the mind of 20 years ago.

24 ASSEMBLYMAN BURDICK: No, I get that,

1 Jim. You and I talked about that a little
2 bit.

3 MR. KARPE: But CMS has --

4 ASSEMBLYMAN BURDICK: But do you know
5 whether New Jersey has gotten anything in
6 writing from CMS that says, Yes, you can
7 pre-approve classes, as an example?

8 MR. KARPE: Well, they --

9 ASSEMBLYMAN BURDICK: Anything that we
10 could use that --

11 MR. KARPE: Well, they have it as
12 their -- as their policy. So I assume it's
13 been reviewed in some way.

14 ASSEMBLYMAN BURDICK: It's their
15 policy in writing, in --

16 MR. KARPE: Yes, it's their policy in
17 writing.

18 ASSEMBLYMAN BURDICK: CMS has to
19 approve that, presumably, right?

20 MR. KARPE: Yeah. Yeah. So it's
21 based on their waiver. I haven't gone
22 through the investigation of their waiver,
23 but I'm --

24 ASSEMBLYMAN BURDICK: Okay. It might

1 be helpful if you can get us a copy of the
2 New Jersey policy.

3 MR. KARPE: Yup.

4 ASSEMBLYMAN BURDICK: That could be
5 helpful for us in talking with OPWDD.

6 MR. KARPE: Sure.

7 ASSEMBLYMAN BURDICK: Because, look,
8 there have been issues that OPWDD in past
9 years has had, you know, that they had to
10 correct with CMS, as you may know.

11 MR. KARPE: Yeah.

12 ASSEMBLYMAN BURDICK: And so I think
13 that we have to get over that resistance.

14 MR. KARPE: Yeah, it's page 121 of
15 their --

16 ASSEMBLYMAN BURDICK: And your -- your
17 opposition to managed care.

18 MR. KARPE: Yeah, regarding managed
19 care, managed care makes beautiful promises,
20 right? It's -- it's an absolutely lovely
21 system on paper. The problem is it doesn't
22 deliver on those promises. It does not
23 actually reduce costs, it does not improve
24 quality.

1 The one thing that it's been shown to
2 do is to reduce the rate of hospitalization,
3 the rate of emergency room use. But we can
4 do that just by providing group homes and
5 people not in group homes with access to the
6 thing -- to telehealth.

7 ASSEMBLYMAN BURDICK: So what doesn't
8 it do?

9 MR. KARPE: Well, what it does do is
10 it increases --

11 ASSEMBLYMAN BURDICK: Does not do.

12 MR. KARPE: It doesn't really do
13 anything except for hold 6 to 12 percent of
14 the budget out of the system.

15 ASSEMBLYMAN BURDICK: Thank you.

16 SENATOR BROUK: Thank you.

17 All right, last three minutes. You're
18 almost done, so thank you all so much.

19 I want to just start with Sebrina.
20 You talked about a \$230 million investment
21 about modernizing care. Can you just give
22 another example of what some of that
23 modernization could look like?

24 MS. BARRETT: Yeah, sure. You and I

1 have talked a lot about the aging population
2 in OMH housing. Our residents -- it's good
3 news, they're getting older, that means
4 they're living longer. But, you know, we
5 have about 40 percent of our residents who
6 are age 55 or older; a third of them are age
7 65 and older. And folks with severe mental
8 illness age more quickly. And so they
9 present a lot of really challenging medical
10 needs, mobility issues, dementia, COPD, all
11 those things.

12 And so we don't have the right kind of
13 staff to help them with those issues. And so
14 what ends up happening is rather than doing
15 something on the preventative side or
16 something that can keep someone out of an
17 emergency room or out of a long-term hospital
18 stay, can help them age in place, they just
19 end up cycling back and forth from the
20 residence.

21 Also, a lot of our residences aren't
22 equipped for mobility. So enhancements would
23 also just add things that would enable people
24 to move around.

1 And we also have residents who are
2 unable to -- they need help with toileting
3 and they need help with bathing. That is not
4 something our current staff are even trained
5 or even really supposed to be helping with.
6 So that's a part of the enhancements, along
7 with a lot of the other challenges that we've
8 talked about.

9 SENATOR BROUK: Thank you. I
10 appreciate that. And I think it is a good
11 thing that we have an aging population, but
12 it also means we need to change what we do.

13 My last minute and a half I want to go
14 back to Mr. Harris talking about some of the
15 things you've discussed. So in hearing the
16 statistics about 75 percent of folks who were
17 engaged with -- I think you said peers or
18 social workers or mental health providers,
19 got the services they needed.

20 MR. HARRIS: (Mic off; inaudible.)

21 SENATOR BROUK: Mental health
22 providers. Okay. That's really -- that's
23 successful.

24 So I guess my question is -- I know

1 you talked about some ways to expand
2 involuntary treatment. But my question would
3 be there are so many successful voluntary
4 programs, which obviously is -- should be the
5 goal. Have you looked at additional
6 services? And one example is one we heard
7 about earlier today with INSET, where they
8 had an 83 percent success rate of
9 successfully engaging folks who need this
10 kind of care.

11 So what work can we do to really make
12 sure that we have a clear understanding of
13 all of the existing voluntary methods of
14 getting people services that they need?

15 MR. HARRIS: So voluntary options are
16 first, second, third options. I mean, it's
17 only as a last resort, when everything else
18 fails, that it's inhumane to just let those
19 people stay on the street without taking them
20 in, to having someone evaluate them.

21 SENATOR BROUK: Would you be willing
22 to look at others, though, that perhaps you
23 all aren't as familiar with, and --

24 MR. HARRIS: Oh, sure. I mean, we've

1 been looking at -- I mean, our Community
2 First model sort of looked at everything and
3 tried to pull best practices. There are just
4 some people that --

5 SENATOR BROUK: Thank you.

6 MR. HARRIS: Yeah.

7 SENATOR BROUK: All right. All right,
8 we did it! Thank you all so much to Panel E
9 for sticking it out.

10 And I guess that concludes the
11 Mental Hygiene hearing, with Samra Brouk as
12 Liz Krueger.

13 (Laughter.)

14 MULTIPLE PANELISTS: Thank you.

15 SENATOR BROUK: Thank you.

16 (Whereupon, at 4:34 p.m., the budget
17 hearing concluded.)

18
19
20
21
22
23
24